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***«Actual Problems Of Clinical And  
Theoretical Medicine»***



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## **FEATURES OF SONOGRAPHIC INDICES OF THE SMALL PELVIS ORGANS IN GIRLS WITH ABNORMAL UTERINE BLEEDING**

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**Actuality:** Negative trends, preserved in regard to the reproductive capacity of adolescent girls, testify to the fact that development and introduction of the current technologies make it possible to increase the effectiveness of prevention and treatment of gynecological diseases in this group of patients.

**The aim:** Our study was designed to determine the characteristic features of echosonographic indices of the internal genitalia in female adolescents with abnormal uterine bleeding (AUB).

**Materials and methods:** Ultrasound parameters of the internal genitalia were estimated in 161 patients with AUB which were divided into three groups depending on the BMI. Gr. I included 65 patients with the BMI standard values, gr. II comprised 58 girls with overweight, and gr. III - 38 patients with body weight deficiency.

**Results.** Physiological echosonographic parameters were observed much less frequent in adolescents from gr. II, but an increased size of the uterus (48.3% v. 38.2% in gr. I and 34.2% in gr. II, P

<0.01) has been registered in them reliably more frequent. This thickness of the endometrium has been observed with similar frequency in all three groups, irrespective of the disease course (gr. I - 60.9%, gr. II - 60.3%, and gr. III - 68.4%).

Comparative analysis of the ovarian echosonograms in the groups of our patients has shown no significant difference between them with respect to their size. But it has turned out that follicles with the diameter more than 10 mm visualized in the ovarian echostructure in a certain percentage of girls, and in some of our adolescents it reached 30 mm or more (this is regarded as ovarian cysts). The proportion of girls with persistent follicles and/or ovarian cysts in gr. I amounts to 33.9%, in gr. III - 44.7%, and in gr. II - 20.7%, which is significantly less frequent than in the other groups ( $p_1 < 0,03$ ;  $p_2 < 0,001$ ).

Analysis of the uterus size in girls with the absence or presence of insulin resistance has found that only in patients from gr. I and III with a rise in the level of immunoreactive insulin and the HOMA index the



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percentage of patients with an enhanced size of the uterus (gr. I - from 22.2% in patients without IR to 60.7% with IR,  $p < 0,001$ ; gr. III - from 26.7% without IR to 66.7% with IR,  $p < 0,001$ ) is increased significantly. We can assume that hyperinsulinemia at puberty may stimulate the growth through the direct anabolic effect of insulin, that is to contribute to an increase in the uterus size in girls without overweight.

Attention is attracted by the fact that endometrial hyperplasia in almost half of patients from gr. I and II is combined with hyperinsulinemia (gr. I - 42.3% and gr. II - 50%).

**Conclusion:** Thus, echosonography in childhood provides sufficient information on the small pelvis organs and is an important method in the diagnosis of the reproductive system pathology.

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**CLINICAL PRESENTATION, DIAGNOSIS AND TREATMENT OF ADNEXAL TORSION IN CHILDREN AND ADOLESCENTS**

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**Actuality.** One of the most frequent causes of children admission to the surgical department is conditioned by abdominal pain, which can often result from gynecological diseases, particularly adnexal torsion (in 2-3% of cases). Adnexal torsion develops much more commonly in children and adolescents than in adult women, which is due to anatomical features of internal genital organs (small size of the uterus, a relatively high location of the ovaries in the small pelvis), physiological characteristics (overload of the bladder, juvenile

constipation, overactive intestinal peristalsis), as well as more mobile lifestyle inherent to this age group.

**The aim** was to study the incidence of adnexal torsion in children and adolescents.

**Materials and methods.** The study involved clinical and statistical analysis of medical records of patients with diagnosed adnexal torsion, who underwent inpatient treatment at gynecologic department of Kharkiv Regional Children's Clinical Hospital from 2010 to 2016.

**Results and their discussion.** The assessment of the records for



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