

group ($p < 0.05$). Diseases of the kidneys and urinary tract are on the second place in both groups (83.33% in the main group and 53.33% in the control one); and in the main group this index was 1.56 times higher than that of the control group ($p < 0.05$). The third position in the rate of extragenital pathology belonged to diseases of the blood and hematopoietic organs in both groups: 50 % in the main group and 26.6% in the control one. This index in the main group was 1.87 times higher than that of the control ($p < 0.05$). Diseases of the endocrine system were distributed in both groups in the following way: 30% in the main group and 13.3% in the control one, which is 2.25 times statistically higher ($p < 0.05$). Other diseases (including respiratory, digestive and skin diseases) in the structure of extragenital pathology among pregnant women with miscarriage threat at early stages did not differ statistically in the groups of comparison.

Therefore, the main diseases in the structure of extragenital pathology both among pregnant women with miscarriage threat at early terms of gestation and in the control group are: diseases of the cardiovascular system, kidneys and urinary tract, blood and hematopoietic organs, endocrine system. The rate of these diseases in the main group was statistically higher than that of the control group ($p < 0.05$).

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MENSTRUAL IRREGULARITIES IN THE BACKGROUND OF SOME ENDOCRINE PATHOLOGY

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Pubertal uterine bleeding is one of the leading disorders of menstrual function during the formation of the menstrual cycle in girls of pubertal age. Therefore, studies of the hemostasis system in adolescent girls in combination with the determination of hormonal status are not only medical but also of great social importance.

The aim of the study: to investigate the effectiveness of non-hormonal therapy in the treatment of uterine bleeding in adolescent girls in the background of concomitant pathology of the thyroid gland. We examined 57 adolescent girls, who were divided into two groups: Group I (main) - 30 adolescent girls with menstrual disorders in the background of concomitant thyroid pathology, who were treated in the gynecological department of the Municipal clinical maternity hospital 1 Chernivtsi, and 27 practically healthy teenage girls (control group).

All adolescent girls diagnosed with pubertal menorrhagia, regardless of concomitant pathology, as well as patients with thyroid pathology were treated in the gynecological department of Chernivtsi according to the standard scheme, which is generally accepted in accordance with the developed clinical protocol treatment of uterine bleeding, approved by the Order of the Ministry of Health of Ukraine from 15.12.2003, 582, which included: oxytocin 5 IU - 1 ml every 8 hours, sodium etamsylate 2% - 2 ml every 6 hours, vikasol 1% - 1 ml every 6- 8 years, askorutin 1-2 tablets. All adolescent girls were consulted by an endocrinologist. Girls of pubertal age with existing thyroid pathology were observed at the dispensary register with an endocrinologist and received iodine preparation - potassium iodide at 100-200 mg / day.

The complex method of treatment, which we proposed, included a conventional method of treatment, in the form of: uterotonic drug, namely a tool that increases the tone and contractile activity of the myometrium, a derivative of the natural alkaloid of ergot (ergometrine) - methylergometrine in / 1.0 ml twice day, a drug that strengthens the vascular wall - askorutin 1-2 tablets. 3 times a day, antianemic iron-containing drug maltofer - a complex of iron hydroxide with poly maltose 1-2 chewable tablets once a day (depending on the level of Hb, starting therapy at a level of Hb below 119 g/l); hemostatic drugs proteolysis inhibitor - tranexamic acid 10-15 mg/kg every 6-8 hours and vikasol 1% - 1 ml every 6-8 hours and homeopathic medicine "Dysmenorm".

We found a positive dynamics of the clinical course of the disease from objective data in both groups where a comprehensive method of treatment was proposed, namely: disappearance or reduction of major complaints, improvement of general condition and well-being in patients of group I from day 2, significant reduction bloody discharge and reduction of symptoms of anemia

(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.