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«Actual problems of clinical and  
theoretical medicine»***

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Interdisciplinary Scientific Conference Of  
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***«Actual Problems Of Clinical And  
Theoretical Medicine»***





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## MOLECULAR BIOLOGICAL FACTORS OF GENITAL PROLAPSE IN PERIMENOPAUSAL WOMEN WITH CONNECTIVE TISSUE DYSPLASIA AND THEIR CORRECTION

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**Actuality:** The genital prolapse, as part of the gynecological pathology, according to different authors it is from 1.7 to 28%, particularly among women older than 40 years this figure rises to 34.7%. In 85.5% of patients with genital prolapse the following symptoms occur: urinary incontinence in 70% of patients, defecation disorders in 36.5% and dyspareunia in 53.3% patients. According to modern research, the leading cause of prolapse is the dyspalsia of the systemic connective tissue dysplasia (CTD), CTD is common in 48% cases among women with genital prolapse. CTD is a multisystemic pathology with a progressive course, which is characterised by the defects in the protein synthesis or catabolic mulfunction of the components of the extracellular matrix of the connective tissue. Matrix metalloproteinases (MMPs) play a critical role in regulating the homeostasis of the extracellular matrix. MMPs are proteolytic enzymes involved in the degradation and remodeling of the connective tissue. Vitamins, trace

elements involved in collagen formation are also played an important role in the collagen formation processes

**The aim :** The aim of the study was to investigate the molecular biological factors associated with the genital prolapse in menopausal women with connective tissue dysplasia.

**Materials and methods:** We examined 65 women in perimenopause with genital prolapse of 1-2 stages. The patients were divided into two groups according to age and the presence of phenotypic signs of CTD and the applied treatment. Clinical characteristics and the estradiol concentration of the matrix metalloproteinase 9 (MMP-9) activity in serum were determined.

**Results:** Women in both groups with clinical signs of genital prolapse showed a significant ( $p < 0,05$ ) decrease in the estradiol concentrations compared to the physiological norm. Thus, in the group 1 of patients with CTD symptoms the average estradiol level was  $0.13 \pm 0.014$  nmol/l and in group 2 it was



0.27 ± 0.035 nmol / l. The elevated levels of MMP-9 were detected in the group CTD symptoms (215,11±17,3ng/ml) compared to the norm value determined among women in perimenopause (100,0±6,1ng/ml), which confirms pathogenic role of metalloproteinases in the restructuring on the connective tissue.

**Conclusion:** Patients with genital prolapse and connective tissue dysplasia show increase

collagen destruction with the low levels of estradiol. The data obtained in this study allows us to consider the MMP-9 activity dysfunction and low level of estrogens as the risk factors for this disease in perimenopausal women. Prompt response to the hormonal disorders together with the metabolic therapy significantly increases the effect of preventative and therapeutic interventions for genital prolapse.

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## **IMPROVEMENT OF TREATMENT EFFICIENCY IN CHRONIC INFLAMMATORY DISEASES OF UTERINE ADNEXA**

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**Actuality.** Inflammatory diseases of the female reproductive system prevail among gynecologic abnormalities and their frequency comprises up to 70%. Chronic genital and extragenital conditions remain most challenging in diagnosis and differentiation, as their treatment is associated with specific pathogenic mechanisms of their development. The relevance of this problem is conditioned by a number of significant long-term consequences for women's health, such as secondary infertility, menstrual disorders (MDs), ectopic pregnancy and pelvic pain syndrome. Chronic

inflammatory diseases of the pelvic organs (CIDPO) should actually be considered as polysystemic disorders involving complexes, associated with many adaptation processes in the female body.

**The aim** of the study implied examination of reproductive age patients, diagnosed with CIDPO, who underwent in-patient treatment at gynecological department of Kharkiv Maternity Hospital No.1 in the years 2014-2015.

**Materials and methods.** Main clinical symptoms included pain (65.6%), dysmenorrhea (51.1%), dyspareunia (27.9%), MDs as



<b>OBSTETRICS AND GYNECOLOGY .....</b>	<b>162</b>
ALAYA LAMIA .....	163
MOLECULAR BIOLOGICAL FACTORS OF GENITAL PROLAPSE IN PERIMENOPAUSAL WOMEN WITH CONNECTIVE TISSUE DYSPLASIA AND THEIR CORRECTION .....	163
P. A. ALIEVA, S. E. MALIKOVA, I.V.ZHUK.....	164
IMPROVEMENT OF TREATMENT EFFICIENCY IN CHRONIC INFLAMMATORY DISEASES OF UTERINE ADNEXA .....	164
ARSENTYEVA ALINA .....	165
CURRENT METHODS OF CERVICAL PREGNANCY DIAGNOSIS .....	165
BLAGOVESHCHENSKIY R., REZNIK M. A., RAKITYANSKIY I. YU., RUBINSKAYA A. N. ....	166
HERPES VIRUS INFECTION INFLUENCE ON INTRAUTERINE STATE OF THE FETUS .....	166
BORODAI I., MOLCHANIUK D., PONOMARENKO T. ....	168
VIRUS AGENTS AS FACTORS OF HABITUAL MISCARRIAGE .....	168
CHERNTAKOVA A.E., KARMAZINA I.S. ....	169
ROLE OF CERVICAL CANAL SCREENING IN DIAGNOSTICS AND THERAPY OF CERVIX UTERI PATHOLOGY .....	169
CHERNOVA I.G, NAUMOVA E.N. ....	170
ADENOMYOSIS TREATMENT IN WOMEN OF REPRODUCTIVE AGE .....	170
DOUGLAS B. I., ALABO Y. J.....	172
ABORTION'S AFTERMATH. WHAT IS ABORTION? .....	172
DYNNIK OLEKSANDRA, NEBESNA HANNA.....	173
FEATURES OF SONOGRAPHIC INDICES OF THE SMALL PELVIS ORGANS IN GIRLS WITH ABNORMAL UTERINE BLEEDING.....	173
O. V. GNATENKO, S. V. KEBASHVILI.....	174
CLINICAL PRESENTATION, DIAGNOSIS AND TREATMENT OF ADNEXAL TORSION IN CHILDREN AND ADOLESCENTS .....	174
O. V. GNATENKO, S. V. KEBASHVILI.....	175
CLINICAL PRESENTATION, DIAGNOSIS AND TREATMENT OF ADNEXAL TORSION IN CHILDREN AND ADOLESCENTS .....	175
HASAN A. ....	176
ROLE OF THE METHODS OF OVUM EXTRUSION IN THE PREVENTION OF SECONDARY TUBOPERITONEAL INFERTILITY DURING ECTOPIC PREGNANCY TREATMENT .....	176
P. A. ALIEVA, S. E. MALIKOVA, S.S. FILATOVA, T. A. IVANOVA .....	177