



pyelonephritis and urostaz dopler most pronounced changes were found in the utero-placental blood flow, indicating a compression of uterine artery by upper urinary tract. 3. The most pronounced doppler changes fetoplacental blood flow encountered in pregnant women with gestational pyelonephritis with urostaz that required surgical correction, indicating the formation of placental insufficiency with chronic kidney disease. Thus, regardless of the clinical peculiarities of pyelonephritis in pregnancy, it is advisable to dynamic ultrasound and doppler monitoring of fetus and placenta.

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**EFFECTIVENESS OF DIFFERENT METHODS OF TREATMENT BY
ISTHMIC-CERVICAL INSUFFICIENCY**

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Introduction. The proposition same methods of operating and conservative therapy by isthmio-cervical insufficiency (ICI), how of period of pregnancy, so before it. All of them have a general purposes - to prevent opening of cervix uterus as factor of premature labor.

Aim. To study risk factors of ICI and to evaluate effectiveness of different methods of treatment of this pathology.

Material and methods. We study 65 cases of ICI, from them 40 on case of histories, and 20 - own research. For comparison parameters (risk factors, result of Doppler and bimanual examination) the control group consist from 20 pregnant women with physiological flow of pregnancy. The anamnesis of life, somatic pathology, childbirth function, gynecology disease was studied. The diagnosis ICI verification under the data bimanual examination and ultrasonic researches. The correction ICI was conducted for 65 women: by a discharging pessary for 54 (83,1%) patients, stitching two Π - figurative junctures near to area of internal cervix for 11 (16,9 %).

Results. The data of an anamnesis allow to suspect for the women, inspected by us, the following contributing causes for development ICI: 1) traumatic, 2) infectious, 3) hormonal, 4) combined. These causes promote direct and mediated damage of tissues of cervix of uterus, hormonal disadaptation, decrease of protective forces of an organism. The consistence of cervix uterus was softening for the majority patient - 70 %, mild for 26 %, and only she remained with 4 % dense in early durations of gestation. The same regularity is marked and in a rule of cervix of uterus: in 84 % of cases she placed on an axis of a basin. Thus the external cervical canal were or is closed (15 %), or is driven for one transversal finger (84 %), and only for one patient (1 %) it skipped two transversal fingers. The internal cervical canal were closed in 75 % of cases, we drive for one transversal finger in 25 %. The maximum structural changes of cervix of uterus are marked by us in term 16-20 weeks of gestation. The data of ultrasound examination (USE): for 52 (80 %) women of research with the purpose of confirmation ICI was conducted USE of pregnancy transabdominal by access. The research was conducted with 12 on 30 weeks of gestation. Length of cervix uterus under the data of USE variation from 21 up to 45 mm. With 14 about 20 weeks of pregnancy length of cervix uterus of 21-30 mm was watched for primigravida in 46,7 % of cases, for recursive gravidin 28,6 %, 31 - 35 mm in 40 % and 42,8 %, 36 - 45 mm in 13,3 % and 28,6 % accordingly. We have conducted research blood flow in parent uterus arteries and small-sized vessels of cervix uterus for the women with diagnosis of ICI. For veracity given, research the control board was collected, which one was compounded by the women



without ICI ($n=20$). Term of realization of Doppler research was on the average $25,04 \pm 4,72$ weeks of pregnancy in a basic group and $22,95 \pm 3,05$ in control group. The authentic increase IR - $0,63 \pm 0,07$, PI - $1,15 \pm 0,24$ and SDC - $2,80 \pm 0,53$ ($p < 0,05$) in small-sized arteries of cervix uterus in second half of pregnancy for recursive gravid of a basic group in matching with monitoring group is revealed: IR - $0,55 \pm 0,05$, PI - $0,88 \pm 0,15$, IBC - $2,20 \pm 0,57$. Allowing, that in second half of pregnancy (after 20 weeks) the numeric values of indexes of vascular resistance are stable.

Conclusions. All above listed methods have allowed to diagnostics of ICI at 13-15 of weeks of pregnancy for 7 % patients, at 52 %, in 21 - 30 weeks - for 41 %. ICI was diagnostics by us about 20 weeks of gestation. The our data can be used for diagnostic ICI for recursive gravid of the women after 20 weeks of gestation.

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ANTIOXYDATIVE MELATONIN'S EFFECT IN THE OVARIAN FOLLICLE

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Introduction. Melatonin, a hormone mainly synthesized in the pineal gland, has multiple effects on a number of different physiological processes related to circadian rhythms and reproduction. It has been believed that melatonin regulates ovarian function by the regulation of gonadotropin release in the hypothalamus-pituitary gland axis via its specific receptors. Human preovulatory follicular fluid also contains melatonin, but its physiological role in the ovary has not been understood, it is possible that melatonin is the most effective antioxidant in the follicle working to reduce the oxidative stress in the oocyte. Oxidative stress is a noticeable factor of ovarian damage. It has to be limited in order for a good embryo to be produced.

Aim. The aim of the investigation was to study the concentration of melatonin and isoprostane-8 in blood and follicular fluid of healthy and infertile females.

Materials and methods. 60 females, who had underwent the stimulation of ovulatory process for in vitro fertilization (IVF), were examined. Healthy donors of oocytes were enlisted to investigation as a control group. Infertile patients were divided into 2 groups. Females from the 1st group received melatonin treatment before removing oocytes from the ovaries and females from the 2nd group did not receive it. The levels of melatonin and isoprostane-8 in blood serum and follicular fluid of females were measured by ELISA.

Results. It was found that quantity and quality of oocytes depended on the level of melatonin in blood serum and follicular fluid. Number of oocytes was higher in females with previous melatonin treatment compared to other infertile patients. Concentration of melatonin in blood serum was 2.5 times lower and concentration of isoprostane-8 was 1.5 times higher in infertile females before and after stimulation, respectively. It indicated the presence of oxidative stress in ovarian follicles of infertile females. Melatonin treatment removed differences between healthy and infertile patients. Decreased level of melatonin in blood serum of healthy donors after stimulation of ovulatory process might be caused by its higher uptake by the ovary accompanied by elevated level of this hormone in follicular fluid.

Conclusions. Melatonin reduces oxidative stress as an antioxidant. Clinical study demonstrates that melatonin treatment of infertile females increases number of mature



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