



such risk. This study was done to scientifically look at this presumed risk factor.

Aim: To determine if women presenting to KATH with EP were more likely to be fair in skin complexion compared to those having intrauterine pregnancies.

Methods and materials: This was a matched case-control study of women presenting to the Obstetrics and Gynaecology department of KATH with ectopic pregnancy or intrauterine pregnancy between September 2011 and August 2012. All women presenting to the specialist consulting room or admitted to the department's wards of KATH were eligible for the study. All patients admitted to any of the gynaecologic wards: a- for cases, post-surgery confirmed diagnosis of ectopic pregnancy; b - for control, (absence of an EP). Data were recorded on a pre-designed case report form that reflected all variables to be collected. The records were doubly entered into electronic case report forms designed using Microsoft® Access 2007 software. The data were compared and cleaned on a weekly basis to eliminate inconsistencies. Cleaned data were exported to Stata/SE 11.2 for analysis.

Results: A total of 3,961 admissions were made to the gynaecologic wards of the hospital in the period under study. Of these, 418 were ectopic pregnancies, giving a prevalence of 10.6% of admissions. In all 330 participants were included in the study, 110 cases and 220 controls. Their ages ranged from 16-48, with a mean of 27.0 years. Most of the study participants were in employment (43.3%); very few (5.8%) had no formal education, and majority had lifetime sex partners of 2-3.

Conclusion: The study has established that being fair in skin complexion in black women is an added risk factor. This risk is found to be irrespective of whether the fairness is natural or has been artificially induced with skin toning or bleaching creams and soaps. This undoubtedly will help practitioners diagnose both ruptured and unruptured ectopic pregnancies as well as diagnosing atypical cases such as chronic/ leaking ectopic pregnancy.

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PREGRAVIDARUM TRAINING OF WOMEN AFTER UNREALIZED PREGNANCY

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Aim. The research aims at the study of the immunological and histological endometrium peculiarities in women who experienced unrealized pregnancy after IVF in order to ascertain the most favourable background for conception and pregnancy development.

Materials and methods. Of the 104 women who were observed 44 women had a definitive diagnosis of unrealized pregnancy after IVF (first group); 30 women opted for pregnancy termination (second group); the control group included 30 healthy women contemplating prospects of pregnancy. Their clinical state was assessed by means of hormonal methods, histological, immunological features.

Results. The study elicited significant disturbances in the local cytokine balance, endothelial dysfunction, chronic inflammation in the endometrial histological structure that resulted in receptors susceptibility distortion in the case of unrealized pregnancy after IVF. The results showed that in the pathogenesis of unrealized pregnancy is a violation of angiogenesis accompanied by endothelial dysfunction and impaired immune status. Comprehensive treatment with ozone therapy and immunocorrector polyoxidonium



significantly is indicating that the positive effect of the treatment. Thus, analysing the results obtained from women who underwent the ozone therapy it was shown that the ozone therapy helps in preventing the complications of IVF- assisted pregnancy.

Conclusions. Complex pathogenetic treatment including ozonotherapy and immunocorrectors for pregravidarum training enhances efficiency of pregnancy in the next IVF cycles.

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FERTILITY PRESERVATION FOR PREMATURE OVARIAN INSUFFICIENCY

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Introduction. Premature ovarian failure (POF) is a condition causing amenorrhea, hypogonadism, and elevated gonadotropins before the age of 40 years. The newborn infant are losing 80% of her original germ cell endowment. This number decreases to 300,000 by puberty, of which only 400–500 follicles will develop fully and ovulate over the next 35–40 years. Every cycle by ultrasound test we can observe 10-15 antral follicles, which were recruited for dominant follicle development. Physiologically, after 35 years quantity of antral follicles recruitment significantly decreases. Until menopause after 45 years it fully stops.

Results. POF syndrome is consequence of chromosome disorders (Turner syndrome, X-chromosome disorders), accelerated Follicle Atresia (X-Chromosome deletions, genetic mutations), immunological damage of ovaries (autoimmune diseases), iatrogenic causes (cancer treatment, long term a-GnRH administration, ovarian surgery). Premature ovarian insufficiency is a condition preceding POF. There no single criteria of in distribution. For reproductive issues, POI is decreasing of ovarian reserve in age before 32 years, as it occurs after 40. On stage of POI there no significant clinical manifestations. Only antral follicle count less than 3-5 in both ovaries, FSH elevation, AMH depletion are able to diagnose it. Women with history of infertility, child birth planning after 40 years, whom ovarian reserve characteristics of POF, are able to performe IVF. Aim of this procedure is embryo or oocyte cryopreservation to achieve child birth before POF. For young women without male partner assisted reproductive technologies are able to performe oocyte banking by two and more ovarian stimulations. It is necessary only one cryopreserved high quality embryo to achieve live birth. For oocytes this number is 4-6 mature oocytes. Ovum pick up is possible without controlled ovarian stimulation in nature cycle IVF. This technique allow to fertilize only one oocyte and receive 1 embryo for transfer into uterus or cryopreservation. Comfortable tool for women in cases of low respond for r-FSH treatment, significant ovarian reserve decreasing. After POF is completed, one way to achieve pregnancy is ovum donation. Mental, national, religion and other conditions are making woman to do difficult choise. POI and POF defenition is much more simple for differentiation. Correct decision making is important event in for reproductive lifespan of woman.

Conclusion. Those options are available for women with high risk of POF on stage POI to prevent main problem — infertility.



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