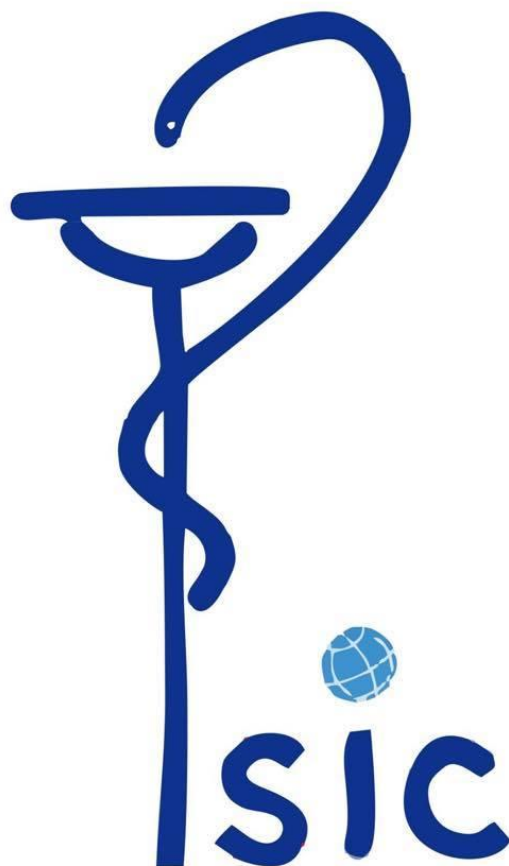




***IXth International Interdisciplinary
Scientific Conference of Young
Scientists and medical students
«Actual problems of clinical and
theoretical medicine»***

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***«Actual Problems Of Clinical And
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control group – 156:1. Contents of lysozyme in secretion before treatment was $39,74 \pm 6,25$ mcg/l (cervical secretion) at the rate $30,54 \pm 6,32$ mcg/l, $p < 0,05$ and $37,97 \pm 8,52$ mcg/l (vaginal slime) at the rate $28,85 \pm 6,94$ mcg/l. After treatment's course, clinical recovery occurred in 87,5% (n=35) of cases in experimental group and in 60% (n=9) of cases in control group. Presence of biofilms in experimental group regressed to 22,5% (n=9) and correlation's quantitation of anaerobes to aerobes changed to 4:1. In control group presence of biofilm's associations was detected in 80% (n=12), correlation of anaerobes to aerobes was 40:1. Lysozyme's contents in cervical and

vaginal secretion of experimental group was according to the physiological norm ($30,87 \pm 5,15$ mcg/l and $28,89 \pm 6,29$ mcg/l accordingly). Lysozyme's contents in secretion in control group remained increased $37,96 \pm 5,7$ mcg/l with the norm of $30,54 \pm 6,32$, $p < 0,05$ in cervical slime and $33,79 \pm 6,8$ mcg/l when the norm is $28,85 \pm 6,94$ mcg/l, $p < 0,05$ in vaginal contents.

Conclusions: Using of monochromatic red light leads to stimulation of local immunity cells, which regenerate and revive adaptive mechanisms. Thanks to these pathological biofilm associations are destroyed and recovery is accelerated.

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SPECIFIC FEATURES OF UTERINE SCAR FORMATION AFTER CESAREAN SECTION

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Actuality: The most important strategic direction for Social Policy of Ukraine is to preserve and strengthen the health of the population. Prevailing trends in society - low fertility, ecological trouble, determine characteristics of modern obstetrics - a significant increase in the frequency of abdominal delivery. However, increasing the frequency of

abdominal delivery creates a new problem - the management of pregnancy and delivery in women with a uterine scar. In currently have a scar on the uterus up to 10 % multiparous. Traditional evaluation of the uterine scar during pregnancy, based mainly on the analysis of clinical and anamnestic data, is not highly informative, the conclusion of sonographic study is ambiguous. For



morphological study of tissue of the uterine scar biopsy is mainly used at re-operation. However, until our time are unclear factors that determine complete wound healing after surgery. According to the literature increasingly important in the formation of a defective scar given to the disorganization of the connective tissue. In connection with this search for predictors of formation of high-grade scar is relevant.

The aim: Increase the efficiency of diagnostic usefulness of uterine scar formation on the basis of a clinico - pathogenetic and biochemical criteria.

Materials and methods: Activity of MMP-9 in the serum was determined with using a fluorescent substrate, magnesium levels - colorimetric method with xylydine blue.

Results: The study included 20 pregnant women with a uterine scar after cesarean section which were divided into 2 clinical groups. Group 1 - 10 patients with phenotypic traits of undifferentiated connective tissue dysplasia (NDCTD) and group 2 -10 pregnant women without signs of NDCTD.

The average age of patients was 27 to 5 years. In the somatic history of the patients of the 1 group predominated diseases of the circulatory system (mitral valve prolaps , dystonia, hypertension), myopia in 27.5 % of patients. The analysis of MMP -9 expression showed an increase in MMP -9, while in group 1 maximum expression was significantly higher than in comparison group. Thus, magnesium deficiency leads to increased of MMP activity and as a consequence, enhance the processes of degradation of extracellular matrix - interstitial connective bases muscle tissue of the uterus.

Conclusions:

1. The most important clinical predictors of inferiority of uterine scar are phenotypic signs of connective tissue dysplasia.
2. Molecular-biological factors that determine the formation of defective uterine scar are hypomagnesemia and increased activity of matrix metalloproteinases.
3. Clarification of the pathogenesis of formation of defective uterine scar can improve the efficiency of diagnosis and to identify ways of prevention



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