

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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The aim of the study. Therefore, it is important to develop a differentiated treatment for bleeding that is not associated with chorionic detachment in the first trimester of pregnancy.

Materials and methods. The group consisted of 60 pregnant women bleeding that is not associated with chorionic detachment in the first trimester of pregnancy. The control group consisted of 30 healthy pregnant women. Although these processes do not directly affect the fertilized egg, the blood that accumulates in the uterine cavity helps increase the tone of the myometrium. In turn, the excessive excitability of the uterus disrupts the processes of trophoblast invasion, the formation of uteroplacental blood flow, which negatively affects the further course of pregnancy. Therefore, it is important to develop a differentiated treatment for bleeding that is not associated with chorionic detachment in the first trimester of pregnancy.

Results. For the purpose of hemostasis, pregnant women with bleeding without chorionic detachment were prescribed 0.25 mg of tranexamic acid 3-4 times a day for 3 days. Magnesium lactate dihydrate (470 mg) and pyridoxine hydrochloride (5 mg), 2 tablets 3 times a day until 34 weeks. pregnancy. Use of magnesium preparations with group B vitamins and a combination of hemostatic agents - tranexamic acid, reliably reduces the number of recurrences of antepartum bleeding and hypoxic lesions of the fetus, reduces the percentage of morbidity among women and newborns. Prospective study of 25 women (I group) with bleeding without detachment. Pregnant women who were 0.25 mg of tranexamic acid 3-4 times a day for 3 days and from the 21st week - angioprotector highly purified diosmin 600 mg; women who received course preventive treatment with low doses of acetylsalicylic acid (ASA); II group – 25 women who received course preventive monotherapy with magnesium. The control group consisted of 30 healthy pregnant women. The dynamic examination included determination of markers of endothelial-hemostasis dysfunction, vascular-platelet link, apoptosis, inflammatory response, decidualization, angiogenesis, placental energy supply, immune response modulation, general reactive potential of the organism, general reactive potential of the organism, general reactive potential of the organism.

Conclusions. To objectify the effectiveness of the developed method, the standards of evidence-based medicine were applied. The prevention method showed high efficiency, which consists in reducing PD with fetal and/or fetal growth retardation by 95%, premature births by 86%, and the absence of premature detachment of a normally located placenta. Higher clinical effectiveness of the proposed PD prevention method compared to the use of low doses of ASA and magnesium.

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EXPERIENCE OF TREATMENT OF UTERINE FIBROID

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Introduction. The problem of uterine fibroid (UF) is extremely actual due to the prevalence of the process up to 40% and the need to preserve reproductive function. Treatment is a complex process, as the causes and mechanisms of tumor development are not always clear. The sooner the treatment is started, the better the positive result of the treatment. It is not possible to predict whether tumor growth will progress without treatment, which makes treatment and prevention of complications even more difficult. Removal of the uterus is a serious physical disorder for the female body, causes psychological disorders, leads to an increase in the risk of developing breast cancer, coronary heart disease, therefore, the search for conservative treatment methods becomes relevant.

The aim of the study to determine the effect on the growth of UF of the simultaneous use of combined oral contraceptives or progestogens and non-hormonal drugs, in this case drugs with the composition of indole-3-carbinol and epigallocatechin-3-gallate were used.

Material and research methods. A clinical and laboratory examination of 80 women with UF (main group) was carried out, who were divided into subgroups: I subgroup of 20 women who were prescribed treatment with combined oral contraceptives (COCs) and the specified non-hormonal drug for six months, II subgroup of 20 women who instead of COCs progestogens were

prescribed, subgroup III of 20 women who refused hormonal treatment and used indole-3-carbinol and epigallocatechin-3-gallate, subgroup IV of 20 women who took only COCs or progestogens, and 20 healthy women who were the control group, no pathology of the female reproductive system was detected in them. Women aged 25 to 35 and interested in preserving the uterus and reproductive function. Ultrasonic, immunoenzymatic, statistical research methods.

Results of the research. Before prescribing a course of treatment, an ultrasound examination and general clinical methods of examination, including determining the level of sex hormones, were performed. When analyzing the results of an ultrasound examination of the internal genital organs of women of the main group of subserosal, intramural, submucosal nodes 2-4 cm in diameter, was established. 56 women (70 %) have an asymptomatic course, 24 (30 %) have hyperpolymenorrhea, which is the same number in the subgroups. In women of the control group, pathological changes on the part of the uterus were not detected. A decrease in the size of myomatous nodes during 6 months of treatment to 0.5-1 cm during control ultrasound was established. At the same time, it was found that in the first subgroup, nodes were reduced in 16 cases (80 %), and bloody discharge was reduced in 3 (50 %). In the second subgroup, nodules were reduced in 14 cases (70 %), but bleeding was reduced in 5 (83 %). In the third subgroup, in the case of nodes within 2 cm, the reduction of nodes is 80 %, however, where the size is more than 2 cm, but less than 4 cm, the reduction of nodes is only 30 %. No significant effect on the amount of bloody secretions was found – only 20 % showed a decrease in bloody secretions. When using only COCs or progestogens, the reduction of nodes is observed up to 40 %.

Conclusions. The use of a non-hormonal drug with the composition of indole-3-carbinol and epigallocatechin-3-gallate in the complex therapy of uterine fibroids is a highly effective method of treatment, it leads to a reduction of myomatous nodes by up to 80%, normalization of the menstrual cycle by up to 60%. As a monotherapy, it is effective in the presence of nodes within two centimeters. At the same time, in combination with COCs, it is more effective in reducing nodes, in combination with progestogens in reducing the number of bloody discharges, which should be taken into account when prescribing treatment depending on clinical symptoms.

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ROLE OF PINEAL HORMONES FUNCTIONING IN THE FIRST TRIMESTER OF PREGNANCY WITH HIGH RISKS OF THREATENED ABORTION

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Introduction. Melatonin is an important endocrine hormone, which synthesized by pinealocytes at night. On the membranes of almost all cells found receptors for this hormone. Due to latest studies, melatonin is called the most powerful natural antioxidant, immunomodulator and regulator of cellular activity and the most important link in the physiology of reproduction and embryology in humans. It has been confirmed that the processes of conception, pregnancy and childbirth directly depend on the rhythm and level of secretion of this hormone. Four enzymes are involved in the synthesis, two of which, serotonin-N-acetyltransferase and hydroxyindole-O-methyltransferase, are highly specific enzymes. Serotonin is not only a neurotransmitter but also a profoundly important medium for cell to cell communication among many cell types during embryogenesis. One of the key mediators of bioelectric control mechanisms is serotonin, and its transporter SERT, which is targeted by broad class of blocker drugs (selective serotonin reuptake inhibitors [SSRIs]). Serotonin generated by the mother is passed on to the developing embryo through placental uptake and transport.

The aim of the study. Reduction frequency of threatened abortion in first trimester based on development of pathogenetic interrelationship between pineal gland functioning and development of symptoms of threatened abortion to improve the diagnostic and preventive approaches.

Material and methods. Pathology of pregnancy in first trimester due to threatened abortion and role of pineal gland in manifestation of clinical signs. 40 pregnant patients with threatened abortion (main group), 48 normal pregnancies (control group). Determining concentration of melatonin and serotonin in plasma by ELISA. Assessment of significant signs of threatened abortion on ultrasound.