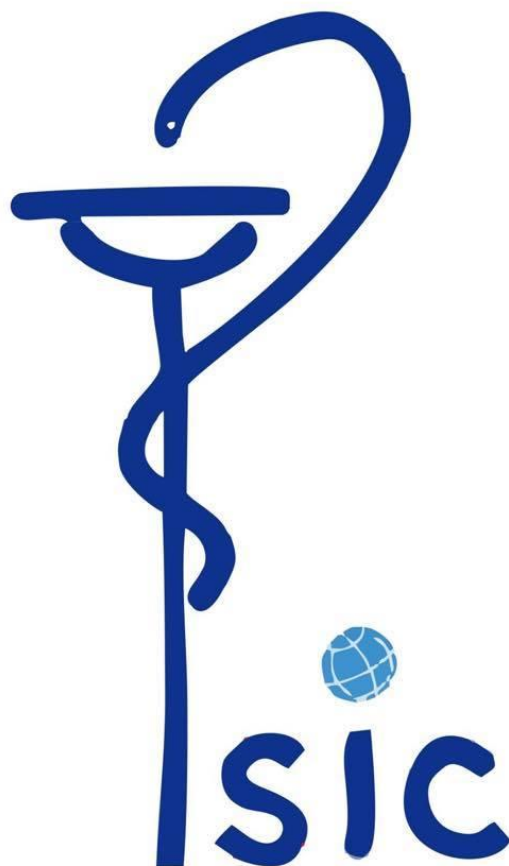




***IXth International Interdisciplinary  
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Scientists and medical students  
«Actual problems of clinical and  
theoretical medicine»***

*(International Scientific Interdisciplinary Conference – ISIC)*

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investigation showed that adnexal torsion was diagnosed in 30 patients, including 11 girls under 12 years of age and 18 adolescents. Solitary torsion of the ovary was observed in 12 patients, torsion of an ovarian cyst - in 10, torsion of a paratubal cyst - in 5, torsion of the ovary and fallopian tube - in 2, torsion of ovarian teratoma - in 1. The treatment included 28 surgical operations by laparoscopy and 2 operations by laparotomy. Organ-preserving surgical treatment

implied determination of the state of adnexal tissues: patients with intact blood flow and without necrotic changes underwent detorsion while adnexa with absent blood flow and presence of necrosis were removed.

**Conclusion.** All cases of suspected adnexal torsion in children and adolescents need to be comprehensively diagnosed. Minimally invasive organ-preserving laparoscopic intervention should be considered the method of choice.

**Hasan A.**

## **ROLE OF THE METHODS OF OVUM EXTRUSION IN THE PREVENTION OF SECONDARY TUBOPERITONEAL INFERTILITY DURING ECTOPIC PREGNANCY TREATMENT**

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**Actuality:** Method of extrusion of the ovum (MEO) has been successfully used in the treatment of ectopic pregnancy (EP) progressing in terms of up to 6 obstetrical weeks. At clearly less traumatization of fallopian tubes (FT), this method allows preserving FT in most cases, but the assessment of delayed MEO outcome is debatable.

**The aim** of the work was to determine the frequency of occurrence of FT occlusion and pregnancy after EP treatment by

MEO in patients with a single stored FT.

**Materials and Methods.** Analysis of 34 medical records of patients with EP treated by uncomplicated organ-preserve surgery by the MEO on a single FT in the term up to 6 obstetrical weeks was carried out. Postoperatively, all patients obtained the therapeutic and prophylactic courses of complex antibacterial and anti-inflammatory therapy. The results of the research were clinically evaluated by the degree of tubal patency according



culdoscopy in the late postoperative period and metrosalpingography (MSG) at 6 months after surgery as well as by the percentage of pregnancy in these patients after EP.

#### **Results of the study.**

Development of FT occlusion was observed in 20.6% of patients (7 patients), limiting of the contrast agent spreading in the abdominal cavity was in the 11.8% of cases (4

patients). Pregnancy occurred in 20 cases: intrauterine in 17 patients (50%), ectopic in 3 patients (8.8%).

**Conclusions.** Thus, the obvious high effectiveness of this method makes it preferred in laparoscopy on the progressive EP, and in the future, perhaps, the "gold standard" in treatment of EP with simultaneous prevention of tuboperitoneal infertility.

**P. A. Alieva, S. E. Malikova, S.S. Filatova, T. A. Ivanova**

### **IMPROVEMENT OF TREATMENT EFFICIENCY IN CHRONIC INFLAMMATORY DISEASES OF UTERINE ADNEXA**

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**Actuality:** Inflammatory diseases of the female reproductive system prevail among gynecologic abnormalities and their frequency comprises up to 70%. Chronic genital and extragenital conditions remain most challenging in diagnosis and differentiation, as their treatment is associated with specific pathogenic mechanisms of their development. The relevance of this problem is conditioned by a number of significant long-term consequences for women's health, such as secondary infertility, menstrual disorders (MDs), ectopic pregnancy and pelvic pain syndrome. Chronic inflammatory diseases of the pelvic organs (CIDPO) should actually be

considered as polysystemic disorders involving complexes, associated with many adaptation processes in the female body.

**Materials and methods:** The study implied examination of reproductive age patients, diagnosed with CIDPO, who underwent in-patient treatment at gynecological department of Kharkiv Maternity Hospital No.1 in the years 2014-2015. Main clinical symptoms included pain (65.6%), dysmenorrhea (51.1%), dyspareunia (27.9%), MDs as hyperpolymenorrhea (34.4%) and oligoopsomenorrhea (14.4%). Bacteriologic findings in patients with CIDPO revealed different types



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