



Gryshchenko Clinic for reproductive medicine in 2012-2013. A long protocol with agonists of releasing-hormone was carried out to all the patients. No patient achieved pregnancy. 3-4 months later the repeated protocol with use of assisted hatching for the second day of cultivation of embryos was carried out. Implantation frequency made 21,5%. Clinical pregnancy was achieved by 8 patients out of 19 that made 42,1%.

Conclusion. Assisted hatching can promote the increase in implantation frequency, overcoming the problem connected with the hardening of an outer shell that leads to increase in frequency of pregnancy achievement.

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OXIDE OF NITROGEN IN TREATMENT ENDOCRINE STERILITY

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Introduction. The problem of a fecundity is a paramount problem of modern medicine. Oxide of nitrogen - the physiological regulator easily in pouring through biological membranes, also will activate a vasodilatation, cellular metabolism, enzymatic activity, neogenesis both bistimulations of endocrine and immune cells.

Aim: there was an increase of efficiency of treatment of endocrine sterility by clasification of questions of pathogeny, on the basis of clinico- experimental ground and development of new complex method of therapy with the use of NO for patients with the anovulatory form of sterility and insufficiency of lutein phase.

Material and methods. Carrying out the experiment on old doe-rabbit with signs of fading of function of system. Daily, within 3 days through a special point, effected processing a vagina doe-rabbit within 3 minutes gaseous oxide of nitrogen (1group). For comparison, the contents of hormone and change in generative organs at old doe-rabbit with signs of fading of system of a breeding before influence on them oxide of nitrogen (2group) and at young doe-rabbit (3group) is investigated.

Results. After use oxide of nitrogen rising oestradiolum and progesteronum and blood doe-rabbit of 1-st group is observed in comparison with 2 group old doe-rabbit, with which did not effect processing a vagina oxide of nitrogen (Oestradiolum - with $55,7 \pm 5,2$ nMol/l up to $97,2 \pm 3,8$ nMol/l; Progesterone - with $44,7 \pm 1,8$ nMol/l up to $54,1 \pm 1,8$ nMol/l). Concentration of Oestradiolum at an animal after application oxide of nitrogen was higher, than at young doe-rabbit - 3-rdgroup. The hydrocortisone was enlarged in 1-st group of animals and was much higher, than at young doe-rabbit ($72,3 \pm 2,4$; $p < 0,05$;). The morphological research vaginal part cervix of the uterus, uterus and ovaries has shown, that after processing oxide of nitrogen the expressed hyperplasia of pots having a vagina is observed the hyperemia of a mucosa strengthens, and descends flattening of endotheliocytes. The inflow of a blood to a vagina strengthens at the expense of a vasodilatation microcirculation of a channel. In a uterus, after processing oxide of nitrogen, there is a proliferationendometrium, vasodilatation and plethora of a tissue. In ovaries old doe-rabbit - diffuse growth of a connecting tissue in a parenchyma of ovaries expressed sclerosis and hyalinosis of a vascular wall, narrowing of lumens of pots microcirculation of a channel. After processing a vagina doe-rabbit oxide of nitrogen, there is a vasodilatation microcirculation of a channel to a hyperemia of a tissue, activization of the follicular device and output of erythrocytes in perivascular space. In cortical stratum of ovaries - individual primary follicles and planting secondary follicles new yellow bodies. Obtained data about



influence of NO on a height and development of follicle, the state of endometrium, hormonal and immunological parameters, allowed to work out and ground the new going near therapy of women with the endocrine form of sterility.

Conclusion. Oxide of nitrogen produces a stimulation morfofunctional state of genesial members by old doe-rabbit, and also make more active sexual hormone and steroid hormone, being by the factor recovering dying away genitival function of animals, caused by age changes. Vaginal irrigations of NO assist the wave of blood to the organs of small pelvis, improve the trophism of reproductive organs, reflex's normalize making gonadotropic and other hormones, and also stimulate ripening of follicles and ovulation.

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HEMODYNAMICS FEATURES OF FETOPLACENTAL COMPLEX IN PREGNANT WOMEN WITH GESTATIONAL PYELONEPHRITIS

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Introduction. One of the urgent problems of modern obstetrics is gestational pyelonephritis in pregnancy. From 2000 to 2010, incidence of pyelonephritis, according to the Ministry of Health of Ukraine, in pregnant women increased by 3.6 times . Pyelonephritis in 75 % of cases develop before age 40, often during pregnancy. This limits their reproductive function, leading to the birth of children who are prone to kidney disease. Gestational pyelonephritis has a negative impact on pregnancy and the fetus . Pregnancy provokes frequent exacerbation of pyelonephritis and frequent attacks of renal colic. Most children are born with signs of intrauterine infection.

Aim: To identify the characteristics of hemodynamic disturbances utero- placental-fetal blood flow in pregnant women with gestational pyelonephritis.

Materials and methods. We examined 56 pregnant women in gestational age 30-37 weeks. Depending on the characteristics of the clinical course of pyelonephritis 3 clinical groups. I clinical group consisted of 28 (50 %) women with gestational pyelonephritis without urostaz . II clinical group consisted of 17 (30.36 %) women with gestational pyelonephritis with urostaz . III clinical group consisted of 11 (19.64 %) women with gestational pyelonephritis with urostaz that required surgical correction. Verified clinical diagnosis by laboratory methods and a standard ultrasound of the kidneys . All pregnant women after clinical and laboratory studies conducted ultrasound of the urinary system , evaluation of the fetus , placenta and Doppler utero-placental- fetal blood flow.

Results. In 17 (30.36 %) women I clinical group was marked by violations of hemodynamic fetoplacental type that characterized rising resistance index (RI) $0,74 \pm 0,02$, systolic -diastolic ratio (SDR) $3,84 \pm 0,26$, and pulsating index (PI) $1,17 \pm 0,04$ in the umbilical artery . In group II clinical hemodynamic changes in the mother- placenta-fetus system were found in 10 (17.86 %) women and expressed in violation of hemodynamics by utero-placental type (RI growth $0,72 \pm 0,01$, SDR $3,57 \pm 0,11$ and PI $1,42 \pm 0,73$ in the uterine arteries). In group III 6 (10.7 %) women diagnosed violation hemodynamics by fetoplacental and utero- placental type, even in 3cases (5.35%) were found critical violations blood flow (zero diastolic component in the umbilical artery).

Conclusions. 1. In pregnant women with pyelonephritis without urostaz dopler most pronounced changes were found in fetoplacental blood flow. 2. In pregnant women with



Robak V. I., Ievtushenko D.V., Byzov D.V.	138
NECROTIZING PANCREATITIS: THE ANALYZE OF MORTALITY FACTORS	138
Rudikova V.V., Zinchenko A.A.	139
MORPHOLOGICAL PATTERN OF FLEXOR DIGITORUM TENDONS ON APPLICATION OF VARIOUS TENDON SUTURES	139
Vander K., Malyshevskaya A., Lyubomudrova E., Pavlova O., Berezhnoy B., Tertysny V.	140
TWO-STEP RESECTIONS OF THE SMALL INTESTINE IN EMERGENCY SURGERY ...	140
Yevtushenko D.A., Dumachev D.V., Bilenko I.A.	140
A METHOD OF PREVENTING THE DEVELOPMENT OF ADHESIONS IN PATIENTS OPERATED ON THE ABDOMINAL CAVITY ORGANS	140
Yevtushenko D.A.	141
THE RESULTS OF TREATMENT OF ACUTE ADHESIVE INTESTINAL OBSTRUCTION	141
OBSTETRICS AND GYNECOLOGY	143
Ahmed Hafedh Alkubaise, Ahmed Sadeq Ajeel	143
STATE OF REPRODUCTIVE FUNCTION FOR PATIENTS WITH POLYCYSTIC OVARIES SYNDROME ON BACKGROUND OF OBESITY	143
Aliyeva Pervana Asef Kizi	144
THE DEPENDENCE OF THE INDICATORS OF CYTOKINES FROM THE LEVEL OF NEUROSPECIFIC PROTEINS IN PREGNANT WOMEN WITH PREECLAMPSIA	144
Aminullah Mohammad Osman	144
USING OF SONOGRAPHY IN THE EVALUATION OF THE EFFECTIVENESS OF ELECTROSURGICAL TREATMENT ENDOMETRIAL HYPERPLASIA	144
Amoh Christin	145
ECTOPIC PREGNANCY: ARE FAIR-COLORED WOMEN AT INCREASED RISK? ...	145
Antonyan M.I., Tischenko A.	146
PREGRAVIDARUM TRAINING OF WOMEN AFTER UNREALIZED PREGNANCY	146
Feskov V., Gnatenko O., Dobrovolskaya L., Abascalazede S., Schevtsova E., Mironchuk K., Buravel B.	147
FERTILITY PRESERVATION FOR PREMATURE OVARIAN INSUFFICIENCY	147
Halo Azad Khidwrbagi, Muryzina I.	148
PATHWAY TO IMPROVE REDUCED FECUNDITY IN THE WOMEN AFTER MISSED ABORTION	148
Kalashnikova O.S.	148
APPLICATION OF α-TOKOFEROL ACETATE IN PATIENTS WITH SYMPTOMATIC UTERINE LEIOMYOMA	148
Konoval A.O.	149
VALUE CONTENT OF MUCIN IN CHRONIC SALPINGOOFORIT (HSO)	149
Litvinova A. V.	150
PREPARATION OF THE PREGNANT WOMEN WITH RISK OF DEVELOPMENT OF ANOMALIES OF LABOR ACTIVITY TO DELIVERY	150
Lutskiy A.S., Kalnytskaya K.V., Rusak E.V	151
THE FREQUENCY OF PREGNANCY ACHIEVEMENT AFTER ASSISTED HATCHING	151
Makki Rami Jamal	152
OXIDE OF NITROGEN IN TREATMENT ENDOCRINE STERILITY	152
Department of Obstetrics and Gynecology №1	152
Marakushina E.A., Tkachenko V., Imsheneckaja A.A.	153
HEMODYNAMICS FEATURES OF FETOPLACENTAL COMPLEX IN PREGNANT WOMEN WITH GESTATIONAL PYELONEPHRITIS	153
Mu'awya Salem Almaradat	154