

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



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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Conclusions. Therefore, it can be argued that lactobacillus preparations have significant ability to cause NK activation, with increased synthesis of IL-12. These research data can be considered as a positive result of preclinical the use of probiotics containing lactobacilli for the treatment of endometriosis.

Berbets A.M.

PREGNANCY COMPLICATIONS AND MELATONIN CHANGES IN CASE OF SLEEP DISORDERS PRESENCE

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Introduction. The pineal gland produces the important hormone melatonin, which maintains the human body's circadian rhythm. Melatonin is also produced by the placenta in pregnant women. The effect of melatonin deficiency in case of pregnancy disorders, such as intrauterine growth restriction (IUGR) of fetus and preeclampsia (PE), has been insufficiently studied.

The aim of the study: to research the available data concerning sleep disorders at pregnancy and their clinical significance.

Material and methods. We analyzed the recent publications dedicated to the problem.

Results. In analyzed papers, the relevant information is presented as follows: the morning concentration of melatonin in the blood of pregnant women with IUGR significantly reduces, compared to healthy pregnant women, which authors consider to be caused mostly by placental dysfunction. Changes in the functioning of the pineal gland in patients with IUGR are clinically expressed as sleep disorders and confirmed by a significant decrease of melatonin concentrations in saliva taken at night, in comparison with women with non-complicated pregnancies. Sleep disorders in women with IUGR manifest early during pregnancy, mostly during 22nd–30th week. Changes in melatonin concentrations in such patients are accompanied by the lowering of the concentrations of placental growth factor (PIGF) in blood and with increase of the blood levels of cytokines, namely proinflammatory TNF- α , IL-1- β and IL-6, compared to healthy pregnant women. In placental tissue melatonin receptors 1A and 1B are significantly less expressed in the case that pregnancy is complicated with IUGR, which is confirmed by changes in the optical density of these receptors.

In publications dedicated to preeclampsia, it is stated that the morning concentrations of melatonin and PIGF were also significantly lower in the blood of women with PE compared to healthy pregnant women. The authors suggest that alterations in the placental production of melatonin and PIGF may contribute to the development of preeclampsia. In contrast, higher levels of the pro-inflammatory cytokine interleukin-6 (IL-6) and the anti-inflammatory cytokine interleukin-10 (IL-10) were observed in preeclampsia patients' blood, compared to the healthy pregnant women. Significant sleep disorders were also described in patients with PE.

Conclusions. Melatonin is a hormone that plays a very important role in the mechanisms of development of such pregnancy complications as IUGR and PE. Further studies are needed to describe its role in the pathways of mentioned disorders of human pregnancy. Sleep disorders, if present in a pregnant patient, should not be ignored by clinicians.

Dubyk L.V.

RISK GROUPS OF RECURRENT PREGNANCY LOSS

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Introduction. Pregnancy loss is a spontaneous loss of a pregnancy. According to the World Health Organization (WHO), the frequency of an early pregnancy loss is 20 to 25%. A diagnosis of Recurrent Pregnancy Loss (RPL) could be considered after the loss of two or more pregnancies. This includes pregnancies after spontaneous conception and after assisted reproduction. It is estimated that RPL affects 1 to 2% of couples. Around half of all the fertilized eggs die and are lost (aborted) spontaneously, usually before the woman knows she is pregnant. Among women who

know they are pregnant, about 10% to 25% will have a miscarriage. Most miscarriages occur during the first 7 weeks of pregnancy. According to many scientists, the success in solving the problem of the early perinatal loss lies in a deeper study of the etiopathogenesis of this problem.

The aim of the study is to determine risk groups of recurrent pregnancy loss.

Material and methods. We have examined 34 women with spontaneous abortion. They were undergoing an inpatient treatment at the gynecological department of MHCF "City clinical maternity hospital №1". The change in level of the markers of endothelial dysfunction was found in all the patients under examination. The concentration of endothelin-1 increased 3-5 times as much, nitric oxide decreased 1,7-2 times as much, and E-selectin – 1,3-1,6 times as much in the blood, which is the indicative of the development of endothelial dysfunction in women with pregnancy pathology.

Results. We found out that in almost half of the cases, namely 15 (44%), menarche occurred at the age of 12-13 years, in 7 women (20.5%) - at the age of 14-15 years. At the same time, 8 women (23.5%) had a history of early menarche, which appeared before the age of 11, and 4 (12%) patients, on the contrary, had late menarche, that is, after they reached the age of 16 age. For the majority of the studied women - 26 (76.5%), the duration of menstruation corresponding to 5-7 days was characteristic, in 8 (23.5%) women - 3-5 days. Particularly painful menstruation (algodismenorrhea) bothered more than half of the patients - 22 patients - (64.7±8.2)% with spontaneous miscarriage. When analyzing the volume of menstrual secretions, we found that scanty menstruation occurred in 5 (14.8%) cases, and abundant menstruation - only in 3 (8.8%). In the remaining women - 26 (76.5%) menstruation was moderate.

For 19 (55.9%) women, this pregnancy was the first, for 7 (20.6%) – the second, for 5 (14.7%) – the third. 3 (8.8%) patients had more than 3 pregnancies. We have also established that 3 (5%) women have already experienced spontaneous abortion before, and each had 2 and 3 losses. It should be noted that two patients with a spontaneous miscarriage, who previously had an artificial abortion, had it once, and one more - twice and three times.

We also noted that 12 (35%) examined women were diagnosed with diseases of the cardiovascular system. 22 (64,7%) women suffered from inflammatory diseases that were transmitted through the genital tract, such as endometritis, colitis and salpingo-oophoritis.

Conclusions. Women with miscarriage, against the background of an increase in the level of endothelin-1, as well as a decrease in the concentration of nitric oxide and E-selectin, early and late menarche, menstrual cycle disorders such as algodysmenorrhea and abnormal uterine bleeding, as well as a history of spontaneous and artificial termination of pregnancy and with diseases of the cardiovascular system and urogenital inflammatory diseases constitute the risk group of recurrent pregnancy loss.

Goshovska A.V.

DEVELOPMENT OF DIFFERENTIATED APPROACHES TO THE TREATMENT OF PRIMARY PLACENTAL DYSFUNCTION AGAINST A BACKGROUND OF INFLAMMATORY DISEASES OF THE FEMALE GENITAL ORGANS

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Introduction. Inflammatory diseases of the female genital organs are a significant risk factor for the occurrence of primary placental dysfunction, which begins to manifest itself during the formation of the placental complex.

The aim of the study. To assess the effectiveness of the treatment of placental dysfunction against a background of inflammatory diseases of the female genital organs in women in the I and II trimesters of pregnancy according to the data of clinical, laboratory and instrumental research methods.

Material and methods. The results of clinical and laboratory data, ultrasound, CTG and organometric studies of the placenta were determined using the Student's parametric criteria, the difference was considered significant at $p < 0.05$.