

(fatigue, dizziness and vertigo), which was confirmed in the laboratory on the 3-4th day (stabilization of hemoglobin). The volume of blood loss with the applied complex method was reduced by half on the 2-3rd day (from 120 ml to 60 ml), in contrast to the standard method of treatment, where on the 2-3rd day the volume of blood loss was 100-80 ml, and only on the 5-6th day reached 60-70 ml.

Therefore, it is established that the comprehensive treatment developed and implemented in practical medicine is more effective and can be recommended for widespread use in the treatment of girls with pubertal menorrhagia with concomitant thyroid pathology. Clinical studies indicate that we used a comprehensive method of treatment in adolescent girls with pubertal menorrhagia with concomitant thyroid pathology contributes to the gradual normalization of serum sex and thyroid hormones, reduces the duration of treatment in the hospital, contributes to the normalization of the maternal profile with concomitant pathology of the thyroid gland.

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ASSESSMENT OF THE OBSTETRIC COMPLICATIONS RISKS AS A RESULT OF SURGICAL TREATMENT OF OVARIES IN ANAMNESIS

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Ovarian surgery is the most common of all gynecological surgeries. Undoubtedly, the consequences of surgical treatment affect the further performance of ovarian function in patients of reproductive age. A balanced approach to the choice of surgical technique, its feasibility, as well as rehabilitation measures are favorable factors for maintaining the reproductive potential of patients in their future.

The aim of study was to study the effects of surgery ovarian interventions in the pre-pregnancy period for reproductive health and gestational complications in women. Individual case histories of 250 pregnant women, including birth histories for the period from 2019 to 2021, were studied. The medical documentation was selected by the continuous sampling method and consists of 50 women with a polycystic ovary syndrome (PCOS) (25 - after surgery and 25 - after conservative therapy); 100 patients treated for ovarian apoplexy (60 - after surgery and 40 - after conservative treatment); 100 women with benign ovarian tumors (50 patients after surgery and 50 women after conservative treatment).

The most common obstetric complications in pregnant women with ovarian pathology in a history were such as the threat of abortion, placental disorders, preeclampsia, anemia and premature birth. Analysis of gestational indicators in women after surgical and/or conservative treatment of the ovaries, showed the presence of several significant differences in a sample of patients with benign ovarian tumors. Thus, during pregnancy after medical treatment, in the case of conservative therapy, three times or more often there was a risk of early abortion.

The threat of late abortion is recorded in every third, and the threat of premature birth and preeclampsia – in every fourth patient with operated on for benign tumors of ovaries in anamnesis. In addition, placental abnormalities were three times more common in the sample in women after surgery than after conservative therapy ($p < 0.005$). In pregnant women after a surgical approach to treatment, compared with patients after conservative therapy of benign tumors of ovaries, the syndrome of intrauterine growth retardation of fetus was recorded five times more often.

As a result of the analysis of pregnancy in patients with ovarian pathology in the anamnesis, only in the group of women after surgery, in contrast to the cases of conservative treatment of benign ovarian tumors, there is a significant risk of obstetric complications.