МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

104-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
06, 08, 13 лютого 2023 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2023 році №5500074

Чернівці – 2023

psychosomatic disorders, which are additional risk factors in such patients. That is why there is an active search for the most effective minimally invasive options for diagnosis and therapy.

The aim of the study is to determine the level of mesothelin in blood serum and peritoneal fluid in women with endometriosis associated with infertility, to compare it with the level in healthy women

Materials and methods. We determined the level of human mesothelin in blood serum and peritoneal fluid in patients of the main group (30 women with endometriosis associated with infertility) and in the blood serum of the control group (11 healthy women) by the ELISA method.

Results. The average age of women in the main group was not significantly different from the age of patients in the control group, these indicators were 29.4±0.4 and 26.6±0.9 years, respectively ($p>0.05$). Significant majority in the number of women with menstrual function impairment testified to the possibility of endometriosis initiation in the group under study. The level of mesothelin in blood serum was determined equal to 0,73±0,01 in main group and 0,29±0,01 - in control group ($p<0,05$). The level of mesothelin in peritoneal fluid in main group was 0,55±0,01.

Conclusions. Considering the fact that the level of mesothelin was found to be elevated in endometriosis associated with infertility, it can be considered a non-invasive marker of peritoneal damage in the diagnosis of endometriosis. The level of mesothelin is recommended to be determined in women with external genital endometrios with the purpose of early diagnosis.

Dubyk L.V.

THE ROLE OF DOPPLEROMETRY IN UTERINE, RADIAL AND SPIRAL ARTERIES IN EARLY SPONTANEOUS ABORTIONS ON THE BACKGROUND OF ENDOTHELIAL DYSFUNCTION

Department of Obstetrics and Gynecology
Bukovinian State Medical University

Introduction. Early loss of pregnancy is one of the leading problems of obstetrics. Loss of desired pregnancy is observed in 30% of cases. Doppler blood flow study of the uterine, radial and spiral vessels is important for determining the course 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. Therefore, the priority is to search for markers that will detect pre-clinical forms of the threat of abortion, which will allow prolongation of pregnancy and reduce perinatal losses.

The aim of the study is to determine the role of dopplerometry in uterine, radial and spiral arteries in early spontaneous abortions on the background of endothelial dysfunction.

Materials and methods. We have examined 34 women with spontaneous abortion (Group I) and 29 women with blighted ovum (Group II) and were in 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 examined patients. 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 indicative of the development of endothelial dysfunction in women with pathology of pregnancy. Doppler study of uteroplacental blood flow was carried out using the ALOKA SSD-2000 scanner.

Results. In case of spontaneous abortion, the size of the embryo corresponded to the normative values for this term of gestation. In 100% of cases, hypoechoic structures of various sizes were visualized, which communicated with the uterine cavity and were identified as chorionic detachment. The blood flow in this group of vessels was characterized by a rather high systolic component, the presence of a diastolic component, and in 29.4% of cases, a protodiastolic incision. The dopplerometric study was characterized by a decrease in IR and IP in the uterine, radial and spiral arteries of gestation by 1.5-2.2 times. In a case of blighted ovum the size of the embryo did not correspond to the normative values of this term of gestation. The heartbeat of the embryo was not determined. At 7-8 weeks of gestation in 18 of 29 women (62.1%) showed a rapid increase in IR and IP of all groups of uterine arteries which indicated a significant increase in peripheral

vascular resistance and was a predictor of termination of pregnancy. A rapid increase in IR and IP was up to the complete absence of blood flow in uterine, radial and spiral arteries. In the remaining 11 (37.9%) patients, signs of pregnancy development disappeared after 9-10 weeks.

Conclusion. In 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, an increase in IR and IP in the uterine, spiral and radial arteries, starting from the 7-8th week of pregnancy, was established by 1-2 times, which significantly worsens the prognosis for early pregnancy.

Hresko M.D.

VULVOVAGINAL ATROPHY OR GENITOURINARY SYNDROME OF MENOPAUSE

Bukovinian State Medical University
Department of Obstetrics and gynecology

Introduction. Women live longer than men all around the world and in developed countries they expect to survive more than 30 years following natural menopause, which usually occurs between 48 and 52 of age. That being so, the impact of reproductive aging on healthy longevity becomes increasingly important because of the potential conditions associated with menopause-related hormonal deficiency. Estrogen deprivation is the hallmark of ovarian exhaustion leading to the manifestation of several signs and symptoms with a significant impact on quality of life (QoL) and on physical, mental and sexual health.

The aim of the study. In recent years, VVA has a new name, genitourinary syndrome of menopause (GSM), to underline the multitude of genital, sexual and urinary symptoms associated with the anatomical and functional changes of vulvo-vaginal tissues occurring with menopause and aging.

Materials and methods. Treatment goals for atrophic vaginitis include alleviating symptoms, reversing or minimizing the physiologic changes, and improving quality of life for the patient.

Results. Nonhormonal treatments. A number of over-the-counter (OTC) vaginal moisturizer and lubricant products are considered first-line nonhormonal treatments for vaginal dryness. This option is most appropriate for women concerned about hormone use, those with minimal physiologic changes or symptoms, or those who are not candidates for estrogen treatment. Pharmacologic treatment. Local, low-dose estrogen preparations are considered first-line pharmacologic treatment for atrophic vaginitis. There are numerous local estrogen delivery products to choose from, including vaginal rings, creams, suppositories, and tablets.

Conclusion. Early recognition of signs and symptoms of VVA/GSM, individual counseling and personalized treatment strategies are key-steps in helping women to maintain QoL.

Marynchyna I.M.

DEVELOPMENT OF METHODS OF DIFFERENTIAL TREATMENT AND PREVENTION DURING THE FORMATION OF PRIMARY PLACENTAL DYSFUNCTION

Department of Obstetrics, Gynecology and Perinatology
Bukovinian State Medical University

Introduction. The problem of early pregnancy loss remains one of the most urgent in modern obstetrics. According to a number of authors, the frequency of miscarriage in the first trimester of pregnancy is 50%. Such a symptom of the threat of termination of pregnancy as bleeding, when the invasion of the trophoblast occurs and the formation of the placenta begins. Our special attention is drawn to bleeding in the early stages of pregnancy from the so-called "free" zone of the endometrium, which is not occupied by a fertile egg. In the process of implantation and in the early stages of development, the fertile egg occupies only a part and only from 14-16 weeks it fills the entire cavity of the uterus. In the "free" endometrium, decidual transformations characteristic of pregnancy also occur, the hyperplastic endometrium can become necrotized and exfoliate, which leads to the appearance of bloody discharge.