МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

М А Т Е Р І А Л И

106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
03, 05, 10 лютого 2025 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2025 році №1005249

Чернівці – 2025

УДК 61(063)
М 34

Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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ISBN 978-617-519-135-4

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immunochemiluminescence analysis for the determination of chorionic gonadotropin, ultrasound of the fetus and chorion were used.

Results. It is known from the anamnesis that MG had her first pregnancy 25 women, the second one 25 women, KG's first - 19, second - 21, previous pregnancies were complicated by miscarriage in MG: spontaneous miscarriage in 12 cases, 1 by premature birth, in KG: in 9 by spontaneous miscarriage. Despite the similar anamnesis, there was no threat of abortion in the first trimester in CG women. The level of chorionic gonadotropin in both groups was within the normal range.

When conducting the research, it was found: we considered CG as a group of healthy pregnant women in whom the first trimester of pregnancy passed without complications, but the results of the subsequent course of pregnancy and childbirth are not satisfactory in both groups. The presence of placental dysfunction and fetal growth retardation syndrome, which complicated pregnancy only in MG: in 4 (8%) and 1 (2%) is severally. Also, gestational diabetes occurred only in MG in 1 (2%).

Therefore, the pregnancy proceeded without complications and ended with a normal delivery in MG 21 (42 %), CG 22 (55 %). In the majority of pregnant MGs and part of CG, the pregnancy was complicated by premature rupture of the fetal membranes in MG 10 (20 %), CG 3 (7,5 %), which is almost three times less, polyhydramnios in MG 3 (6 %), CG 1 (2,5 %), which is also three times less, the development of late gestosis in MG 3 (6 %), CG 1 (2,5 %), however, the frequency of premature births practically did not differ - in MG 3 (6 %), in CG 3 (7,5 %) and premature detachment of a normally located placenta - in MG 1 (4 %), in CG 2 (5 %).

Conclusions. Complications of pregnancy, which are probably related to an infectious factor, in particular, premature rupture of fetal membranes, polyhydramnios are three times more prevalent in pregnant women with a threat of termination of pregnancy in the first trimester, which requires timely treatment. It was established that with the threat of termination of pregnancy in the first trimester and the presence of bloody discharge, placental dysfunction develops in 8 %, which in 25% leads to the syndrome of delayed fetal development.

Tokar P.Yu.

THE PROGINS VARIANT OF THE PROGESTERONE RECEPTOR GENE PGR AND ITS INFLUENCE ON PLACENTAL ENDOCRINE FUNCTION IN THE RISK OF PRETERM LABOR

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Introduction. Progesterone receptors, encoded by the PGR gene, are responsible for the key physiological actions of progesterone, a hormone essential for a successful pregnancy. The PROGINS variant is one of the most widely found variants of the PGR gene. Genetic heterogeneity means that some women may have less effective forms of progesterone receptors, which can lead to clinical issues. Besides fertility challenges, these women might also respond differently to progesterone replacement therapy.

The aim of the study. Assess how the PROGINS variant of the PGR gene influences hormonal levels and the outcomes of progesterone deficiency treatment in pregnant women at risk for preterm labor.

Material and methods. The primary group consisted of 30 pregnant women experiencing progesterone deficiency and a risk of preterm labor, while the comparison group included 30 women with a normal pregnancy progression. Levels of progesterone, estradiol, and placental lactogen were measured in both groups. Genotyping was performed using PCR.

Results. The genotypic frequencies of the PROGINS variant showed no significant differences between the main and comparison groups. In the main group, pregnant patients with the T2T2 genotype exhibited significantly lower progesterone levels post-treatment compared to those with the T1T1 and T1T2 genotypes. Additionally, pregnant women in the main group with the T2T2 genotype gave birth at an earlier gestational age.

Conclusions. Our study findings indicated a correlation between the PROGINS variant of the PGR gene and the lack of effectiveness in treating progesterone deficiency in pregnant women at risk of preterm birth and reduced gestational duration.

Tsysar Y.V.

THE ROLE OF DETERMINATION OF INTERLEUKIN 1-BETA (IL 1-B) IN PUBERTAL GIRLS WITH GYNECOLOGICAL PATHOLOGY

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Introduction. 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. Studying the genetic prerequisite for the development of uterine bleeding in girls of puberty age under existing tyroid pathology and without concomitant pathology is one of the top tasks of pediatric gynecology.

The aim of the study. To improve the methods of diagnosing pubertal bleeding in girls.

Materials and methods. We examined 67 adolescent girls, who were divided into two groups: Group I (main) - 40 adolescent girls with menstrual disorders, who were treated in the gynecological department of the Perinatal Center, and 27 practically healthy teenage girls (control group). The general examination of the girls was carried out according to the methodology adopted in pediatrics. Collection of anamnesis: complaints at the time of application, anamnesis of life and illness. Attention was paid to the age, health of the parents, the course of pregnancy and childbirth in the mother, vaginal infections of the mother, hormonal treatment, especially carefully collected anamnestic data on the diseases suffered by the child during the newborn period, in early and later life.

Results. The main pro-inflammatory cytokines are IL-1β, IL-2, IL-6, TNF-α and others. The main factor of inflammatory reactions is multifunctional IL-1β. It induces the production of IL-2, causes the production of acute phase proteins by hepatocytes, and also induces the production of IL-3, IL-6, and IL-8. Taking into account the above, IL-1β was taken as the basis of immunological studies to study their concentration in the blood of adolescent girls suffering from pubertal menorrhagia.

The obtained results of the study of the cytokine cascade showed that upon admission to inpatient treatment and examination, the concentration of IL-β in the peripheral blood of the examined patients increases significantly (by 60.61%) in the blood of teenage girls with pubertal menorrhagia. Study of the influence of the standard treatment regimen of adolescent girls with pubertal menorrhagia on the concentration of cytokines in the peripheral blood: the standard treatment carried out in hospital conditions of teenage girls suffering from pubertal menorrhagia leads to the formation of a tendency to decrease the concentration of IL-1β by 21.21%, which testifies to the insignificant anti-inflammatory effect of the standard treatment for pubertal menorrhagia. Complex treatment of adolescent girls suffering from bleeding forms a clear tendency to decrease the activity of the inflammatory process due to a decrease in the concentration of the important pro-inflammatory cytokine IL-1β in the peripheral blood by 53.49%. Thus, complex treatment developed and implemented in practical medicine is more effective and can be recommended for use in treatment schemes.

Conclusions. It was established that concomitant pathology in girls suffering from pubertal menorrhagia contributes to the inhibition of IL-1β production by immunocompetent cells by 1.66 times and causes immunosuppression and suppresses the activity of the hypothalamic-pituitary-ovarian system.