

# KHARKIV NATIONAL MEDICAL UNIVERSITY

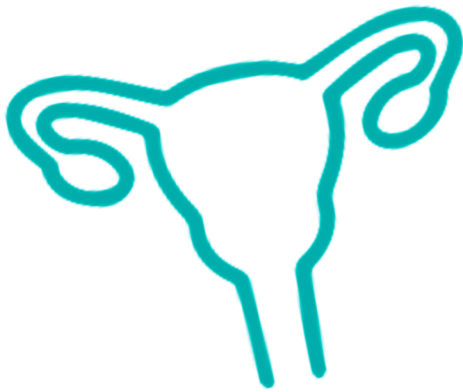
# ISIC-2019



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**ISIC**  
**OBSTETRICS & GYNECOLOGY**



of the fetal bladder beyond the external pharynx was not visualized. With a progressive pregnancy of 24 weeks, the woman was allowed home. The introduction of an obstetric unloading pessary made it possible to improve the condition of the cervical canal and prolong pregnancy until the term of normal birth. Childbirth, the postpartum period in a woman proceeded normally. The child was born healthy, full-term, develops normally, receives breastfeeding.

Conclusions: The simplest, most promising and safest method of treatment in the prevention of isthemic-cervical insufficiency, the threat of abortion in the II trimester is the installation of an obstetric pessary. The use of pessaries in pregnant women with this pathology can reduce the frequency of preterm birth and improve perinatal outcomes.

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## **MICROBIOCENOSIS OF THE VAGINA, EPITHELIUM OF THE CERVICAL CANAL AND ENDOMETRIUM IN PATIENTS WITH GENITAL ENDOMETRIOSIS**

Introduction. Endometriosis is one of the most common gynecological diseases in women of reproductive age and takes 3-rd place in the structure of gynecological pathology after inflammatory diseases of the pelvic organs and uterine leiomyoma.

Genital endometriosis refers to recurrent diseases, the frequency of which increases when combined with chronic inflammatory diseases of the female genital organs.

Aim. To determine the frequency and nature of the vaginal microbiocenosis, cervical canal and endometrial epithelium in patients with endometriosis to verify genital infections and chronic inflammatory processes of the pelvic organs.

Materials and methods. Colposcopy, hysteroscopy, bacterioscopic, bacteriological, PCR methods, histological examination of scrapings of the cervical canal, endometrium were performed.

Results. In patients with history of endometriosis, it was found that the frequency of chronic endometritis was 42.3%, chronic salpingoophoritis -35.1%, endocervicitis - 75.2%, vulvovaginitis -79%. The study of vaginal microflora, biopsy samples from the

cervical canal and endometrium revealed a high microbial seeding rate (*Chlamidia trachomatis* -15.7%, *M.genitalium* -21.6%, *Gardnerella vaginalis* -46.2%, *Candida albicans* -14.5%, *Trichomonas vaginalis* - 7.2%.)

The listed pathogens were found in 65.2% of patients in the vagina and epithelium of the cervical canal and 57.3% of patients in the endometrium.

Conclusion. By inference, for the prevention of recurrence of genital endometriosis before the appointment of the traditional therapy of endometriosis, it is necessary to carry out rational antibacterial therapy, taking into account the sensitivity of the flora to antibiotics.

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## **OPERATIVE TREATMENT OF THE TRUE FUSED PLACENTA IN THE AREA OF THE OLD POSTOPERATIVE SCAR**

Introduction. The true fused placenta is a very serious, life-threatening pathology of pregnancy, which is relatively rare (1 case per 3000-5000 births), can lead to massive bleeding and pregnancy complications, often with repeated birth, usually after cesarean section. A study conducted in 2006 by R. Silver and co-authors revealed a significant increase in the risk of fused placenta, correlating to the number of uterine scars: with 1 scar - 3%, 2 - 11%, 3 - 40%; 4 - 61% and 5 - 67%. According to the study of S.L. Clark and co-authors if there is one uterine scar, the risk of an increase in the placenta is 24%, and if there is 4 or more - 67%. According to statistics, the fused placenta in complete placental presentation of women who do not have a caesarean section in the history of delivery, is found in 2.5%, with a uterine scar - in 34.5%. Fused placenta is a colossal problem in obstetrics due to the risk of massive obstetric bleeding, as a result of which abnormal placentation is one of the main causes of maternal mortality.

Purpose of the study. Determination of the significance of treatment of the true fused placenta in the area of the old postoperative scar of women after a cesarean section.



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