

# KHARKIV NATIONAL MEDICAL UNIVERSITY

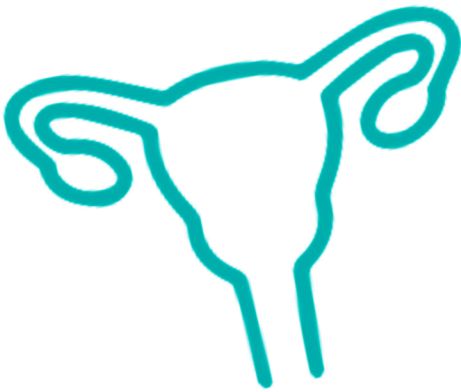
# ISIC-2019



**KHARKIV NATIONAL  
MEDICAL UNIVERSITY**



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



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.

Materials and methods. Patient F, 29 years old, with a diagnosis of Pregnancy II, 38 weeks, childbirth II, anterior I, brow presentation. A uterine scar after cesarean section in 2013.

Results. The patient was routinely admitted for operative delivery to the perinatal center. In anamnesis there is delivery in 2013 by cesarean section in urgent order, due to the primary weakness of labor. The second pregnancy II proceeded without complications. Considering the uterine scar, operative delivery is routinely medically indicated: laparotomy, cesarean section in the lower uterine segment according to Derfler. Intraoperatively: the placenta was located on the front wall of the uterus, attention was attracted by the bleeding, the true fused placenta in the postoperative scar (placenta increta). Cicatrectomy of the old postoperative scar with placenta increment was performed; the scar was sent for histologic study. After excision, the bleeding stopped. The uterus is closed up with a double-row vikril suture.

Conclusions. Fused placenta it is a severe condition that requires timely diagnosis and treatment. In this clinical case, the fused placenta in the area of the old postoperative scar has become a favorable factor for the preservation of the reproductive function of this woman. Based on the above data, the parturition of this group of patients should be carried out in medical institutions that provide the third level of care with adequate resources and the presence of highly qualified specialists. With the growing number of placenta increments, there is an urgent need to improve the methods of diagnosis and treatment.

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## **BLOODLESS COLPOPOIESIS**

Introduction. A conservative method of treatment is colpoelongation according to B.F. Sherstnev. According to this method, an artificial vagina is formed by stretching the mucous vestibule of the vagina and deepening the “fossa” existing or formed during the

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