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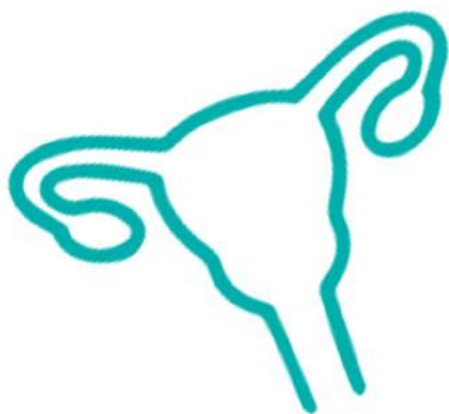
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АКУШЕРСТВО ТА ГІНЕКОЛОГІЯ





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THE INFLUENCE OF TYPE 1 DIABETES ON THE VOLUME AND VASCULARIZATION OF THE PLACENTA.

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Relevance. Pregnancy in conditions of diabetes mellitus 1st type is accompanied by a risk to mother and fetus. Formation of the placenta and structural and functional features of the fetoplacental system of pregnant women with type 1 diabetes mellitus and their effect on the fetus remain poorly understood, and this is of considerable scientific interest.

The purpose: To study the influence of type 1 diabetes on the volume and vascularization of the placenta and the associated risks to the fetus.

Materials and methods. We studied the morphofunctional structure of the placenta of 15 parturients. Of these, 9 (60%) women with an anamnesis of type 1 diabetes and 6 (40%) women without a burdened anamnesis. The research was conducted on the clinical basis of the Department of Obstetrics and Gynecology №1 KhNMU. The research consisted of macroscopic examination of the placenta, its weighing, excision of the material and histological examination by preparation of thin sections and examination of the morphological structure using an electron microscope.

Results. As a result of the research in the group of women with a anamnesis of type 1 diabetes in all cases there were morphological signs of placental insufficiency of varying severity. The main signs of pathology were: increase in blood viscosity (5 (55,5%) women had), increased deposition of intervillous fibrinoid (3 women – 33,3%) and functional zones of close villi (1 woman – 11,2%). There were compensatory processes in the form of increasing the lumen of the vessels of the basic villi (2 women – 22,3%), increasing the number and expanding the lumen of sinusoidal capillaries terminal villi and focal angiomatosis (7 women – 77,7%). There was a significant increase in the size and weight of the placenta, while in the group of women without a burdened anamnesis (6 women – 100%), changes in the volume and morphological structures of the placenta were not observed.



Conclusion. Type 1 diabetes causes an increase in the volume and vascularization of the placenta as a compensatory mechanism for increasing the functionality of the placenta and leveling the negative impact of circulatory disorders on the fetus

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SOME MANIFESTATION OF PSTHYSTERECTOMY SYNDROME AND WAYS TO CORRECT THEM

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Hysterectomy is a common surgical intervention in the practice of an obstetrician-gynecologist, which is associated with a high frequency of uterine diseases, in particular leiomyoma, which requires a similar treatment option. Currently, uterine tumors are detected in women of menopause, but also in late reproductive age, and sometimes much earlier. It is well known that after removal of the uterus, both during its extirpation and during supracervical amputation, a symptom complex develops, which occurs in 20 to 80% of cases. It shows estrogen deficiency despite one or both ovaries preserved. This is due to the peculiarities of the operation, which excludes the blood supply to the ovarian tissue by the uterine arteries: acute ischemia of the ovarian tissue develops and subsequent functional impairment of the preserved organs of the reproductive system.

The manifestation of posthysterectomy syndrome includes a number of general symptoms, such as neuro-vegetative and metabolic-endocrine, and local, in the form of signs of urogenital atrophy, which impairs the quality of life of a woman.

The aim of the work was to study the frequency of occurrence of symptoms of urogenital atrophy in women after a hysterectomy with preservation of the ovaries and to develop methods for correcting this type of disorders.

Materials and methods. We observed 40 women aged 38-47 years who underwent either supracervical amputation of the uterus or its extirpation with a satisfactory course of the postoperative period. In all cases, the ovaries were not changed, therefore they



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