**N.S.PylypenkoM. A. Reznik, I.Yu. Rakityansky, A. N. Rubinskaya,**

**EXPERIENCE INDOLE-3-CARBINOL IN THE TREATMENT OF RETENTION CYSTS**

**(Case report)**

**Kharkiv National Medical University**

**Department of Obstetrics, Gynecology and Pediatric Gynecology**

**Scientific supervisors: Doctor of Medical Sciences I. A. Tuchkina, Candidate of Medical Sciences L. A. Vygovskaya**

In the structure of gynecological morbidity among all tumors of female genital organs, ovarian tumors are the second (6-8%). Benign forms are found in 75-80% of all true ovarian tumors, of which 34% - a tumor-like processes.

Patient B., 16 years old was examined and treated in RPCH №1. Complaints on admission: the menstrual cycle disorder by amenorrhea’s type. An ultrasound study was found a left paraovarial cyst 3,10x2,88 cm. Indole-3-carbinol was appointed: 1 capsule 1 p / day course of 14 months. Second ultrasonic research brush size decreased to 25x18 cm, and therefore it was decided to extend the treatment to 2 months.

 On ultrasound examination control after 2 months was not detected the volume formations in the pelvic cavity. The mechanism of drug action is inhibition of estrogen receptors in target tissues, reduction in the activity of cyclooxygenase-2, with subsequent synthesis’s blockade of prostaglandin E2 and selective induction of proliferating cells’s apoptosis by inhibition of expression of anti-apoptotic protein Bax activation and BC1 genes. Thus, indole-3-carbinol has corrective receptor, anti-estrogen, anti-inflammatory and apoptosis-inducing actions that affect the formation of the main pathogenetic links retention ovarian cysts. The high therapeutic efficacy of the drug-containing indole-3-carbinol in the treatment of ovarian cysts retention shows.