ЗБІРНИК МАТЕРІАЛІВ КОНФЕРЕНЦІЇ «МЕДИЦИНА ТРЕТЬОГО ТИСЯЧОЛІТТЯ»
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In materials I (21,74 ± 0,05) and II (20,04 ± 0,05) of the studied groups positive expression of vascular endothelial growth factor was detected in membranes of epitheliocytes of glands of foci of adenomyosis and basal layer of endometrium. In women with adenomyosis with ultrasound, the spherical shape of the uterus is registered in 96% of cases; myometrial striation - in 82%; myometrical cysts - in 28%; myometrial nodes - in 14%.

Conclusion. Evidence of increased expression of Ki-67 proliferation protein and intensification of the neovascularization process in endometrial biopsies with underlying myometrium in adenomyosis and under conditions of combination of adenomyosis with hyperplastic processes, endometrial, be used as a diagnostic in detecting adenomyosis, including associated with hyperplastic endometrial processes. 3D ultrasound with the definition of uterine junctional zone is an effective method of noninvasive diagnosis of adenomyosis.

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THE USAGE OF INSTRUMENTAL METHODS OF DELIVERY AND COMPLICATIONS RELATED TO THEM
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Introduction. The main methods of instrumental childbirth in emergency cases include vacuum fetal extraction and obstetric forceps. The usage of these techniques is a part of common obstetric practice in case of fetal injury or prolonged second stage of labor, but they can also lead to significant complications such as rupture of the vagina and perineum, traumatic hemorrhage, bladder and pelvic injuries. According to global statistics, the frequency of maternal complications associated with instrumental delivery is 12.1%. If there is a need to accelerate childbirth in the second period, when the mother's condition requires elimination of labor, the operation of choice is undoubtedly obstetric forceps. In other cases, when mother's involvement in childbirth
is not dangerous to her health, the obstetrician have to choose which of the two methods of surgical vaginal delivery to use.

The aim of the study was to compare the ratios and risk factors for complications in woman in labor and neonates associated with forceps and vacuum delivery.

Materials and methods. The survey were conducted based on 32 pregnant women case reports, that had deliver in the time period between 2016 and 2018. They were split into two equal groups: vacuum extraction were used in 16 cases, as well as obstetric forceps which were also used in 16 cases.

Results. It should be noted that the amount of blood loss in these methods is not significantly different (obstetric forceps 297 ml; vacuum 284 ml). In our study the main complication of childbirth using forceps was the rupture of the perineum of the 2nd degree 37,5% (6), rupture of the perineum of the 3rd degree 25% (4), rupture of the cervix 31,25% (5) and widening of the episiotomy 12,5% (2). However, complication of delivery with the use of vacuum vaginal extraction was only a rupture of the cervix 6,25% (1) and extension of episiotomy also 6,25% (1). At the same time, mothers who had an episiotomy were approximately 86% less likely to have complications of instrumental labor than those who did not have an episiotomy. It should be noted that mediolateral episiotomy significantly reduced the risk of birth complications (lesions of the anal sphincter) in both women who were born with vacuum extraction and obstetric forceps.

Conclusions. Childbirth without trauma and perineal incision are noted only when using fetal vacuum extraction. Perineum dissection (perineotomy, episiotomy) is performed when the obstetric forceps are applied to all patients. When using vacuum extraction children in the state of asphyxia are born much less often than when using obstetric forceps. Thus, with such indications for vaginal surgical delivery, it is better to use vacuum extraction, because it is more beneficial for both mother’s and the baby’s health.
ДАЩУК АНДРІЙ АНДРІЙОВИЧ, ДЕРКАЧ ЮЛІЯ ВОЛОДИМИРІВНА, ВЛАСЕНКО ОЛЬГА ВОЛОДИМИРІВНА, ВІТКО ІРИНА ОЛЕКСАНДРІВНА, БОГДАН АННА СЕРГІЇВНА, БІЛИЙ ЄВГЕН ЄВГЕНОВИЧ, САФОНОВ ЕГОР РОМАНОВИЧ, АРАЛОВА ВІКТОРІЯ ОЛЕГІВНА, АВАЗОВА, АБДУЛЛАЄВА НУБАР АЗАД КИЗИ, YUNTSOVA KATERYNA OLEHIVNA, KIKOSH KSENIIA, YAKUSHEV YEHOR, СИДАК ВЛАДИМИР ВАДИМОВИЧ, ФІРСИК ТЕТЯНА МИКОЛАЇВНА, СУХОДОЛЬСЬКА ОЛЕНА ІГОРІВНА, СТРОЄВ МАКСИМ ЮРІЙОВИЧ, СЄДА ОЛЬГА ІГОРІВНА, ПРАСОЛ ОЛЕКСАНДР ВІТАЛІЙОВИЧ, ПАСІЧНИК АНАСТАСІЯ ЮРІЇВНА, БОЙКО ОЛЕНА ВОЛОДИМИРІВНА, ОГІЙ АЛІНА ВАЛЕРІЇВНА, РОДІОНОВА ДАР'Я СЕРГІЇВНА, НАГОРНА АНАСТАСІЯ АНДРІЇВНА, ОСОБЛИВОСТІ ЯЄЧНИКА.

ОСОБЛИВОСТІ СУЧАСНИХ МЕТОДІВ ЕКСТРОКОАГУЛЯЦІЇ.

ОСОБЛИВОСТІ НАДМІРНОЮ ОЦІНКА ТОВСТОКИШКОВОЇ ОСОБЛИВОСТІ СУЧАСНІ МЕТОДИ ЛІКУВАННЯ КАРДІОГЕННОГО ШОКУ ПАРАКОЛОСТОМІЧНИХ ВАГІТНОСТІ І ПОЛОГІВ СИМПТОМАТИЧНОЙ ТЕРАПИЇ ЗАХВОРЮВАННЯМИ КІСТОК ЩИТОПОДІБНОЇ ПОХИЛОГО ВІКУ.