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detected in 69.7%, single in 86.8%, and multiple in 13.1%. Endometrial hyperplasia was present in 28.0% of cases, submucosal leiomyoma of the uterus in 6.5%, a combination of endometrial hyperplasia and adenomyosis in 10.8%, endometrial hyperplasia and polyp in 11.1%. According to the morphology of the endometrial tissue, hyperplastic polyp occurred most often: 28.8% (n= 38); atrophic polyp with cystic atresia of glands 9.2%; glandular polyp 26.3% (n=20); mixed polyp 10.5% (n=8), myomatous polyp 3.9% (n= 3). The prevalence of endometrial polyps was 30.2 and 39.5% in women of groups I and II, respectively, among whom 77.7% were infertile women.

Conclusions. Hysteroscopy remains the gold standard of surgical treatment. In the first place among the causes of AUB are endometrial polyps, according to the morphology of the tissue, hyperplastic and glandular polyps occur most often. The study of the morphological characteristics of the endometrium during its pathological changes in women of reproductive age is relevant for clinical monitoring, prediction of the course and choice of treatment method.

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**SOME ASPECTS OF MANAGEMENT OF EARLY PREGNANCY IN
WOMEN WITH HYPOKINESIA**

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Limiting the volume of muscle activity is an urgent problem in the lives of women around the world. This is due to the prevalence of intellectual labor over physical labor and the introduction into the work of women of devices and devices aimed at facilitating their work.

Prolonged hypokinesia affects almost all organs and systems of the human body and is considered stress.

The work aimed to study the course of early pregnancy in women with prolonged hypokinesia and to develop tactics for correcting the identified disorders.



40 healthy primigravidas aged 27-33 years were under observation, on average - 28.9 ± 0.7 years. All women were in conditions of limited muscle activity from 9 to 13 years, 9-11 hours a day. The patients were divided into two clinical groups with an equal number of observations. The first (main) group included women who used our method of administration. The second group (control) consisted of pregnant women, who were managed according to the generally accepted principle. The gestation period in the observed patients was 9-11 weeks (10.4 ± 0.3 weeks). All women had no history of gynecological disorders or other factors that could affect the course of pregnancy. The essence of the measures was the daily oral use of the drug in tablet form, which included 100 mg of magnesium and 10 mg of pyridoxine.

The choice of the drug was since its main action is aimed at reducing the excitability of neurons, as well as neuromuscular transmission, which should be taken into account in the presence of stress for a long time, which is the limitation of the volume of muscle activity. Pyridoxine, which is part of the drug, is involved in metabolic processes that change when exposed to the described factor and, ultimately, cause a violation of the adaptation of the female body to pregnancy.

Hypokinesia, in which the examined women were for a long time, in the second group caused the phenomena of a threatened miscarriage in 15 cases (75%), which was manifested by the presence of pain in the lower abdomen in 10 cases (50%) and discomfort in the lower back in 7 patients (35 %). Given the interest of women in this pregnancy, they required outpatient treatment in 5 cases (25%) and a hospital in 10 cases (50%).

In the first group of women, from the moment the doctor diagnosed the presence of a uterine pregnancy, the women took the indicated tablets in the morning and evening with meals, two at a time. We found that the use of the drug in question made it possible to avoid the phenomenon of a threatened miscarriage in this group and limit ourselves to traditional observation in the conditions of the antenatal clinic.

Thus, in pregnant women who have been in conditions of a limited amount of muscle activity for a long time, from the moment the fact of a uterine pregnancy is established, it is advisable to use a drug containing magnesium and pyridoxine daily inside. The use of the presented tactics of managing women with hypokinesia, from an early stage



of their pregnancy, makes it possible to prevent the development of the clinical picture of threatened miscarriage.

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**ASSOCIATION BETWEEN CLINICALLY SIGNIFICANT LEIOMYOMAS
AND ADVERSE OBSTETRICAL OUTCOMES**

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Relevance. Uterine fibroids during gestation have become a significant challenge for modern obstetricians and gynecologists because the age of first pregnancy is still increasing while the age of myoma appearance is decreasing. The prevalence of myomas is about 30% in reproductive-age women, therefore, it is essential to explore whether these patients need special care or not.

Aim. The current study investigated the association between clinically significant uterine myomas and the risk of adverse obstetrical outcomes such as cesarean section (CS), preterm birth, and postpartum haemorrhage (PPH).

Materials and methods. This retrospective study is based on the case histories of twenty pregnant women aged 25 to 38 who visited women's consultations from August 2020 to September 2022. All participants were divided into two groups for comparison. Group one consisted of 10 women who had leiomyoma anamnesis. Group two included 10 women without such benign uterine formations.

Results. Two women from the first group had a preterm birth at 36 and 35 weeks of pregnancy - which is 20%. While in the second group only one patient had such complication of pregnancy - which is 10% of all. Three women in the clinical group with leiomyomas had abdominal delivery with cesarean section, which consists of 30% of the group. Only two women from the second group had operative delivery, which is 20% of the group. The reasons for caesarean section were the primary weakness of birth activity and incorrect insertion of the head in the first group, while in the second group operations were held because of acute fetus distress. Early postpartum hemorrhage was diagnosed in one case per group, which is 10%. The haemorrhage was