

smears of vaginal discharge did not exceed 20 in the field of view. Pregnant women did not complain of an inflammatory process in the female genitals, however, they noted the presence of periodic vaginal discharge before pregnancy, which disappeared on their own a few days or after local treatment. Microorganisms such as *Trichomonas vaginalis*, *Gardnerella vaginalis*, intracellular microorganisms and *Faecal enterococci* may be present in the female genitalia without clinical manifestations, indicating the need for screening.

The main group revealed various manifestations of intrauterine infection of the fetus: polyhydramnios (24%), changes in the structure of the placenta (82%), enlargement of the pelvic system of the kidneys (52%), intestinal hyperechogenicity (60%), hepatomegaly (4%), and progressive shortening of the cervix by 30%, which can be regarded as a termination of pregnancy.

Thus, it is established that in pregnant women, in the presence of opportunistic pathogenic microflora, complicated pregnancy is observed in 42%. Clinical signs of inflammatory process in the vagina, increased number of leukocytes in smears, is observed in 24 pregnant women (48%). The absence of clinical manifestations indicates the need for screening bacteriological examinations. Progressive shortening of the cervix in 30% in the presence of opportunistic pathogens requires screening transvaginal cervicometry at 18-20 weeks of pregnancy. The main manifestations of intrauterine infection in the presence of opportunistic pathogens are polyhydramnios (24%), changes in the structure of the placenta (82%), enlargement of the pelvic system of the kidneys (52%), hyperechogenicity of the intestine (60%).

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## **THE STRUCTURE OF SOMATIC PATHOLOGY IN WOMEN WITH MISCARRIAGE THREAT AT EARLY TERMS OF GESTATION**

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The issue of reproductive loss in modern obstetrics is on one of the leading places. According to literary data miscarriage rate at early periods of gestation reaches 75-80%.

Objective of the study was to conduct clinical-statistical analysis of the somatic pathology structure in women with miscarriage threat at early terms of gestation.

According to the purpose and tasks of the research the clinical-statistical analysis of 30 individual medical cases of pregnant women with miscarriage threat up to 12 weeks of gestation (the main group) were studied. The control group included 15 women with physiological pregnancy registered at the antenatal maternity consulting clinic of the Municipal Maternity Home 2 in Chernivtsi. Including criteria were: age of 18-40 years, the signs of miscarriage threat at early terms, and unigeminal pregnancy. Exclusive criteria were: developmental defects of the female reproductive organs, congenital fetal defects found, pregnancy due to accessory reproductive technology, multiple pregnancy, and severe extragenital pathology. Analysis of the places of residence in the groups of the research showed that 21 (70 %) pregnant women from the main group were urban residents, 9 (30%) women were rural respectively. In the control group 12 (80%) pregnant women were urban residents and 3 (20%) ( $<0.05$ ) were rural ones. An average age in the main group was  $30.16 \pm 5.27$ , and in the control group –  $27.8 \pm 3.1$  years ( $<0.05$ ). Analysis of extragenital pathology in women from the main and control groups found the following diseases: cardiovascular – 28 (93%) in the main group, and 6 (40%) in the control group, respiratory – 2 (6.6%) in the main group, and none in the control group, digestive – 3 (10%) in the main group, and 1 – (6.6%) in the control group, endocrine – 9 (30%) against 2– (13.3%) respectively, diseases of blood and hematopoietic organs 15 (50%) against – 4 (26.6%), skin diseases – 1 (3.33%) in the main group and 1(6.6%) in the control group, kidney and urinary diseases – 25 (83.33%) against 8 – (53.33%) respectively. Diseases of the cardiovascular system are on the top in the structure of extragenital pathology among pregnant women with miscarriage threat at early terms of gestation both in the main and control groups: 93% in the main group and 40% in the control one. Therefore, this index in the main group was 2.25 times statistically reliably higher concerning the control

group ( $p < 0.05$ ). Diseases of the kidneys and urinary tract are on the second place in both groups (83.33% in the main group and 53.33% in the control one); and in the main group this index was 1.56 times higher than that of the control group ( $p < 0.05$ ). The third position in the rate of extragenital pathology belonged to diseases of the blood and hematopoietic organs in both groups: 50 % in the main group and 26.6% in the control one. This index in the main group was 1.87 times higher than that of the control ( $p < 0.05$ ). Diseases of the endocrine system were distributed in both groups in the following way: 30% in the main group and 13.3% in the control one, which is 2.25 times statistically higher ( $p < 0.05$ ). Other diseases (including respiratory, digestive and skin diseases) in the structure of extragenital pathology among pregnant women with miscarriage threat at early stages did not differ statistically in the groups of comparison.

Therefore, the main diseases in the structure of extragenital pathology both among pregnant women with miscarriage threat at early terms of gestation and in the control group are: diseases of the cardiovascular system, kidneys and urinary tract, blood and hematopoietic organs, endocrine system. The rate of these diseases in the main group was statistically higher than that of the control group ( $p < 0.05$ ).

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## **MENSTRUAL IRREGULARITIES IN THE BACKGROUND OF SOME ENDOCRINE PATHOLOGY**

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Pubertal uterine bleeding is one of the leading disorders of menstrual function during the formation of the menstrual cycle in girls of pubertal age. Therefore, studies of the hemostasis system in adolescent girls in combination with the determination of hormonal status are not only medical but also of great social importance.

The aim of the study: to investigate the effectiveness of non-hormonal therapy in the treatment of uterine bleeding in adolescent girls in the background of concomitant pathology of the thyroid gland. We examined 57 adolescent girls, who were divided into two groups: Group I (main) - 30 adolescent girls with menstrual disorders in the background of concomitant thyroid pathology, who were treated in the gynecological department of the Municipal clinical maternity hospital 1 Chernivtsi, and 27 practically healthy teenage girls (control group).

All adolescent girls diagnosed with pubertal menorrhagia, regardless of concomitant pathology, as well as patients with thyroid pathology were treated in the gynecological department of Chernivtsi according to the standard scheme, which is generally accepted in accordance with the developed clinical protocol treatment of uterine bleeding, approved by the Order of the Ministry of Health of Ukraine from 15.12.2003, 582, which included: oxytocin 5 IU - 1 ml every 8 hours, sodium etamsylate 2% - 2 ml every 6 hours, vikasol 1% - 1 ml every 6- 8 years, askorutin 1-2 tablets. All adolescent girls were consulted by an endocrinologist. Girls of pubertal age with existing thyroid pathology were observed at the dispensary register with an endocrinologist and received iodine preparation - potassium iodide at 100-200 mg / day.

The complex method of treatment, which we proposed, included a conventional method of treatment, in the form of: uterotonic drug, namely a tool that increases the tone and contractile activity of the myometrium, a derivative of the natural alkaloid of ergot (ergometrine) - methylergometrine in / 1.0 ml twice day, a drug that strengthens the vascular wall - askorutin 1-2 tablets. 3 times a day, antianemic iron-containing drug maltofer - a complex of iron hydroxide with poly maltose 1-2 chewable tablets once a day (depending on the level of Hb, starting therapy at a level of Hb below 119 g/l); hemostatic drugs proteolysis inhibitor - tranexamic acid 10-15 mg/kg every 6-8 hours and vikasol 1% - 1 ml every 6-8 hours and homeopathic medicine "Dysmenorm".

We found a positive dynamics of the clinical course of the disease from objective data in both groups where a comprehensive method of treatment was proposed, namely: disappearance or reduction of major complaints, improvement of general condition and well-being in patients of group I from day 2, significant reduction bloody discharge and reduction of symptoms of anemia