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data, we noticed that in groups where only preeclampsia and only gestational hypertension were risk factors for the subsequent development of diabetes in the postpartum period. Women with gestational diabetes had an increased risk of developing postpartum diabetes by 13%, but the presence of both pre-eclampsia and gestational hypertension in addition to gestational diabetes further increased this risk by 18%.

CONCLUSION: during the work it was found that in women with pre-eclampsia or gestational hypertension, the risk of developing diabetes is 2 times higher with subsequent observation for 16 years after pregnancy, even in the absence of gestational diabetes. The presence of pre-eclampsia in pregnant women combined with gestational diabetes significantly increased the risk of diabetes compared to that observed only with gestational diabetes. Doctors, having discovered in the history of their patients the above threatening conditions or a combination of these clinical diagnoses, should be aware of the need to recommend the observation of these women by an endocrinologist for the prevention and early diagnosis of diabetes in the postpartum period.

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DIFFERENT METHODS OF THERAPY OF ABNORMAL UTERINE BLEEDING IN WOMEN OF REPRODUCTIVE AGE

Introduction. Abnormal uterine bleeding (AUB) is any bleeding that does not correspond to a normal menstrual cycle, and consists of changing the amount of blood lost, the duration, frequency and regularity of bleeding. Women of any age group can have AUB, especially if there are risk factors. However, the frequency of AUB increases with age and is 14-18% among all gynecological diseases. Juvenile AUB is 10%, in active reproductive age – 25-30%, in the late reproductive age – 35-55%, in the menopause – 55-60%.

Aim. Evaluate the effectiveness of different methods of treatment of AUB.

Materials and methods. Retrospective research of case histories. 15 women with AUB were screened. They were treated differently depending on indications and

contraindications, side effects, the desire of women to use contraception and varying degrees of severity of AUB. Women were divided into 3 groups.

The first group, consisting of 6 women, was treated with hemostatic drugs. This method of treatment for AUB was chosen because of the absence of organic pathology of the uterus.

The second group of women, which included 5 people, was offered a traditional treatment of hormonal drugs, namely, combined oral contraceptive pill (COCP). Such a method of treatment is especially effective in women with hormonal pathology.

The third group of 4 women was treated with levonorgestrel (LNG) using hormone-releasing intrauterine device (IUD). Such therapy was offered to women from the AUB, after fractional scraping cavity of the uterus.

Results. In the first group, at 5 women bleeding decreased by 40-59% from baseline. In one-woman bleeding decreased by only 10%, which proved to be inadequate for a satisfactory state of the patient. Thus, the effectiveness of this therapy was 83%.

In the second group, COCP reduced bleeding by 40% in three women, and by 50% in two women. Efficiency was 100%.

In the third group of women, the using of LNG-IUD resulted in a decrease in uterine bleeding by 87% over 3 months of use. Efficiency also made up 100%.

Conclusion. In this way, there are many ways to treat the AUB. All of them have advantages and disadvantages. However, the results of this work show that the most effective and promising method of treatment of AUB is the LNG-IUD.

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THE CONTEMPORARY METHODS OF EARLY SEXUAL MATURATION DIAGNOSTICS

Introduction. The topicality of the timely detection of early sexual maturation's causes is resulting, first of all, from the presence of tumorous process, pathological conditions, which can hasten puberty, and trying to preserve reproductive health of the nation. The

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