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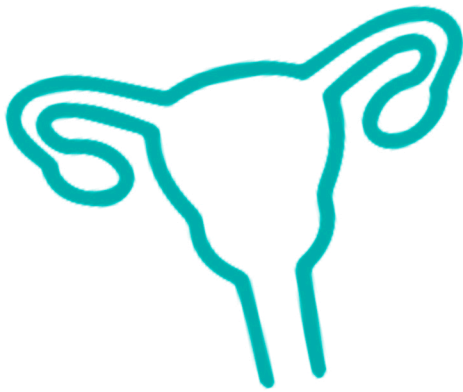
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years who were vaccinated against HPV reduced the risk of advancing cervical disease from 165 to 2/10000 investigated . Women who have been vaccinated against HPV reduce the risk of 16/18 HPV related cancer from 115 to 7/10000 women. HPV vaccines reduce the number of women with any cancer progression from 230 to 95/10000. Women who are over 25 years old, successful vaccination reduces the risk of advancing precancerous conditions associated with HPV 16/18, from 45 to 14/10000. Based on the studies and these results, it can be concluded that preventive vaccination against cervical cancer in young women aged 15 to 30 years develops specialized immunity, as well as protection against cross-type HPV.

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THE LINK BETWEEN DEGREE OF PREECLAMPSIA AND MODE OF DELIVERY

Introduction. Among all complications of pregnancy, preeclampsia ranges from 10.1% to 20.0%, and it accounts for 21,3% and 12.1% of maternal and perinatal mortality, respectively. According to WHO, preeclampsia is a complication of pregnancy which itself plays the role of underlying causative factor for placental abruption, premature delivery, fetal growth retardation (FGR) due to fetoplacental insufficiency. Thereby the issue of gearing the most appropriate mode of delivery in pregnant women with preeclampsia to it's severity remains challenging for an obstetric team.

Aim. The retrospective study was to find out the link between degree of preeclampsia and choice of delivery mode in order to facilitate labour management.

Materials and Methods. We scrutinized 20 cases history of pregnant women who were divided into 4 groups. Group I (control) involved 4 (20%) pregnant women without preeclampsia. Group II comprised 6 (30%) pregnant women with mild preeclampsia. Other 5 and 5 (25% and 25%) pregnant women with moderate and severe preeclampsia were allotted to III and IV groups, respectively.

Results. It turned out that all pregnant women of control group gave birth by vaginal delivery. In groups II and III, decision to undertake Cesarean section was driven by abnormal placental end-diastolic blood flow II-III degrees, FGR, unstable performance and progression of preeclampsia despite treatment within 24 hours in the settings of unfavorable condition to expedite vaginal delivery. Expectant management was contemplated in cases of gestational age less than 34 weeks as long as maternal and fetal states remained stable and controlled by treatment in order to let time for complete corticosteroid boost. In group II 4 (66.7%) pregnant women completed their parturition by vaginal delivery, other 2 (33.3%) underwent Cesarean section. In the group III (40%) pregnant women had vaginal delivery and 3 (60%) women proceeded to abdominal delivery. In the group IV, due to the high risk of impending life-threatening events for the mother and the fetus, urgent Cesarean section was carried out in all cases. No single attempt of expectant management was undertaken in this group.

Conclusions. Considering above-mentioned results, the link between severity of preeclampsia and choice of delivery mode depends on many preconditions and the chance is still left even in preeclampsia with severe features for expectant management and vaginal delivery as long as vital signs under control without progression of severe features if pregnancy has not reached 34 weeks, but risk of life-threatening complications in this situations account for high rate of abdominal delivery. Based on this grounds, the management of preeclampsia should consider all possible outcomes and their probability in order to prepare in advance the team for any alteration of tactics and keep everybody ready to play his/her role in teamwork.

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CERVICAL INCOMPETENCE AND PROMOTING FACTORS

Introduction. Cervical incompetence (CI) is one of the main causes of early pregnancy termination and late pregnancy termination, as well as the preterm infants birth. The clinical picture of the CI is scanty or may be absent, and the only diagnostic criteria are

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