



# Natural Science Readings

abstracts book

(May 18, 2018, Sosnoviets-Bratislava)



High School of Economics and Management (Bratislava, Slovakia)  
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the karyoplasm, nuclei with euchromatin are observed. In moderately thickened cytotubes, there are clear cytopodia closely contacting the basal membrane.

In the nuclei of epithelial cells, especially the proximal tubules, there is a hypertrophy of the nucleoli with well-defined granular and fibrillar components. The nuclear envelope has a relatively uniform perinuclear space, clear nuclear pores.

On the apical surface of the proximal epithelial cells there are clear, densely located microvilli. Well-structured mitochondria are revealed in the cytoplasm. On the basal areas of the cells of the proximal and distal parts of the nephron, the mitochondria are arranged in an orderly fashion parallel to the plasmalemma folds. In the basal parts of epithelial cells, especially the distal part of nephron, deep membrane folds arise. The structure of the tubules of the granular endoplasmic reticulum and the cistern of the Golgi complex is similar to that of the intact animals.

**Shcherbina I.M., Skorbach O.I., Dynnik O.O.**

**INFLUENCE OF SURGICAL TREATMENT OF OVARIAN  
ENDOMETRIOSIS ON THE OVARIAN RESERVE**

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University, Kharkiv*

Currently, the problem of women's reproductive health is relevant all over the world. According to statistics, 25-40% of women who suffer from infertility have endometriosis.

The aim of this study was to determine the influence of surgical treatment of ovarian endometriosis on the ovarian reserve.

Materials and methods. The study included 44 women with pelvic pain and/or infertility at the age of 20-35 years. All patients underwent medical and diagnostic laparoscopy. Based on the results of the surgical intervention, all patients were divided into two groups: I gr. consisted of 26 women who were diagnosed with peritoneal endometriosis; II gr. included of 18 patients with tubal peritoneal infertility.

The study of the level of Anti-Müllerian hormone (AMH) in the blood serum was determined by the method of enzyme immunoassay using the UltraSensitive AMH / MIS kit (ELISA), Germany. The ovarian reserve was compared before the operation, 1 and 6 months after the operation.

In the course of work, it was revealed that before the operative treatment, the level of AMH in women of I gr. was  $1.9 \pm 0.3$  ng/ml and was significantly lower by almost 1.5 times than in patients of II gr. ( $3.7 \pm 0.3$  ng/ml,  $p < 0.05$ ).

After 1 month in patients of I gr. observed a significant reduction in the level of ovarian reserve and AMH was  $1.2 \pm 0.1$  ng/ml ( $p < 0.05$ ). 6 months after the operation, there was a tendency to further decrease in the level of AMH. The

frequency of AMH decrease correlated with the initial preoperative values and the size of the endometrioma which was removed.

Thus, it can be concluded that at the beginning of the study, patients with endometriomas had significantly lower values of AMH compared with women without endometriosis. After the surgical treatment, the ovarian reserve was reduced in 80% patients. This should be taken into account when planning the volume of surgical treatment, especially in patients with an initially low level of ovarian reserve.

**Skrynychuk A.V., Shumko B., Bivolarim O.**

### **OPERATIVE TREATMENT OF GASTROESOPHAGIC REFLUX**

*Higher State Educational Establishment of Ukraine "Bukovinian State Medical University", Chernivtsi, Ukraine*

Gastroesophagic failure is the main reason of rapid increase in esophageal cancer incidence. The main manifestation of esophageal-gastric transition insolvency is the disease of gastroesophagic reflux which in its turn is complicated by the strictures, adenocarcinomas of esophageal-gastric transition. Cancer of esophagus is the most frequent form of malignant neoplasms of digestive tract. The most frequently are affected the middle part (50-60%) and the bottom part of the esophagus.

V. V. Sumyn and other consider antireflux surgery with varying angle of transition esophagus to the stomach and partial fundoplication of the lower esophagus contributes to better remote results than Nissen's operation. Subtotal resection of the proximal part of the stomach and lower third of the esophagus with the formation of intra-pleural anastomosis is recommended when there is cancer of the lower third of the esophagus.

Despite the advantages Nissen's fundoplication can lead to different complications that appear in postoperative period. Early complications include necrosis of the bottom of the stomach wall which is used for plastics with the further formation of the gastric fist. Hyperfunction cardlia syndrome, described by H. Willahegar belongs to the similar complications. It is clinically shown with the feeling of pressure and pain in the infrascapular region, especially after eating. Increase in stomach gas bubble is detected at radiography, which sometimes (10-20%) compresses part of esophagus which is wrapped up by the stomach mangle. If the distal department of the esophagus and the bottom of the stomach slide in relation to the intact cuff, a phenomenon of the 'telescope' arises as a result of eruption of the seams on the esophagus in case of fundoplications. The result of the nerve Laterjet injury during the mobilization of the cardinal part of the stomach is the gastric denervation symptom. Late complications of fundoplication include stomach ulcers (2,2 %), hernias of hiatus esophagus of the diaphragm (3,7%).

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