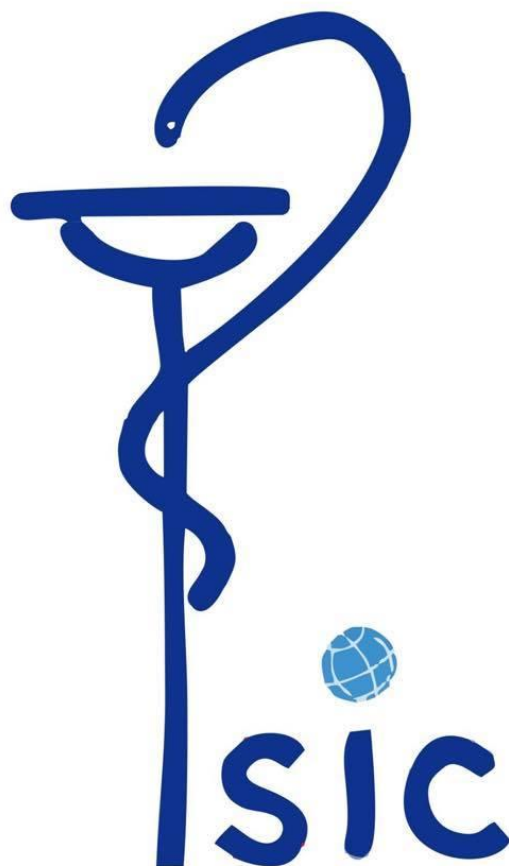




***IXth International Interdisciplinary  
Scientific Conference of Young  
Scientists and medical students  
«Actual problems of clinical and  
theoretical medicine»***

*(International Scientific Interdisciplinary Conference – ISIC)*

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patients), amenorrhea (60%), virilization, infertility, masculinization, lack of libido, and many showed a decrease of subcutaneous fat, hypertrophy of the clitoris.

Laboratory studies yielded the following results: we observed women with identified reduction of FSH - 1.2 mU / l (N = 2.8-11.3mEd / l) and LH - 1.4 mU / l (N = 2.0-14.0mEd / liter) in the follicular phase; androstenedione low content - 60 ng / 100 ml (N = 85-275 ng / 100 ml) in plasma and a significant increase in testosterone indicators - 5.3 pg / ml (N = 0,45 - 3,17 pg / ml). An increase in the characteristic  $\alpha$ -fetoprotein - 15Ed / ml (N = <10Ed / ml), DHEA-S - 500 mg / dL (N = 30-333 mcg / dl) was observed. In these patients no expression of cytokeratin 7, smooth muscle actin, CD 10, CA125 was detected. At gynecological examination the tumor

was determined by the side of the uterus, it was one-sided, mobile, painless, with a diameter of about 15 cm, oval, thick consistency, with a smooth surface. Ultrasound picture showed inhomogeneous internal structure with multiple hyperechoic and hypoechoic areas inclusions. Ultrasonography of androblastoma has similar characteristics with granulosa- and theca cell tumors. All patients had the surgical removal of the mass, salpingo-oophorectomy with resection of the greater omentum and the revision of the contralateral ovary.

**Conclusions.** For the purpose of differential diagnosis of ovarian tumors, hormonal examination should be carried out to investigate tumor markers, ultrasonography, CT (if indicated), a suspected Sertoli - Leydig tumor requires immediate surgery.

**Skorbach Olena, Kucher Alina**

## **METABOLIC IMPLICATIONS IN WOMEN AFTER HYSTERECTOMY**

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**Actuality** . According to the literature, hysterectomy is the most common radical surgery on the internal female organs in women. Surgical removal of the uterus, even

preserving ovarian tissue, 60-85% of women accompanied by neuro-vegetative and psycho-emotional disorders, changes in lipid and





protein metabolism and leads to the development of metabolic syndrome.

**The aim.** The aim of our study was to study features of hormonal and metabolic processes in women after hysterectomy.

**Material and methods.** We examined 60 women aged 40 to 51 years. All women were divided into the following clinical groups: I gr. – 30 healthy women; II gr. – 30 women after hysterectomy without removal of both ovaries. Assessment of hormonal carried in plasma by enzyme immunoassay using test kits manufacturing company "Alkor Bio" (St. Petersburg, Russia). All women determine the Body Mass Index (BMI), conducted systolic and diastolic blood pressure (BP). Levels of serum immunoreactive insulin (IRI) and C-peptide were determined by standard radioimmunoassay kits firm DRG International Inc (USA) by ELISA. Determination of the concentration of total cholesterol, triglycerides (TG), high-density lipoprotein (HDL) were determined by enzymatic colorimetric method in the blood serum using test systems from Roche Diagnostics (Switzerland) on an automatic biochemical analyzer Cobas 6000 (module 501). Low-density lipoprotein (LDL) was calculated by formula W.T. Friedewald (1972).

**Results.** In the study it was found that in II gr. showed significant increase in the content of follicle-stimulating and luteinizing hormones amid falling estradiol, progesterone [p <0.05]. Metabolic

disturbances in II gr. included increase of body weight, blood pressure, changes in lipid and carbohydrate metabolism. After 1 year in women after hysterectomy was ascertained BMI tends to increase on average by 12%. The same dynamics also noted regarding to BP. Before the surgery, 25 (83.3%) women had normal blood pressure, but by the end of the first year after surgery were observed in 37 (74%) women some increase in systolic blood pressure and diastolic blood pressure less. The study of carbohydrate metabolism did not reveal significant abnormalities of basal levels of IRI and C-peptide in the women group II. In the analysis of lipid metabolism in II gr. were able to identify potential increase in atherogenic potential of blood, characterized by hypercholesterolaemia and significantly different from I gr. [p<0.05]. Moreover, an increase of proatherogenic factions as LDL, which was significantly different from I gr. [p<0.05]. Also found a significant increase TG in II gr comparing to the I gr. [p<0.05]. Antiatherogenic fraction concentration of HDL cholesterol in II gr. was significantly lower than in I gr. [p<0.05].

**Conclusions.** Thus, hysterectomy, which is made in the reproductive age, contributes to premature ovarian failure, and further development and metabolic disorders.



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