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ABSTRACT
BOOK





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depressive episode or depressed mood that occurs within four weeks of child birth. It is characterized by irritability, sleep and appetite disturbance, feeling of worthlessness and suicidal thought.

Materials and methods. A research study was made on 95 pregnant women after delivery at Trust care hospital in Abuja, Nigeria. July 2016. Blood samples were collected from all to check for levels of reproductive hormones. A self-assessment test by Edinburgh Postnatal Depression Scale (EPDS) was also performed as method of early diagnosis.

Results. After a normal routine Evaluation: Post 4 weeks after delivery. 4 women were indicated for probable PPD with a score ≥ 12 of Edinburgh Postnatal Depression Scale. A dramatic decrease in Oxytocin, Estradiol and progesterone were seen in 5 cases. 15 women were reported with significant increase in thyroxin. 11 cases of women with decrease in plasma prolactin were found. 3 cases were reported with signs of PPD showing major symptoms such as anxiety, sleep and appetite disturbance, suicidal thoughts and feeling of guilt.

Conclusion. Conclusion: Postpartum depression in Nigeria is rampant due to patient not returning to health centers after having major or light symptoms in PPD, most women are very ignorant of this illness and are unaware when it exacerbates. Improvement in clinical outcomes requires enhanced care that ensures adequate treatment and follow-up.

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ANTIBIOTICS DURING PREGNANCY - NECESSITY AND EXPEDIENCY

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Introduction. It is known that various drugs can have a negative effect on the fetus. The use of antibiotics during pregnancy is highly discouraged, but in some cases their reception is a must, both for the fetus and for the woman herself. Important factors in the administration of antibiotics are: the dose of the drug, the duration of admission, the duration of gestation and individual features of the body's tolerance. Because absolutely safe antibiotics do not exist, and for some there is a direct relationship between their intake and teratogenic effect, several groups can be identified as preferred in the treatment of bacterial diseases during pregnancy. These include penicillins (amoxicillin, ampicillin), cephalosporins (cefazolin, cefotaxime), macrolides (azithromycin, erythromycin).

Materials and methods. The purpose of this study was to determine the effect of the three main groups of antibacterial agents on the course of pregnancy, to assess their toxic effects on the fetus. To do this, we analyzed the case histories of 20 patients of the KRCPC at different gestation periods (8 to 32 weeks) who received antibacterial therapy for various indications. Of these: cystitis - 6 patients, acute pyelonephritis - 5 patients, catarrhal tonsillitis - 4 patients, urethritis - 3 patients, chlamydia - 2 patients.



Each patient was assigned antibiotics monotherapy of one of the above groups (amoxicillin received 11 patients, cefazolin - 7 patients, erythromycin - 2 patients), as well as nonspecific maintenance therapy.

Results. To assess the course of pregnancy, the following biochemical markers were used: free β -subunit of hCG, pregnancy-associated plasma protein-A (PAPP-A test), placental lactogen. At the same time, the results of the ultrasound of the fetus were taken into account. In all of the observed levels, the β -subunit of hCG and placental lactogen from the start of antibiotic use to the time of delivery remained within normal limits, but in two patients taking erythromycin, the PAPP-A level was slightly reduced. On ultrasound, developmental abnormalities and other visualized pathologies were not identified. Each pregnancy ended with physiological birth. The evaluation of newborns on the APGAR scale at the 1st and 5th minutes varied from 6 to 9 points, which in general testifies to the happy state of infants. The deformities and stigma of disembryogenesis were not revealed.

Conclusion. The results of our study indicate a relative safety of the use of antibiotics of penicillin, cephalosporin and a number of macrolides during pregnancy. Good indicators of the state of newborns can also be associated with a relatively late onset of antibiotic therapy (after 8 weeks, which corresponds to the early fetal period), when all the major organs and systems of the embryo have already been laid.

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THE ANALYSIS OF RISK FACTORS OF SPONTANEOUS ABORTION IN NIGERIAN WOMEN

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Introduction. Spontaneous abortion, miscarriage or pregnancy loss, are all synonyms used to describe the death of an embryo or fetus before it is able to survive independently. In relation to gestation weeks, it is the loss of fetus before 20 weeks of gestation. After this time, it is called a still birth. There are many variants of spontaneous abortion, it could be of the threatened, inevitable, incomplete, complete and missed type of abortion. A good number of Nigerian women (about 34%) of the child bearing age have suffered from this at one time in their lives. This often leads to sadness, anxiety and guilt in the women.

Materials and methods. For the purpose of this study, Jos University Teaching Hospital, JUTH, in Nigeria was used as a hospital of interest. The study was carried out in December of 2017 with 16 women who were admitted into the gynecology wards with an already established diagnosis of spontaneous abortions. A questionnaire and interview method were used on these women to get a history of their lifestyle, medical records and pregnancy, while it lasted of course. The