МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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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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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 occured 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.

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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 тhe 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.