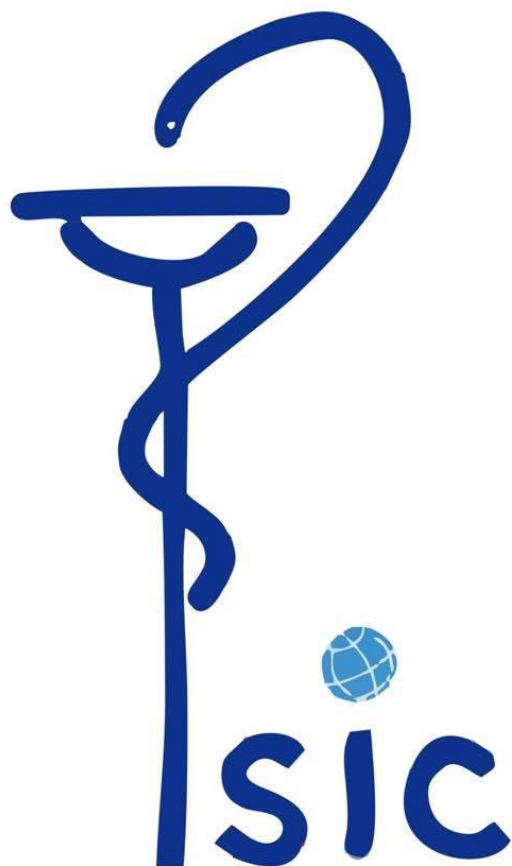




***IXth International Interdisciplinary
Scientific Conference of Young
Scientists and medical students
«Actual problems of clinical and
theoretical medicine»***

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***«Actual Problems Of Clinical And
Theoretical Medicine»***



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VIRUS AGENTS AS FACTORS OF HABITUAL MISCARRIAGE

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Actuality. Almost there are no women with habitual miscarriage who haven't any virus persistence. In big amount of cases these women have a combination of different viruses. It's connected with the peculiarities of the patient's immune system. And generally these patients haven't evident clinical manifestations. Here we have a vicious circle: the immune system leads to the persistence of viruses and these viruses lead to the activation of bacterial flora, to the appearance of autoimmune disorders, which are the causes of abortion. So the timely diagnostics and treatment of the most common virus infections is important for women with habitual miscarriage.

The aim was to determine the most common virus agents, which persist in women with habitual miscarriage, and their role in investigated pathology.

Material and methods. We studied 35 cases of women with habitual miscarriage. These women were examined for persistence of herpes viruses (herpes simplex virus, cytomegalovirus) and enteroviruses (Coxsackie A, B). The control group consists of women with normal pregnancy.

Results. In our research we identified that virus Coxsackie A have 95% of patients (16% in control group), Coxsackie B – 73% (in control – 8%), cytomegalovirus – 61% (in control – 26%), herpes simplex – 55,5% (in control – 25%). Enteroviruses in acute disease in early pregnancy cause the death of the embryo or fetus, the spontaneous miscarriage, prematurity. The relationship of enteroviruses with the development of autoimmune diseases is proved: circulating immune complexes, their long presence in the bloodstream, cause changes in the blood vessels, including placenta. Practically all patients with cytomegalovirus had disturbances in reproductive system: defective luteal phase because of hypofunction and hyperandrogens, chronic inflammatory diseases of genitals, different defects of uterine development, cervical incompetence, autoimmune disorders. Herpes simplex virus is the factor of vulvovaginitises, chronic endometritis, cervical erosions.

Conclusions. Thus, almost all women with habitual miscarriage have different virus agents and even the combination of viruses. It can be the factors of miscarriage so the



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ROLE OF CERVICAL CANAL SCREENING IN DIAGNOSTICS AND THERAPY OF CERVIX UTERI PATHOLOGY

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Actuality: Cervix uteri is unique organ which possesses appointed functional independence and supplies control of biological substances, particles and infectious agents movement into the uterine cavity and backward. During pregnancy cervical canal (CC) protects the fetus and its envelopes from the contact with the external environment, and during delivery CC supplies the partial loading mode of fetus yield from the uterus. Inflammatory and neoplastic diseases of cervix uteri cause the injury of the CC epithelium. Recent time the intraepithelial changes of CC are accepted as main reason of the uterine neck tumor (UNT) which has the rising trend overall the world.

The aim of our research was the analysis of potential abilities of CC opportunistic screening in the diagnostics of CC diseases.

Materials and methods: The analysis of 37 women (from 20 to 64 year old) examination results has been done. Screening research

included visual and colposcopy examinations, cytological examination of vaginal smears, and identification of vaginal microflora by microscopic, cultural and molecular methods.

Results: The cytological investigations of smears from the surface of uterine neck and cervical canal revealed that 6 patients (16.2%) only had no pathological changes. Signs of inflammation were found in 19 patients (51.4%): cervicitis – in 5 (13.5%), colpitis – in 3 (8.1%), cervicitis and vaginitis – in 13 (35.0%) women. Ectopic columnar epithelium and transformation zones were found in 14 examined patients: 4 – without inflammation, 10 – associated with inflammation, 5 – with inflammation caused by human papilloma virus (HPV), 1 – with erosion tissue injuring. In addition, LSIL was revealed in 2 patients, epithelium atrophy in menopause – in 6 patients, and hyperkeratosis of squamous epithelium – in 1 woman.



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