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**THE DYNAMICS OF METABOLIC DISORDERS IN WOMEN AFTER**  
**HYSTERECTOMY**

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**Introduction.** Hysterectomy, even with preservation of ovarian tissue, is often accompanied by the appearance of neuro-vegetative and metabolic-endocrine disorders. Several authors explain the adverse long-term consequences of hysterectomy by intraoperative ligation of the ovarian branches of the uterine arteries that reduces blood flow to the ovaries, leading to changes in the steroidogenesis and, as result, to estrogen deficiency. According to the modern ideas, estrogen deficiency plays a significant role in the genesis of metabolic disorders.

**The aim** of our study was to investigate dynamics of psycho-emotional and metabolic disorders in women after hysterectomy.

**Materials and methods.** The study included 58 women of reproductive age who were divided into the following clinical groups: I gr. consisted of 20 healthy women with preserved menstrual function; II gr. included 38 women after hysterectomy without removal of both ovaries. Patients were divided into 2 subgroups depending on the time that has elapsed after hysterectomy: IIa gr. consisted of women who had undergone surgery 1 year ago (n = 30), IIb gr. - 28 women that have been operated 3 years ago. All women underwent clinical examination. Also measuring of body weight (BW) and height were carried, and the body mass index (BMI) were calculated. The questionnaire "Questionnaire for signs of autonomic changes" (O. M. Wayne, 1998) was used for the diagnosis of the syndrome of vegetative dystonia. Assessment of emotional state on the level of anxiety was determined by the CH.D. Spielberger's test (State-Trait-Anxiety-Inventory), adapted by Y. Khanin (1978). Determination of the concentration of total cholesterol, triglycerides (TG), high-density lipoprotein (HDL) was determined by enzymatic colorimetric method in the blood serum using test systems from Roche Diagnostics (Switzerland) on an automatic biochemical analyzer Cobas 6000 (module 501). Low-density lipoprotein (LDL) were calculated by formula W.T. Friedewald (1972).

**Results.** The high levels of State and Trait anxiety were registered in the majority of women. Their intensity decreased with increasing duration of the postoperative period. Syndrome of vegetative dystonia were observed in 76.3 % of the women. Metabolic disorders included increase of BW and changes in lipid metabolism. 21 (55.2%) patients have noted an increase BW during the first 12 months after surgery. Significantly ( $p < 0.05$ ) increase of BMI has registered in both subgroups after hysterectomy. The studying of lipid metabolism in II gr. showed a significant increase in total cholesterol, LDL and TG, comparing to women of I gr. ( $p < 0.05$ ). We noted a significantly higher level of LDL, total cholesterol and TG in women IIb gr. comparing to the IIa gr. ( $p < 0.05$ ).

**Conclusions.** Thus, we can conclude that in women after hysterectomy in the first year neuro, psycho-emotional and subsequently of metabolic disorders start to develop. It could lead to the formation of the metabolic syndrome, which correlate with the term of postoperative period.



- ROLE OF CONNECTIVE TISSUE DYSPLASIA IN THE FORMATION OF NEONATAL PATHOLOGY** 152  
Skorbach O.I., Al-Karawi Ahmed Shakir 153
- THE DYNAMICS OF METABOLIC DISORDERS IN WOMEN AFTER HYSTERECTOMY** 153  
Soe T., Adeyemi A.A., Zaytseva O.V. 154
- MOST FREQUENT PLACE OF LOCALIZATION AND FACTORS AFFECTING THE ECTOPIC PREGNANCY** 154  
Tarawneh D.Sh. 154
- CHARACTERISTICS OF FAMILY ANAMNESIS OF INFERTILE WOMEN WITH UNSUCCESSFUL ATTEMPTS OF ASSISTED REPRODUCTIVE TECHNOLOGIES PROGRAMS** 154  
Tertyshnyk A.O. 155
- ANTIBIOTIC RESISTANCE OF MICROORGANISMS IN PATIENTS WITH SALPINGITIS** 155  
Teryanik A.V., Dusmatova A. K., Sayenko V. P. 156
- TREATMENT OF VULVOVAGINAL INFECTIONS IN ADOLESCENTS** 156  
Tysyachka G.M., Semenchenko L.A., Mironchuk E.I., Solyanik V.Yu. 157
- ENDOTHELIAL DYSFUNCTION DIAGNOSIS IN CHILDREN AND ADOLESCENTS WITH INFLAMMATORY DISEASES IN GYNECOLOGICAL PRACTICE** 157  
PEDIATRICS AND MEDICAL GENETICS 158
- Amash A.G. 158
- CORRELATION OF CALCIUM - MAGNESIUM PROFILE IN INFANTS** 158  
Chernenko L.N., Avdieichyk E.V. 158
- THE LEVEL OF IL-1 $\beta$  AND TNF- $\alpha$  IN CHILDREN WITH BRONCHOPULMONARY DYSPLASIA** 158  
Chernenko L.M., Mayorova M.V. 159
- THE STATE OF THE DIGESTIVE SYSTEM IN CHILDREN WITH BRONCHOPULMONARY DYSPLASIA** 159  
Chernenko L.N., Pasichnyk V.V. 160
- STATE OF THE LEFT VENTRICULAR FUNCTION IN CHILDREN WITH BRONCHOPULMONARY DYSPLASIA** 160  
Dryl I.S., Petrenko L.K., Zabashta I.V. 162
- ASSESSMENT OF MENTAL STRESS IN CHILDREN'S LIFE WITH CHRONIC KIDNEY DISEASES** 162  
Dubinin S., Molchanyuk D., Dmitrenko A. 162
- FEATURES OF BUDD-CHIARI SYNDROME (CLINICAL CASE)** 162  
Duru A., Pever T., Adogba O., Onuchukwu C.V., Lupaltsova O.S. 163
- THE EFFECT OF BREAST FEEDING AND MATERNAL POSTNATAL ANXIETY** 163  
Ekpo Mbuotidem Emmanuel, Golovko T. 164
- THE PARTICULARITIES OF INTERVENTRICULAR COOPERATION OF HEART VENTRICLES IN CHILDREN WITH MYOCARDIUM PATHOLOGY** 164  
Golovachova V., Chernyh A., Odinets P. 165
- THE STUDY OF THE SCHOOLCHILDREN HEALTH CONDITION IN A BIG INDUSTRIAL CITY** 165  
Grishchenko S.A., Dolzhko N.V., Solyanik A.O. 166
- RISK STRATIFICATION OF CARDIOVASCULAR PATHOLOGIES IN NEWBORNS** 166  
Karpushenko J.V., Hewlett F. 167
- THE STATE OF UPPER DIGESTIVE SYSTEM MUCUS IN CHILDREN WITH ALLERGIC DISEASES** 167