

iSIC
2018

Kharkiv
Ukraine

ABSTRACT
BOOK





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Conclusion. Based on this study, we can conclude that the violation of vaginal microbiocenosis, namely the presence of *Candida albicans*, *Gardnerella vaginalis*, *Atopobium vaginae* increase the risk of developing cervical ectopy.

Brakova Y.

OPTIMIZATION OF THE PREVENTION OF PREGNANCY AFTER A CAESAREAN SECTION ANAMNESIS

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Introduction. In the modern world the issue of giving birth by caesarean section (CS) is becoming more acute. The WHO says the percentage of birth by surgical intervention to natural births should not exceed 15%. In Ukraine, in 2009 it equals 16.10%. Indicator of maternal mortality associated with CS is 8 times higher than for vaginal births.

Materials and methods. Aim: to evaluate the condition of the scar on the uterus after the CS and to draw conclusions about the factors affecting its full-fledged formation, and the possibility of birth due to natural birth lines.

Results. Description of the study: on the clinical basis of the Department of Obstetrics and Gynecology No. 1, 10 cases of childbirth in women who had a history of CS were conducted. The analysis of the history of diseases - anamnestic data, data on the conduct of the previous CS; ultrasound data of the scar on the uterus; The lower segment in the scar location was evaluated intraoperatively; The carved scar was studied histologically. The interval between the previous CS and the current pregnancy was 3-5 years. In all cases, previous CS was performed in the lower segment of the uterus according to Gusakov's technique, a cut on the uterus was sutured with two-row acrylic seam, and peritonization was performed. Postoperative period was without complications. As a result of ultrasound scanning on the uterus, we found out: 8 out of 10 women had a scar, the structure of which was heterogeneous, local segments of the seal, marked reduction of sound conductivity, decreased vascularization of this site; 2 women have a sophisticated and elongated lower segment of the uterus, a heterogeneous structure, large foci of seal. During operations in 2 pregnant women, the thinning of the lower segment of the uterus in the area of the postoperative scar was shown by palpation, in 8 women neither macroscopically nor palpatory defects were not detected. During the histological examination of carved scar on the uterus in 7 women, the correct placement of muscle fibers was found, often hypertrophy of myocytes. The scars are mainly represented by myocytes with thin layers of connective tissue and isolated sections of hyalinosis and sclerosis were found in 30%. In 70% of the studied tissue it was restored and vascularized.



Conclusion. Conclusions: As a result of our study, it was found that in the case of using modern synthetic suture material during uterine suturing and adequate antibiotic prophylaxis, in the majority of cases, a histologically complete scar is formed. For a small mass of the fetus and the absence of other contraindications in choosing the fertility after the previous CS birth due to the natural birth lines should be considered as a valid option.

Chekhunova A.

COMPLICATIONS OF CESAREAN SECTION

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Introduction. Caesarean section is the most common surgical obstetric intervention used to improve the condition of the fetus. Over the past decade, the frequency of cesarean section has doubled. Indications for surgery are pathological changes in the mother and the fetus. The purpose of the study was to determine the main causes of maternal and fetal injury in operative delivery.

Materials and methods. The study was conducted at the Department of Obstetrics, Gynecology and Pediatric Gynecology of KhNMU (clinical center "Kharkiv City Maternity Hospital No.1"). The study involved the assessment of childbirth histories of 50 pregnant women who had undergone an operative delivery. Indications for cesarean section were as follows: 14 (28%) patients had fetal distress, 5 (10%) patients had post-term pregnancy, 10 (20%) patients had poor uterine contraction strength, 12 (24%) had malposition of fetus, 5 (10%) had a scar on the uterus, 4 (8%) had clinically narrow pelvis.

Results. The analysis showed that frequent operative complications in mothers were as follows: injuries of a.epigastria superficialis vessels and uterine vascular bundles, hypo- or atonic state of the uterus, development of bladder and uterine hematomas and traumas of adjacent organs (bladder, ureters, intestine). The study implied the assessment of incidence of traumatic injury to the fetus, depending on the technique of cesarean section: time of withdrawal of the fetus, type of operative access (laparotomy, uterotomy). The study showed that the incidence of damage to the fetus depended on the duration of the operation before its withdrawal, the size and position of the fetus in the uterus. The type of incision on the uterus did not affect the frequency of injuries to the fetus. The surgery carried out at the end of the second period of childbirth was more likely to result in an increase in injury rate.