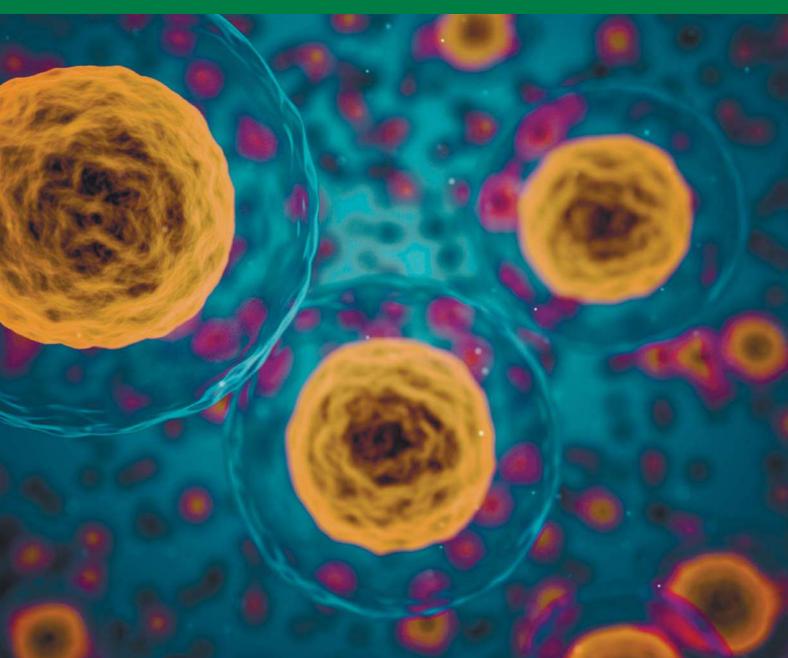
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The second option is a donor uterus transplant. There are several reported cases of successful uterine transplants worldwide for women with MRKH syndrome who then became pregnant with IVF and gave birth to healthy children by caesarean section. But this method is not widespread and is at the experimental level.

Conclusion. Mayer-Rokitansky-Kuster-Hauser syndrome is a complex pathology that requires careful monitoring, examination and management of such patients.

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BACTERIAL CONTAMINATION AS A FACTOR IN THE DEVELOPMENT OF ADENOMYOSIS

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Genital endometriosis is one of the most common gynecological disorders. In modern literature there are suggestions that the presence of agents of genital infection against the background of impaired immunoregulation and reduced supervisory function of the immune system may contribute to endometriosis.

Objective: to study the role of bacterial contamination of the upper genital tract as a factor in the development of adenomyosis.

Materials and methods. 65 women of reproductive age were examined. Group I consisted of 35 (53.8%) patients with adenomyosis of I degree of distribution. Group II (control) consisted of 30 (46.2%) gynecologically healthy women.

To assess the content of microorganisms, the test material was taken by endometrial pipelle biopsy and subjected to bacteriological examination in accordance with the requirements for the collection and delivery of samples for microbiological laboratories, the media were prepared in accordance with the requirements of the manufacturer (India), shelf life to 12.2021.

Analysis of reproductive function showed that surgical abortions, intrauterine devices, and other intrauterine interventions were the predisposing factors of increased contamination of the endometrium.







Microbiological research of the endometrium showed the presence of dysbiosis in all examined women increasing the content of conditionally pathogenic microbes. In 17 (48.6%) patients, Staphylococcus aureus was isolated at a concentration of 102 – 103 cfu/ml, in 12 (34.3%) – enterococcus: Enterococcus faecalis in 7 (20.0%) in the amount of 102 cfu/ml; Enterococcus faecium in 2 (5.7%) in the amount of 103 cfu/ml; Enterococcus sp. in 3 (8.5%) in the amount of 103 cfu/ml; in 9 (25.7%) withdrawn Escherichia coli 103 cfu/ml, in 2 (5.7%) patients – Klebsiella spp. 102 cfu/ml, in 4 (11.4%) Proteus spp. in the amount of 102 cfu/ml; in 16 (45.7%) – Mobiluncus in the amount of 103 – 104 cfu/ml; in 5 (14.3%) Peptococcus sp. in the amount of 103 cfu/ml; in 13 (37.1%) patients were isolated Candida albicans, 104 – 105 cfu/ml. In 9 (25.7%) patients were isolated asporogenic anaerobic bacteria: Bacteroides spp. – 6 (17.1%). The material of the control group contained among the aerobes: Enterococcus faec. (10.0%) in the amount of 103 - 104 cfu/ml, Enterococcus sp. (6.7%), at 102 to 103 cfu/mL; Staphylococcus aureus (3.3%) in the amount of 101 to 102 cfu/mL, Candida albicans (13.3%) in the amount of 102 to 103 cfu/mL.

The studies showed that all Group I patients had a mixed infection. The findings indicate that adenomyosis appears to occur against a background of bacterial contamination. Further progress in uncovering the mechanisms of adenomyosis will be the basis for the development of a successful therapy.

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USE OF THE SFLT-1/PLGF BIOMARKERS AS A SCREENING FACTOR FOR PREECLAMPSIA

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Preeclampsia is a pathological condition of a woman organism after the 20th week of pregnancy, which is manifested by the firstly arised hypertension, proteinuria, and edema.

World statistics shows that mortality from preeclampsia is 0.4%. Despite the achievements of modern medicine, in the world structure of maternal mortality over







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