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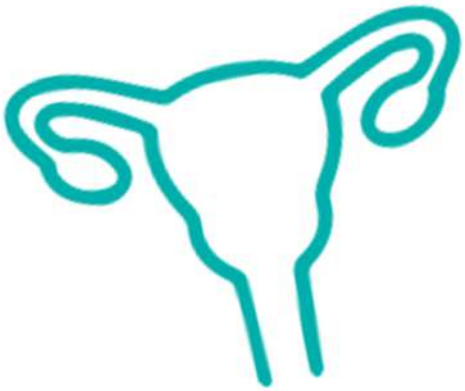

OBSTETRICS & GYNECOLOGY

contracting COVID. An increase in the expression of TMPRSS2 by androgens can induce severe infections in man, compared with woman. Also the ACE 2 gene is linked to the X chromosome, that women are less susceptible to COVID-19.

Also, the prognosis of COVID-19 is influenced by the genetic variability of the genes of the histocompatibility complex class I (human leukocyte antigen [HLA] A, B and C). In particular, high expression of the protein produced by HLA-B * 46: 01 will reduce the immunopresentation ability of SARS-CoV-2.

Conclusion. A literature review revealed a large number of studies of genetic predisposition to COVID-19. The most significant factors include the expression level of ACE 2, TMPRSS2, HLA. The level of sex hormones, age and the presence of concomitant diseases is also revelant. Scientists can use this knowledge to create drugs and vaccines for the treatment of coronavirus disease.

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ANTIMULLERIAN HORMONE AND DIAGNOSTICS OF POLYCYSTIC OVARIAN SYNDROME

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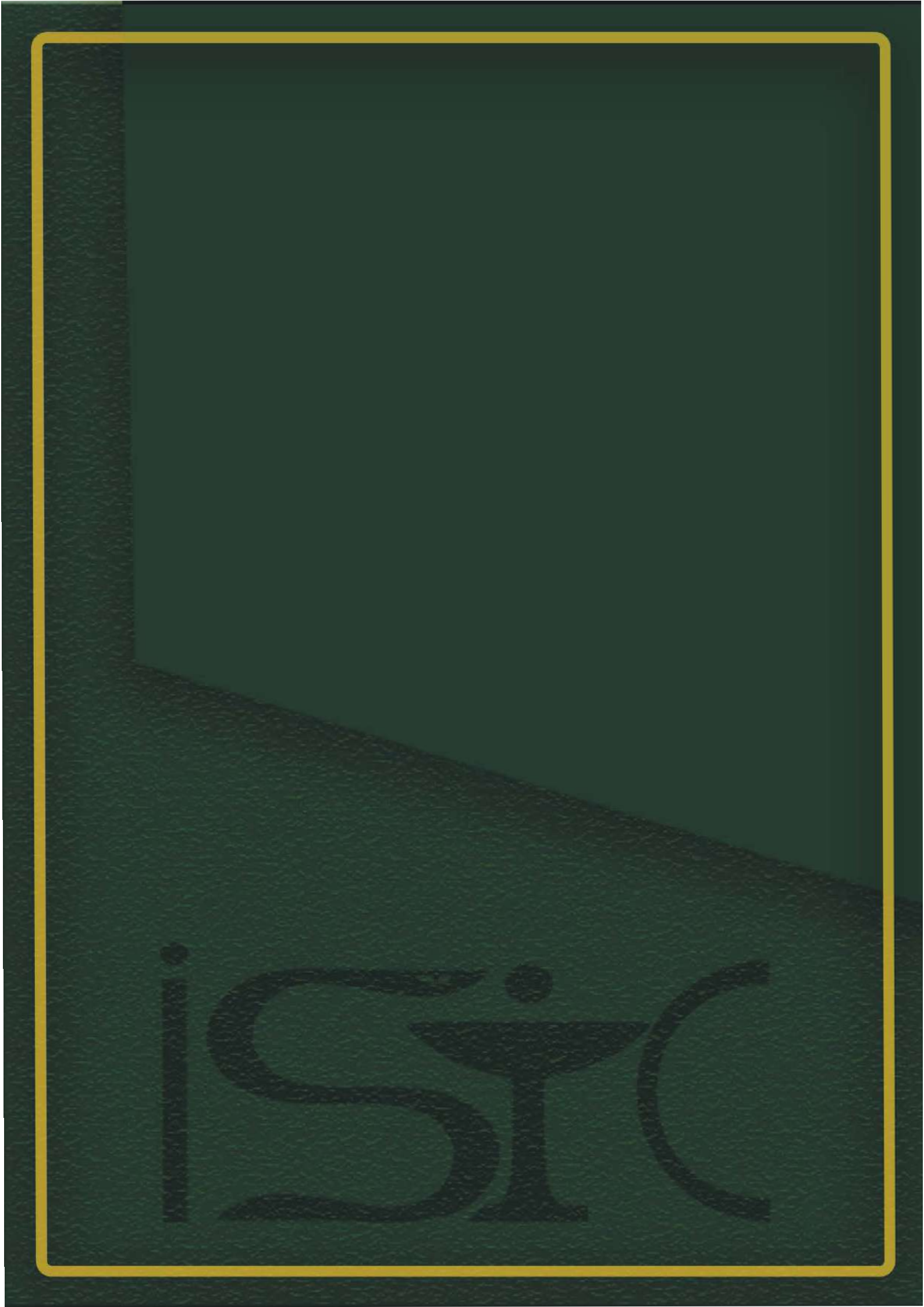
Topicality. Diagnosis of polycystic ovary syndrome (PCOS) using the Rotterdam criteria (RC) often leads to diagnostic uncertainty. As a result, a third of patients need more than 2 years to make a diagnosis, and half of patients visit more than three doctors before diagnose illness. Antimullerian hormone (AMH) is secreted by small antral follicles and associates with number of antral ovarian follicles. Due to the inhibitory effect of AMH in folliculogenesis, it is thought to play a chief role in the pathogenesis of PCOS-associated anovulation. Therefore, the level of AMH can be a useful addition to the diagnostic criteria.

Goal. Determine the diagnostic value of AMH values in patients with PCOS. Investigate the statistical indicators of PCOS diagnosis using the RC and the level of AMH in different combinations.

Research methods and materials. A retrospective analysis of medical histories of patients attending the Kharkiv Regional Clinical Perinatal Center was conducted. The study sample included 49 case histories, 27 women with PCOS diagnosed using the RC, and 22 women as a control group. Clinical anamnesis included menstrual irregularities, excess body hair growth, acne, overweight, infertility, family history. The survey included BMI, Ferriman-Galway's assessment; the tests included FSH, LH, prolactin, testosterone, AMH level and pelvic ultrasound.

Results and discussion. The median of AMH in patients with PCOS is 4,6 ng/ml, while in the control group it is 2,3 ng/ml which is twice as low($p = 0.001$). The highest diagnostic potential of AMG for PCOS with a sensitivity of 78% and a specificity of 70% was 3,5 ng/ml. AMG was added to the existing RC as the fourth parameter and gave a sensitivity of 80%. However, when Ultrasound polycystic ovarian morphology in the RC was replaced by AMH, using any two of the three criteria it gave a sensitivity of 85%.

Conclusion. The level of AMH in women with PCOS is twice higher than in healthy people. The specificity and sensitivity of the concentration of AMH in the blood serum more than 3,5 ng/ml for the diagnosis of PCOS is 70 and 78%, respectively. The level of AMH is a very perspective diagnostic criterion for PCOS, especially if it replaces Ultrasound polycystic ovarian morphology in the RC.

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