



lipopexia more frequent there was amenorrhea, dysfunctional fallopian bleeding on the type of imperforation of follicle and persistence of yellow body.

**Conclusions.** The found out distinctions in anamnesis between patient with POS and different forms of obesity talk about the presence of features of flowing of syndrome for current patients, that requires a further study with the purpose of development of the individualized going near their treatment and prophylaxis of diseases.

**Aliyeva Pervana Asef Kizi**

**THE DEPENDENCE OF THE INDICATORS OF CYTOKINES FROM THE LEVEL OF NEUROSPECIFIC PROTEINS IN PREGNANT WOMEN WITH PREECLAMPSIA**

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Department of Obstetrics and Gynecology №1**

**Introduction.** According to statistics, preeclampsia is diagnosed in 18-22% of pregnant women, in specialized hospitals at high risk of its frequency reaches 28-30%.

**The purpose** of this study was to determine the dependence of indicators of cytokines from the level of neurospecific proteins in the blood of pregnant women with preeclampsia.

**Material and methods.** Surveyed 60 pregnant women in terms of 30-40 weeks. The I (first) group consisted of 15 (25%) women with physiological pregnancy (control group). The II-a (second-a) group included 20 (33.3%) pregnant women with mild preeclampsia. The II-b (second-b) group consisted of 15 (25%) pregnant women with preeclampsia moderate severity. The II-c (second-c) group consisted of 10 (16.7%) pregnant women with severe preeclampsia. Levels of neurospecific enolase, interleukin - 1 (IL - 1), interleukin - 2 (IL - 2), interleukin - 10 (IL - 10), tumor necrosis factor (TNF) was defined in blood of pregnant woman.

**Results.** In the result of the survey it was found that when mild preeclampsia average level of neurospecific enolase in the blood of almost 2 times above, than at physiological pregnancy, the level of IL - 1 increased in 1.3 times the level of IL - 2 has increased in 1.5, the number of TNF - 2 increased 4.7, and IL - 10 level has slightly decreased.

**Conclusions.** On the basis of carried out research we found that by increasing the level neurospecific enolase in the mother's blood runs immune system aggression increased level of proinflammatory cytokines (IL-1, IL-2, TNF- $\alpha$ ) and reduces the of anti - inflammatory interleukins (IL-10).

**Aminullah Mohammad Osman**

**USING OF SONOGRAPHY IN THE EVALUATION OF THE EFFECTIVENESS OF ELECTROSURGICAL TREATMENT ENDOMETRIAL HYPERPLASIA**

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**Introduction:** Hyperplastic processes in the endometrium as a possible basis for the formation of endometrial cancer represent an important medical and social problem. The part of endometrial malignancy of precancer ranges from 5% to 15%. In order to reduce this index timely diagnosis and treatment of background and precancerous diseases of the endometrium are needed. Endometrial ablation has been applied as an alternative method for the ineffectiveness of conservative therapy and contraindications to surgery. This



minimally invasive surgery is a fundamentally new type of treatment organ-sparing hyperplastic processes. Important is the question of evaluating the effectiveness of endometrial ablation in different periods of the postoperative period.

**Aim:** to determine the significance of the use of ultrasound of the pelvic organs in evaluating electrosurgical endometrial ablation.

**Material and methods:** In 35 patients for recurrent endometrial hyperplasia and inefficiency hormone was produced electrosurgical endometrial ablation. The average age of patients was 51.1 years. Ultrasound monitoring was carried out using an ultrasonic apparatus «ALOKO SSD- 630 " (Japan). This study was conducted in all patients at admission and at 1, 3, 6, 7, 9, 12, 32 and 45 days after electrosurgical endometrial ablation.

**Results:** After the electro- surgical treatment in the early stages of ultrasound surveillance ( 1- 7th day) exceeds the initial size of the uterus is 5-7 mm. Thickness M-echo in this period amounted to an average of 10 mm, the boundary between the endometrium and myometrium was fuzzy, heterogeneity remained M-echo. Almost all the patients in the first day after surgery was noted that there hyperechogenic rim thickness of 2-3 mm around the periphery of the uterine cavity, most likely, this region corresponded to the zone of coagulation necrosis. During this period, it was also noted the presence of free fluid in the posterior fornix. The majority of patients free fluid from the posterior arch disappeared on the 7th day after surgery, and in patients with a history of chronic inflammatory processes in the pelvis, - on the 12th day. On the 7th day was a decrease in size of the uterus until the source. The boundaries between the projection of the endometrium and myometrium were becoming more apparent. When examining patients on the 12th day border between the endometrium and myometrium were distinct, the median M-echo - a homogeneous, more echogenic, to 4 mm thick . By the 30th day from the essential dynamics of the pelvic organs in echoscopic monitoring was not observed. During the monitoring period the structure and size of the ovaries in women of reproductive age have not changed, the other two ovaries are not visualized . On the 45th day all women with pelvic ultrasound pathology was identified. M-echo appeared homogenous , avascular, 2-4 mm thick.

**Conclusions:** A dynamic ultrasonic testing in patients after electrosurgical endometrial ablation provides an affordable and non-invasive assessment of the course of the early postoperative period, when the use of other methods is not possible.

**Amoh Christin**

### **ECTOPIC PREGNANCY: ARE FAIR-COLORED WOMEN AT INCREASED RISK?**

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**Introduction:** Ectopic pregnancies (EP) implant outside the endometrial cavity. They complicate 1.5-2.0% of pregnancies and are potentially fatal. It commonly occurs in the fallopian tube and other sites such as the cervix, the ovary and the abdominal cavity. Risk factors for EP include damage to the fallopian tubes from previous pelvic inflammatory disease, tubal surgery and a previous EP, a history of cigarette smoking, age over 35 years and others. In Ghana the incidence of EP is between 29-32/1000 deliveries. Over the past several years, observations have been that EP are seen more frequently in women who are light-coloured or have fair skins in Ghana. However, a search in the literature identifies no



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