



ABSTRACT BOOK



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out of 60 (61.6%). Moreover, in Group 3 it was verified significantly more often than in Groups 1 and 2: 26 (86.6%), 10 (52.6%), 1 (9.1%), respectively ($p < 0.05$). On the contrary, in younger patients of Groups 1 and 2, due to the anatomical features of the internal genitalia and the more mobile lifestyle, the signs of acute abdomen were often caused by the torsion of the uterine appendages, which in ultrasound was visualized as an ovarian cyst. Torsion of the uterine appendages was observed in 23 of 60 patients: in Group 1 in 90.9% of cases, in Group 2 in 47.3%, in Group 3 in 13.3%. In girls and adolescent girls clinical manifestations caused by the torsion of the uterine appendages were non-specific and corresponded to the presentation of acute abdomen triggered by an ovarian cyst.

Conclusions. Minimally invasive surgical procedure, laparoscopy with organ-saving operations should be considered the treatment of choice with regard to upcoming maternity.

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ACTUAL PROBLEMS OF PREGNANT WOMEN WITH UTERINE SCAR AFTER CESAREAN SECTION

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Introduction. Due to the increase in the frequency of delivery by cesarean section, the cases of complications at repeated childbirth in women with uterine scar became more frequent. Thus, this is an urgent issue of choosing the right tactics delivery for these women.

The aim of this work was the analysis of birth outcomes in pregnant women with uterine scar, depending on the method of delivery.

Materials and methods. In order to achieve the goal retrospectively 59 women with gestational age 38-40 weeks took part in a research, following which the results of births were analyzed. There were three groups: 1st group included 20 women with a uterine scar, who delivered the babies through the natural way; The 2nd group included 18 pregnant women with a uterine scar, which resulted in a cesarean section; The 3rd control group consisted of 19 patients without a uterine scar who gave birth naturally. Three indicators were assessed: total blood loss during childbirth, the duration and frequency of postpartum complications (hypotonic blood loss).

Results of research. In the 1st group total blood loss was $350 \text{ ml} \pm 38 \text{ ml}$, in the 2nd group it was $467 \text{ ml} \pm 34 \text{ ml}$, in the 3rd control group – $237 \text{ ml} \pm 24 \text{ ml}$. The duration of delivery in the 1st and 3rd groups were about the same and is equal to 7 hours and 10 minutes. The cases of postpartum complications in group 1 was two times lower than in the 2nd group, but 20% higher than in the control group.

Conclusions. Therefore, we can conclude that the best choice of delivery in women with uterine scar are labours through the natural way because with this method there is less blood loss than with repeated surgical intervention, and the lower rates of complications (hypotonic blood loss) in the postpartum period appeared. Moreover, the duration of this method is comparable with childbirth in pregnant women through the natural way without a uterine scar.

Likha V., Dontsova E., Karnaukh E.....	54
Litovchenko O.....	242
Litvin N., Abuzova Y.....	186
Lola N., Sushetska D., Yakusheva A.	111
Lola N., Yakusheva A.	55
Lukashenko E., Yakymenko D.	112
Lutsenko M.....	150
Lysak M., Rynchak P., Kolotilov A., Kysil I.....	56
Lysenko A., Mamedov A.	258
Magapu Veera Venkata Akhil.....	188
Makarenko N.....	243
Maliiovannaya A.	113
Malvika C.....	16
Malvika C.....	56
Mamasuieva L., Akhalaya E.	189
Manpreet Singh, Mbamalu Chinyere Margaret, Katelevskaya N.....	244
Manzheliy V., Dombrovskaya I.....	57
Markevych Iu.	17
Markevych M., Saryieva M., Sytnik N.	58
Martynenko A.....	213
Melamud K.....	190
Mikhieieva N.....	114
Mildred Noroh F.....	59
Milko A.	115
Mohamad S.....	191
Mohamad Sultan.....	245
Nagornyi I.....	60
Nazarov D.....	61
Nebe E.	151
Nekrasova Y.....	116
Nesterenko V., Kovtun I.	62
Nguyen T.L.	63
Novikova A.	151
Nusra Najila Beevi	152