

High School of Economics and Management
(Bratislava, Slovakia)
Higher State Educational Establishment of Ukraine
“Bukovinian State Medical University”
(Chernivtsi, Ukraine)

Natural Science Readings

abstracts book
(May 30-31, 2019, Bratislava)

Bratislava, 2019

UDC 5(063)

Natural Science Readings: abstracts book. May 30-31, 2019.
Bratislava, 2019. – 160p.

Editors-in-chief:

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Special thanks: fundation "Zlote Serce" (Boguslaw Blicharski),
InterGing (Hameln, Germany)

ISBN 978-80-89654-46-8
EAN 9788089654468

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Results and discussion. Normalization of menstrual function was determined in 11 (78%) women in group 1 compared with women in the 2nd group - 12 patients (92%) and 3rd group 9 healthy women (90%) respectively. In women of the first group there was a need to discontinue hormonal therapy, as a result of deterioration of the general well-being of patients. Clinical efficacy of cryofactors in the treatment of women with AUB is confirmed by the results of hormonal, clinical laboratory test, histological and ultrasound studies.

At the same time, in all patients of groups 2 and 3, general condition improved, menstrual bleeding ceased, menstrual period decreased, and the normalization of hormone levels: FSH – $4,9 \pm 0,2$ MU/l, LH – $8,3 \pm 1,2$ MU/l, estradiol – $110,2 \pm 7,5$ pg/ml, progesterone – $13,3 \pm 1,3$ ng/ml. All patients who received cryotherapy 6 months after the end of therapy had an ultrasound examination, in which the pathology of the endometrium was not defined.

The data received, the absence of relapse and positive dynamics, indicate the effectiveness of the treatment.

Shcherbyna M.O., Lipko O.P., Kurichova N.Yu.

**PATHOGENETIC ESSENCE OF CHRONIC INFLAMMATION
IN UTERINE BLEEDING IN WOMEN IN THE
PERIMENOPAUSAL PERIOD**

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In women of the perimenopausal age, the most common gynecological pathology is uterine bleeding and bloody discharge from the genital tract, which rank first among the causes of hospitalization. According to the traditional tradition, uterine bleeding in perimenopausal patients is diagnosed as climacteric. The pathogenetic nature of climacteric bleeding consists of age-related involutional changes in the hypothalamic-pituitary-ovarian system, accompanied by an imbalance of gonadotropic hormones. As a result of violations of cyclic allocation of gonadotropins, develops relative hyperteriogenicity against the background of absolute hypoprogesteroneemia.

The purpose of this study was to evaluate the frequency of chronic inflammatory diseases of the internal genital organs in perimenopausal patients who have uterine bleeding.

Materials and methods. The analysis of results of histological examination of scrapings (aspirates) of the mucous membrane of the cervical canal and endometrium, operating material taken in 64 patients of the perimenopausal age has been carried out. The perimenopausal age in the examined patients ranged from 47 to 53 years. Endometrial and mucosal secretions of the cervical canal were obtained with a separate scaphoid in 53 patients. Extirpation (amputation) of the uterus with appendages was performed in 11 patients. Endometrial and mucosal secretions of the cervical canal were reported with a clinical diagnosis of dysfunctional uterine bleeding and climacteric bleeding.

Results and discussion. According to the results of the histological study, the material was divided into 2 main groups: 1st group (n=35) – non-inflammatory pathology of the body and cervix (hyperplastic processes including endometrial polyps, hypoplastic endometrium, polyp of the cervical canal, uterine myoma, malignant tumors of the cervix and body of the uterus, ovaries); group 2 (n=29) – chronic inflammatory diseases of the internal genital organs. Non-inflammatory diseases of the body and cervix are often associated with a chronic inflammatory process in one of the internal genital organs and/or more. The next cause of uterine bleeding and bloody secretions from the genital tract in women of the perimenopausal age were chronic inflammatory diseases of one, two sections of the genital tract and more. Thus, inflammatory diseases of the internal genital organs, mainly chronic endometritis, in $22,6 \pm 1,4\%$ of the observations led to so-called climacteric bleeding in patients with perimenopausal age. In general, chronic inflammatory diseases of the internal genital organs were detected in 53 patients. It should be noted unequal distribution between isolated and associated with non-inflammatory pathology forms of chronic inflammatory diseases.

At the heart of uterine bleeding and bloody secretions from the genital tract in the period of perimenopause, in the vast majority of cases, is associated with the form of chronic endocervitis and endometritis associated with non-inflammatory pathology of the cervix and the uterus body.

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