

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



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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.

The aim of the study. Therefore, it is important to develop a differentiated treatment for bleeding that is not associated with chorionic detachment in the first trimester of pregnancy.

Materials and methods. The group consisted of 60 pregnant women bleeding that is not associated with chorionic detachment in the first trimester of pregnancy. The control group consisted of 30 healthy pregnant women. Although these processes do not directly affect the fertilized egg, the blood that accumulates in the uterine cavity helps increase the tone of the myometrium. In turn, the excessive excitability of the uterus disrupts the processes of trophoblast invasion, the formation of uteroplacental blood flow, which negatively affects the further course of pregnancy. Therefore, it is important to develop a differentiated treatment for bleeding that is not associated with chorionic detachment in the first trimester of pregnancy.

Results. For the purpose of hemostasis, pregnant women with bleeding without chorionic detachment were prescribed 0.25 mg of tranexamic acid 3-4 times a day for 3 days. Magnesium lactate dihydrate (470 mg) and pyridoxine hydrochloride (5 mg), 2 tablets 3 times a day until 34 weeks. pregnancy. Use of magnesium preparations with group B vitamins and a combination of hemostatic agents - tranexamic acid, reliably reduces the number of recurrences of antepartum bleeding and hypoxic lesions of the fetus, reduces the percentage of morbidity among women and newborns. Prospective study of 25 women (I group) with bleeding without detachment. Pregnant women who were 0.25 mg of tranexamic acid 3-4 times a day for 3 days and from the 21st week - angioprotector highly purified diosmin 600 mg; women who received course preventive treatment with low doses of acetylsalicylic acid (ASA); II group – 25 women who received course preventive monotherapy with magnesium. The control group consisted of 30 healthy pregnant women. The dynamic examination included determination of markers of endothelial-hemostasis dysfunction, vascular-platelet link, apoptosis, inflammatory response, decidualization, angiogenesis, placental energy supply, immune response modulation, general reactive potential of the organism, general reactive potential of the organism, general reactive potential of the organism.

Conclusions. To objectify the effectiveness of the developed method, the standards of evidence-based medicine were applied. The prevention method showed high efficiency, which consists in reducing PD with fetal and/or fetal growth retardation by 95%, premature births by 86%, and the absence of premature detachment of a normally located placenta. Higher clinical effectiveness of the proposed PD prevention method compared to the use of low doses of ASA and magnesium.

Nitsovykh I.R.

EXPERIENCE OF TREATMENT OF UTERINE FIBROID

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Introduction. The problem of uterine fibroid (UF) is extremely actual due to the prevalence of the process up to 40% and the need to preserve reproductive function. Treatment is a complex process, as the causes and mechanisms of tumor development are not always clear. The sooner the treatment is started, the better the positive result of the treatment. It is not possible to predict whether tumor growth will progress without treatment, which makes treatment and prevention of complications even more difficult. Removal of the uterus is a serious physical disorder for the female body, causes psychological disorders, leads to an increase in the risk of developing breast cancer, coronary heart disease, therefore, the search for conservative treatment methods becomes relevant.

The aim of the study to determine the effect on the growth of UF of the simultaneous use of combined oral contraceptives or progestogens and non-hormonal drugs, in this case drugs with the composition of indole-3-carbinol and epigallocatechin-3-gallate were used.

Material and research methods. A clinical and laboratory examination of 80 women with UF (main group) was carried out, who were divided into subgroups: I subgroup of 20 women who were prescribed treatment with combined oral contraceptives (COCs) and the specified non-hormonal drug for six months, II subgroup of 20 women who instead of COCs progestogens were