

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



## **МАТЕРІАЛИ**

**105-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
присвяченої 80-річчю БДМУ  
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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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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  $p < 0.05$ .

**Results.** After analyzing the treatment of placental dysfunction and anti-inflammatory therapy in women of the main group, it should be noted that in women who started treatment in the early stages of pregnancy treatment (IA) subgroup, the frequency of gestational complications was significantly lower concerning women who started treatment in the later stages of pregnancy (IB) subgroup. In particular, anemia of pregnancy was observed in 36.7% of cases in women of the IA subgroup and among 55.7% of women of the IB subgroup. Gestosis in the first half of pregnancy - in 24.5% (IA subgroup) against 48.6% (IB subgroup) and in the second half of pregnancy - 21.7% (IA subgroup) and in 58.6% (IB subgroup). The threat of pregnancy termination occurred in 21.5% (IA subgroup) in 51.4% (IB subgroup), threat of premature birth – in 24.6% (IA subgroup) 31.4% (IB subgroup), partial detachment of the chorion and placenta – in 18,7 (IA subgroup) 38.6% (IB subgroup).

**Conclusion.** So, timely detection of inflammatory diseases, treatment and prevention of primary placental dysfunction will significantly reduce the manifestations of gestational complications and disorders of the intrauterine state of the fetus during pregnancy. From the given data, treatment of inflammatory diseases and prevention of placental dysfunction in the II trimester of pregnancy significantly worsen the course of pregnancy and the intrauterine condition of the fetus. Conducted studies indicate that when inflammatory diseases are detected during pregnancy, one should start the immediate treatment of inflammatory diseases of the female genital organs and prevention of placental dysfunction in the first trimester of pregnancy.

**Hresko M.D.**

## **CLINICAL EVALUATION OF AUTOLOGOUS PLATELET RICH PLASMA INJECTION IN POSTMENOPAUSAL VULVOVAGINAL ATROPHY**

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**Introduction.** Platelet Rich Plasma therapy commonly addressed as PRP therapy is widely used for the treatment of vast majority of diseases currently. Platelet-rich plasma (PRP) treatment aims to increase the self-healing ability of the human body by increasing neovascularization and collagen formation through the effect of high concentration autologous growth factors administered to the tissue. The effectiveness of PRP is based on its high level of growth factors which are important in modulating mesenchymal cell proliferation, and extracellular matrix synthesis during the process of healing. The most important advantages are its being autologous and reliable. PRP has been used in atrophic diseases such as lichen sclerosis in the vagina, stress urinary incontinence, episiotomy scars, and lubrication disorders in the vagina.

**The aim of the study is** to research the effectiveness of platelet-rich plasma as minimally invasive monotherapy for postmenopausal vulvovaginal atrophy.

**Material and methods.** 17 women with postmenopausal VVA were included. Vulvovaginal condition was evaluated at the baseline by vaginal health index (VHI). Impact of VVA on quality of life and sexual life was evaluated at the baseline by vulvovaginal symptom questionnaire (VSQ). Treatment protocol was of 2 sessions of A-PRP injection with 1 month interval. Response was evaluated 1 month after the last session by VHI and VSQ. Side effects were also evaluated.

**Results.** Postmenopausal VVA was significantly improved by A-PRP injection as indicated by significant improvement of total VHI score and its items at 1 month post-treatment ( $p$  value  $<0.001$ ). Moreover, there was significant improvement of burning, hurting, being irritated, being dry, discharge, desire to be intimate, sexual relationships, pain during sexual activity, and dryness during sexual activity at 1 month post-treatment as indicated by VSQ ( $p$  value  $=0.045$  for being dry and  $<0.001$  for other items).

**Conclusions.** Autologous platelet rich plasma injection is safe and effective as minimally invasive monotherapy for postmenopausal VVA without history of cancer breast and hence for vulvovaginal rejuvenation.