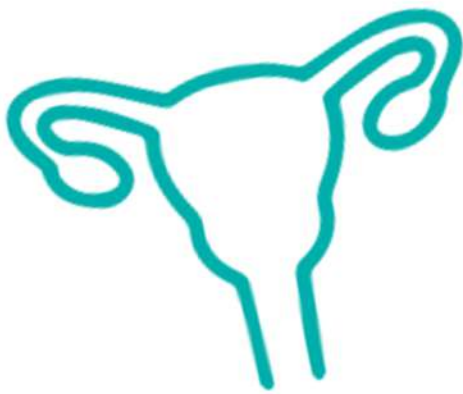


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<3cm and their beta-hcg levels were >1500 IU/L and progesterone levels were <5ng/ml. In group B patients findings of hemoperitoneum were found with beta-hcg levels >1500IU/L that with no other complications that signifies ruptured tubal pregnancy and emergency treatment. In group C there were patients with unruptured ectopic tubal pregnancy and history of pelvic inflammatory diseases, use of IUDs and previous ectopic pregnancy.

In group A and C, we gave them methotrexate and follow up .If there is decrease of beta-hcg >15% between day 4 and day 7 then did follow up till beta-hcg decrease <10IU/L and in some patient beta-hcg decreases <15% then methotrexate given on days 1,3,5,7 with folinic acid on days 2,4,6,8. Group B patient they needed emergency operative treatment like salpingotomy or salpingectomy.

Conclusion: All the patients have good prognosis after conservative and surgical management. Chances of recurrence of ectopic pregnancy decreases while chances of intrauterine pregnancy increase.

Shelest Natalia

PROGNOSTIC ASPECTS OF PHYSIOLOGICAL AND PREMATURE LABOR

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The mechanisms and biological pathways involved in the induction of both normal and preterm labor remain insufficiently understood, despite the fact that numerous biochemical components of the initiation of the labor process with functional actions are widely studied. At the present stage, it is quite clearly established that childbirth is the result of complex interactions between factors of the mother and the fetus, which contribute to the ripe of the cervix and the contraction of the myometrium. Over the past decade, several scientific studies have focused on the potential correlation between maternal serum relaxin levels and an increased risk of preterm birth. Relaxin is a



polypeptide hormone with systemic and autocrine-paracrine activity, which belongs to the IGF family (insulin-like growth factor) and is produced by the corpus luteum of the ovary.

Expanding our knowledge of the difficult pathways of labor will greatly facilitate the development of effective therapies to prevent preterm labor.

The aim of the study was to study the role of the hormone relaxin as a prognostic factor of physiological and preterm labor, as well as to study the role of cytokines, in particular interleukin-6 (IL-6), in the development of this pathology.

Examination of 75 pregnant women was carried out. All pregnant women underwent a full clinical and laboratory examination, regulated by the Order of the Ministry of Health of Ukraine No. 417 of 15.07.2011.

Immunological studies were performed once upon admission to the hospital. Serum IL-6 concentration was determined by enzyme-linked immunosorbent assay using commercial kits (Vector Best, Russia), relaxin level - by enzyme immunoassay using Human RLN2 ELISA kit (Elabsience USA).

A significant increase in the content of relaxin (323.52 ± 14.7 pg / ml) in pregnant women with preterm labor ($p < 0.05$) and a significant increase in the level of IL-6 (63.4 pg / ml ± 2.78 and $79, 8 \pm 4.13$ pg / ml) in pregnant women with preterm labor ($p < 0.05$) and especially in physiological term labor. The important biological role of the studied molecular biological parameters in the complex pathogenetic mechanism of labor has been determined.

Apparently, a significant increase in serum IL-6 concentrations, together with hyperrelaxinemia, which is realized by direct stimulation of matrix metalloproteinases involved in the degradation of type I collagen, have unique implications for cervical maturation. The investigated factors can become reliable immunobiological markers of predictors of the onset of timely physiological as well as premature birth.



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