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# ***АКУШЕРСТВО ТА ГІНЕКОЛОГІЯ***





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## **OVERTREATMENT OF LSIL IN UKRAINE**

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**Introduction:** Human papillomavirus (HPV) test substantially improves detection of women with severe cervical intraepithelial neoplasia (CIN2+). However, due to its low specificity, unnecessary anxiety may arise among HPV-positive women despite a positive cytology and colposcopy conclusion, which results in requirement of expensive subsequent triage and surveillance thereby leaving a gynecologist in the state of uncertainty very often on the management of cases of low-grade squamous intraepithelial lesion (LSIL) and persistent HPV-infection. It is estimated that at least 30% women with LSIL undergo excisional procedures that do not comply with current guidelines on the treatment of LSIL. In Ukraine this number might have been higher because loop procedures (LEEP) are covered out of patient's pocket and there is no intrinsic oversight for medical insurance system that should collate referral diagnosis and definitive pathomorphological conclusion. In such situation it is much easier for a colposcopist to remove the site of LSIL and get rid of future concern. Despite being a very reliable tool for the detection of CIN2+, colposcopy largely depends on proficiency of the doctor. In Ukraine training under supervision is very short that leaves significant number of women potentially exposed to inexperienced colposcopists. If HSIL is much probable to be forwarded to GynOnc service, LSIL is left uncontrollable by registry. Our retrospective study purported to measure compliance with recommendation against routine treatment of confirmed LSIL (CIN $\leq$ 1).

**Methods:** Study collated referral indications (only precancerous lesions) for LEEP with histological conclusion of the cervical sample sent to the pathomorphological laboratory from the primary Gyn settings (not GynOnc) within random 6 months.

**Results:** It turned out that among 378 cases there were 65% referrals with solely LSIL, 18% were treated on the site of the first colposcopy (without PAP-smear and precedent biopsy), 49% referrals due to persistent LSIL HPV-positive showed no discordant results of surveillance (PAP-smear and colposcopy), 37% cases of treated long-lasting



LSIL were HPV-negative (either cleared or never positive). When LSIL referrals were collated with definitive histologic conclusion  $CIN \leq 1$  constituted 91%.

Conclusion: Overtreatment of LSIL in Ukraine is very common. One of the main hazards of that is the cessation of proper routine screening (compliance with the routine screening is still quite low in Ukraine) due to ungrounded complacency.

*Soha Raad*

## **THE ROLE OF THE MASTODYNIA IN THE DEVELOPMENT OF PRIMARY INFERTILITY**

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Female infertility is one of the urgent problems in gynecology, which leads to a worsening of the demographic situation and is a factor that worsens the quality of a woman's life. The causes of infertility are very diverse and represent a combination of organic and functional disorders in the female reproductive system. The diagnosis of infertility is difficult, it includes a comprehensive examination, in the form of a number of instrumental and clinical laboratory studies, which are sometimes reused. Thus, the problem arises of identifying early functional disorders, the diagnosis of which will reduce the incidence of female infertility through their timely correction.

The aim of this work was to study the presence of mastodynia in adolescence for the occurrence of primary infertility in reproductive age.

Materials and methods: 50 women 25-29 years old ( $25.6 \pm 0.1$  years old) with primary infertility were examined. The study included the identification and recording in special maps of a history of pain symptoms in the area of the mammary glands, their periodic engorgement, increased nipple sensitivity and discomfort when touched. Additionally, the level of prolactin (PRL) in the blood was investigated on the 3-4th day of the menstrual cycle using chemiluminescence immunoassay. To exclude a sporadic rise, the PRL level was determined by us twice in two menstrual cycles. The non-tumor nature of hyperprolactinemia was confirmed by X-ray examination of the



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