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ISIC-2020



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OBSTETRICS & GYNECOLOGY





on the cervix and isthmus purse-string suture. This method is used in the gestation period of 13-27 weeks. Since this method is invasive, it has the greatest risks of complications such as bleeding, intrauterine infection, rupture of the fetal membranes, dislocation of the suture, cervicovaginal fistulas, damage to nearby internal organs, chorionamnionitis and the threat of termination of pregnancy.

Conservative methods include the use of an obstetric pessary. An obstetric pessary is a silicone product in the form of a ring that is put on the cervix, fixes it and keeps it closed. The condition for setting obstetric pessaries is a normal biocenosis and optimal uterine tone. Complications that occur when it is set – unpleasant sensations in the sitting position, inflammation of the fetal bladder, the development of colpitis, wear of the vaginal walls.

The choice of the method of ICI correction depends on the situation, anamnesis, contraindications, number of fetuses, gestational age, cervicometry and ultrasound data, and gynecological exam data.

Conclusions. The most optimal way to correct isthmus-cervical insufficiency is to set an obstetric pessary. This method is safe and easy to use.

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PATIENT-MANAGEMENT STRATEGIES FOR COMBINED GYNECOLOGICAL PATHOLOGY

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Endometriosis is one of the most common gynecological diseases in women of reproductive age. The ability of endometrioid tissue to progress and relapse brings endometriosis closer to the tumor process. The endometriosis recurrence rate increased in case of its combination with chronic inflammatory diseases of the genitals, which was evidenced by the high infectious index (97.2%) in such patients.



The purpose of the study was to optimize the treatment of patients with combined genital pathology, including internal endometriosis (adenomyosis) and inflammatory diseases.

We examined 160 patients with adenomyosis. There were 24 (15%) patients with the I degree of adenomyosis spreading, 72 (45.0%) women with the II degree, 33 (20.6%) patients with the III degree, and 31 (19.4%) woman with the IV degree of adenomyosis spreading. The control group consisted of 30 healthy fertile women.

Thus, according to our study, inflammatory changes in the endometrium and epithelium of the cervical canal were combined with adenomyosis in 83% of cases.

A study of the structure of the association of vagina microbial flora and cervical canal showed that monoinfection was detected in 34 (25.6%) patients, and associations of pathogens from two or more species were found in 98 (74.7%) patients.

After revealing a pathogenic genital infection, all patients underwent etiotropic antibacterial and antiviral therapy prior to hormone therapy.

The positive dynamics in the treatment of patients with adenomyosis in 86.5% ($p < 0.05$) of cases, and a decrease in the frequency of adenomyosis relapses by 2.4 times confirm the study results.

Resume. Our data indicate a high percentage of the combination of adenomyosis with chronic inflammatory diseases of the pelvic organs. Immuno-inflammatory reaction preceding adenomyosis, accompanied by local cytokine balance disorders. In turn, the increased activity of cytokines and the presence of infectious agents are able to engage in the recurrence of the endometrioid process. The necessity of using antimicrobial therapy in patients with combined pathology of the genitals, including adenomyosis and inflammatory diseases, has been substantiated.



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