

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



МАТЕРІАЛИ

**104-ї підсумкової науково-практичної конференції
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БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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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

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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.

Marynychyna I.M.

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

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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.