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539 RISK FACTORS AFFECTING THE TEENAGE GIRLS REPRODUCTIVE POTENTIAL

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ABSTRACT TITLE: RISK FACTORS AFFECTING THE TEENAGE GIRLS REPRODUCTIVE POTENTIAL

BACKGROUND: Practical experience and results of research testify to the possibility to foresee, and so to prevent some disorders in the reproductive health. In this connection, the aim of our work was to determine the features of family and perinatal history and their significance in predicting the formation of abnormal uterine bleeding in the period of puberty (AUB PP).

METHODS: Clinical and genetic examination was carried out in the families of 51 girls with AUB (gr. I) and 27 healthy children (gr. II).

RESULTS: The results of genealogical investigation have revealed that mothers of girls of the gr. II suffered from various gynecological diseases of neuroendocrine nature, including AUB (50.9% vs. 18.5%, $p < 0.001$), significantly more often as compared with the same parameters in the gr. II. Pathological course of pregnancy and childbirth has been registered much more frequent in mothers of girls from the gr. I than of gr. II. These are, first of all, gestoses (21.6% vs. 3.7%; $p < 0.001$), the threat of pregnancy termination (32.9% vs. 11.1%; $p < 0.01$). 43.1% of mothers of gr. I and 18.5% mothers of the girls from the gr. II experienced severe emotional stress in the course of pregnancy ($p < 0.05$). Mothers in gr. I smoked in the periods of conception and pregnancy significantly more often than those from the gr. II (13.7% vs. 9.1%, $p < 0.05$). Complications during delivery were also more frequent in mothers of gr. I (21.6% vs. 14.8 % $p < 0.05$). Foremothers of the gr. I in their lifetime also had various gynecological diseases of endocrine character more frequent than the relatives of the girls in the gr. II (21.5% vs. 2.4%; $p < 0.001$). The proportion of gynecological pathology in their great-grandmothers decreased sharply (5.6%). That is to say, the frequency of endocrine gynecological pathology in the families of gr. I is significantly more frequent in the relatives of the I and II lines of kinship. Patients from the gr. I experienced strong emotional impacts in their families and at school much more often than girls in the gr. II (66.7% vs 48.1%; $p < 0.01$).

CONCLUSION: Thus, disorders in the reproductive health are defined by accumulation of pathological dominants in generations of parents and forefathers, and pathological course of pregnancy and childbirth can serve as a trigger in the subsequent formation of menstrual dysfunction. Timely detection and targeted prophylaxis in many cases will prevent the AUB arising in the period of puberty.