



Determination of subpopulations of T- and B-lymphocytes in peripheral blood was made by reaction of an immunofluorescence (RIF).

Results. For all patients with the salpingo-oophoritis, there was a decrease of all subpopulations of T-lymphocytes with markers of differentiation of CD3+, CD4+, CD8+. The ratio of CD4+/CD8+ and quantity of B-lymphocytes is also decreased. A significant increase of the concentration of IL-1 β , IL-6 and TNF- α in comparison with the control group was noted, and the level of anti-inflammatory interleukin IL-4 was significantly decreased.

Conclusions. As a result of the research quantitative and quality change of the immune and cytokine status was revealed, and this may indicate a secondary cytokine-dependent immunosuppression.

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SEXUAL DYSFUNCTION IN WOMEN WITH GENITAL PROLAPSE IN PERIMENOPAUSE

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Introduction. Women's sexual health, which entered into during the perimenopause, is an important aspect of her personal life, has diverse effects on the physical and psychological well-being in marriage. Female sexual dysfunction is currently considered as a psychosocial problem. Urogenital symptoms among the most significant effect on the appearance of the female sexual dysfunction female sexual function, have diseases such as genital prolapse and stress incontinence. Female Sexual Dysfunction - a disorder of sexual desire, arousal or orgasm, as well as pelvic pain directly related to sexuality (Barnett A, 2000). Such multivariate sexual disorders in perimenopausal due to different reasons: psychological state, different variants of depression, hormonal disorders. In the case of estrogen deficiency on the foreground, dryness of the vagina, dyspareunia, vasomotor reactions that violate sexual intercourse.

The aim of the study was to evaluate the functional state of the nervous system and psychosomatic status in patients perimenopausal with sexual dysfunction.

Material and methods. We have analyzed the functional state of the nervous system by the method of AM Wayne (1998) and studied the emotional and personal characteristics on the scale of personal and reactive anxiety Spielberger-Hanin (1976) 15 perimenopausal women with sexual dysfunction on the background of genital prolapse.

Results. The results showed a statistically significant predominance of vegetative dystonia over vegetative balance. Plutonium normally of initial autonomic tone was detected in 2(13,3%), and in 13 (86.7%) women showed signs of autonomic disorders. A study of personal anxiety and psycho-emotional lability showed the presence of anxiety in 4 (26.7%) women, moderate anxiety – in 7 (46.6%) and high anxiety - in 4 (26.7%) patients.

Thus, the patient during moderate and high trait anxiety, accompanied by dyspareunia (12 (80.0%) patients), fear of loss of urine during intercourse, avoid intimacy. Repetition of episodes of pain, urinary incontinence results in reduced craving and the appearance of a violation of orgasm - anorgasmia. In identifying the survey expressed changes in the psycho-emotional status of patients sent for consultation to the psychotherapist, sexologist for medical correction.

Conclusions. Thus, diagnosis, severity, timely correction of psychological status,



using specialized forms (questionnaires), must take its place in the complex diagnosis with sexual dysfunction.

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THE EFFECTIVENESS OF METHODS FOR EXPECTED FETAL WEIGHT DETERMINATION

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Introduction. The accuracy of expected fetal weight determination is of great importance in assessing the prognosis of perinatal risk for mother and fetus, as well as for choosing the method and time of delivery. Unfortunately, the large errors in these antenatal indicators have been recorded in the world literature that led us to assess the effectiveness of various methods for expected fetal weight determination and to identify the most preferable for practical use.

Materials and methods. We analyzed 48 labor records. The sampling included pregnant at the term between 37-42 weeks. There was one main criterion for selection: the period between external obstetric examination or phetometry and the birth should not be exceeded 7 days. The circumference of the abdomen at the navel (in cm) was measured with measuring tape. The fundal height of the uterus was measured from the upper edge of pubic symphysis to the uterine fundus (in cm). We estimated fetal weight according to the formula of the product of the height of the uterine fundus standing to the abdominal circumference (HUF×AC). We assessed the findings of the ultrasound phetometry which was performed on the device Medison 8000 SE, following which, we calculated estimated fetal weight by standard methods based on Hadlock and Shephard formulas. Then the results were compared with actual birth weight.

Results. The maximum error, according to HUF×AC formula, comprised 1600g, 800g by Shepard formula, and 700g by Hadlock. It was found that 31 % of patients have an error of less than 200g between measured and real results, according to HUF×AC formula, according to Shepard this number accounted to 52 %, Hadlock 56 %. The discrepancy between the masses of more than 300g by HUF×AC formula was observed in 46 % of examined pregnant, whereas 35% by Shepard, 33% by Hadlock. The accuracy of more than 400g by HUF×AC formula was in 46%, 21% by Shepard and Hadlock. It was found out that there were 31% of patients with an accuracy of more than 500g by HUF×AC formula, 13% by Shepard and Hadlock. Discrepancy of more than 600g was observed in 23% of pregnant, measured by HUF×AC formula, 4% by Shepard and Hadlock. There were 17% of patients with an accuracy of more than 700g by HUF×AC formula, according to Shepard 2%, while the results by Hadlock formula were not found to have such errors. Patients with an accuracy of more than 800g accounted for 13% by HUF×AC formula, whereas the findings obtained by Shepard and Hadlock formulas did not show such errors. Errors of more than 1200 g according to HUF×AC formula were estimated in 8%, 1300g - 6 %, 1400g - 4 %, 1600g - 2 %. According to HUF×AC formula the average error value amounted to 447g, to 254g by Shepard, to 248g by Hadlow. According to the literature, the average error according to Hadlock formula is 307.4g.



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