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ЗБІРНИК ТЕЗ



Conclusion. Women with menstrual cycle disorders experienced higher stress level comparing to women of the control group. It has been established that there is a connection between sympathoadrenal and endocrine systems` state and impact of stress. This proves the importance of psychoemotional stress in the pathogenesis of menstrual cycle disorders. In the course of the investigation it has been found that on the background of main treatment it is necessary to timely identify women who experience high stress level and carry out a psychocorrection. The study shows the need for timely detection of women who experience high stress level and carrying out their psychoemotional state correction, since menstrual cycle disorders caused by stress impact can lead to reproductive system disorders in future.

Okhaigbe Daniel Oshoke

FEATURES OF PRECONCEPTION PREPARATION OF WOMEN WITH ENDOMETRIOMAS

Ukraine, Kharkiv

Kharkiv National Medical University

Department of Obstetrics and Gynecology №2

Scientific advisor: associate professor I.V. Starkova

Endometriosis is a relevant problem in medicine, which is characterised by a diverse clinical picture and often progressive course. This pathology deserves special attention in the development stage of a woman at an early reproductive age, since it is one of the causes of primary infertility.

The aim of the work was the need to identify methods for the prevention of absolute infertility in women of reproductive age with an established diagnosis of endometrioid ovarian cyst.

20 medical literature sources from Ukraine and other countries over the past 5 years were analysed. The study showed that endometriosis is a common disease which affects an average of 5-10% of women of reproductive age, and according to some authors, the incidence of pathology reaches to 50%.

Most often, the diagnosis of endometriosis is established in the presence of endometrioid ovarian cysts, which are treated by surgical or conservative treatment



with the staged usage of hormonal or anti-inflammatory drugs. The question of the choice of treatment tactics for the considered type of cysts is discussed in medical sources. Due to the fact that endometriosis is a pathology that can progress and relapse, choosing the right method will ensure the realisation of the woman's reproductive potential.

In the available literature, we did not find sources showing the relationship of endometrioid cysts, both primary and recurrent, with a woman's ovarian reserve, which is assessed by determining the level of anti-Müllerian hormone in the blood serum.

Based on the work we have done, we came to the conclusion that the presence of endometriomas significantly affects the ovarian reserve and there is a risk of developing infertility of ovarian origin. With a recurrence of the pathological condition due to significant damage to the tissues of the ovary, the development of absolute infertility is possible. When managing women with endometriomas, it is important to consider the need to preserve ovarian potential.

Management of a woman with endometriosis and ovarian lesions with cyst formation should include the determination of anti-Müllerian hormone, the level of which should be at least 1.0 ng / ml in women of reproductive age. With a decrease in the indicator, the patient should be recommended to do preconception preparation with the subsequent onset of pregnancy in the near future. The second recommendation should be cryopreservation of oocytes, aimed at preventing absolute infertility.

In conclusion, when endometriomas are detected in women of reproductive age, careful monitoring of the ovarian reserve is necessary. With a decrease in anti-Müllerian hormone, it is recommended that the woman immediately implement the fertile function, and in the absence of such an opportunity, cryopreservation of oocytes.