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**IMPROVEMENT OF DIAGNOSIS AND TREATMENT EFFICIENCY IN ACUTE ABDOMEN IN YOUNG FEMALE PATIENTS AND ADOLESCENT GIRLS**

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**Actuality.** The term "acute abdomen" is complex. It unites acute conditions of different etiology and clinical presentation. Despite the variety of etiologic factors its symptoms have many common features (I.A. Tuchkina et al, 2013).

**The aim** of the study was to improve diagnosis and treatment efficiency in pubertal patients and young women with gynecologic disorders that triggered acute abdomen.

**Materials and methods.** The study was performed at the Department of Obstetrics, Gynecology and Children Gynecology. It involved examination of 184 adolescents aged 11-18 years and young reproductive age women, who underwent treatment of acute abdomen with differential diagnosis between gynecologic and surgical abnormalities.

**Results.** Acute abdomen in adolescents was due to pelvic tumors - 36%, congenital anomalies of the uterus and vagina - 17%, ovulatory syndrome and ovarian apoplexy - 21%, acute appendicitis - 18%, torsion of adnexa - 8%. Young women most often had inflammatory diseases of the internal reproductive organs - 33%, ovarian apoplexy - 32%, pelvic tumors - 18%, endometriosis - 13%, ectopic pregnancy, menstrual blood reflux, adhesions after surgery on uterine adnexa - to 4%. Acute abdomen in girls and adolescents with ovarian tumors is often caused by torsion of cyst pedicle and uterine adnexa - 37%, hemorrhage into the cyst capsule - 35%, rupture of cyst capsule - 23%, association with acute appendicitis - 5%. The authors developed a diagnostic algorithm involving comprehensive clinical and laboratory examination, assessment of clinical presentation, premorbid background, evaluation of the early history and infectious index, the course of pregnancy and labor, the degree of physical and sexual development, the character of menstrual disorders, gynecological status and functional status of the ovaries. Hormonal profile was studied by the levels of luteinizing and follicle-stimulating hormones, prolactin, estradiol and testosterone. The study also determined physical health (consultation with a pediatrician and specialists in related fields), pelvic echosonography, Doppler study of uterine vessels and ovaries, vaginoscopy and colposcopy by indications and follow-up monitoring by a surgeon and a gynecologist (compulsory at the age under 18, by pediatric gynecologists and surgeons).

**Conclusion.** Symptoms of acute abdomen in adolescents and young women were triggered by pelvic tumors in 36% and inflammatory pelvic diseases in 33% cases. The diagnostic algorithm elaborated in the study promotes early diagnosis and rational therapy with maximum preservation of reproductive organs in surgical interventions.