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**AGE-RELATED DIAGNOSIS AND TREATMENT OF OVARIAN CYSTS**

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**Introduction.** Abdominal pain syndrome is one of the most frequent reasons for consulting a gynecologist. The main pathological conditions, accompanied by similar non-pregnancy symptoms, in girls, adolescent girls and women of young reproductive age, include inflammatory diseases of the internal reproductive organs, tumors and tumor-like formations, ovarian apoplexy, torsion of the appendages of the uterus, ovulatory syndrome, primary dysmenorrhea, some forms of congenital anomalies of reproductive organs, trauma, injuries of vaginal vaults, penetrating injuries of the abdominal cavity, most of which requires emergency gynecological care.

**Purpose of the study.** To improve early diagnosis of the causes of abdominal pain syndrome for timely organ-saving treatment of urgent conditions in girls and young women.

**Materials and methods.** The study involved examination of 60 girls, adolescent girls and women of young reproductive age. The patients were divided into three groups. Group 1 comprised 11 girls aged 2-12; Group 2 included 19 adolescent girls aged 13-17; Group 3 consisted of 30 women of young reproductive age. All the patients underwent comprehensive clinical, laboratory and instrumental examination with a thorough evaluation of their case histories. Up-to-date ultrasound (US), computer (CT) and magnetic resonance imaging (MRI) tomography were used according to indications.

**Results and discussion**. All the patients were admitted with signs of acute abdomen, the cause of which was most often assumed to be an ovarian cyst. However, examination and differential diagnosis verified final diagnosis of the “ovarian cyst” in 37 patients out of 60 (61.6%). Moreover, in Group 3 it was verified significantly more often than in Groups 1 and 2: 26 (86.6%), 10 (52.6%), 1 (9.1%), respectively (p <0.05). On the contrary, in younger patients of Groups 1 and 2, due to the anatomical features of the internal genitalia and the more mobile lifestyle, the signs of acute abdomen were often caused by the torsion of the uterine appendages, which in ultrasound was visualized as an ovarian cyst. Torsion of the uterine appendages was observed in 23 of 60 patients: in Group 1 in 90.9% of cases, in Group 2 in 47.3%, in Group 3 in 13.3%. In girls and adolescent girls clinical manifestations caused by the torsion of the uterine appendages were non-specific and corresponded to the presentation of acute abdomen triggered by an ovarian cyst.

**Conclusions.** Minimally invasive surgical procedure, laparoscopy with organ-saving operations should be considered the treatment of choice with regard to upcoming maternity.