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2018

**Kharkiv
Ukraine**

**ABSTRACT
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Aralova V.

INTERFERENCE OF THE MICROBIOECENOSIS OF THE VAGINA AS THE ETIOLOGICAL FACTOR OF THE CERVICAL ECTOPIA DEVELOPMENT

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Introduction. Cervical ectopia – is an atypical location of the cylindrical (cubic) epithelium, that lines the cervical canal, on the vaginal part of the cervix. The maximum frequency of cervical ectopy (40-50%) occurs in women younger than 30 years. On average, the frequency of this disease in the population is over the 40%, with 11.3% of patients having this feature congenital. By itself, ectopy never has a tendency to malignant, but on its background, the risk of cervical cancer development increases. Despite the prevalence, the etiology of this disease has not yet been fully clarified and continues to be an important topic for research. The aim of the study was to identify the etiological relationship of cervical ectopia with a interference of the vaginal microbiocenosis, namely the presence of *Candida albicans*, *Atopobium vaginale* and *Gardnerella vaginalis*.

Materials and methods. In this study participated 35 patients between the ages of 25 and 30 who was divided in two groups. The first control group included 13 (37.14%) women with no signs of an epithelium change on the vaginal cervix. And the second group included 22 (62.86%) women who had a cervical ectopia. For all women, we performed a colposcopic examination with the colposcope MK-200, with the MEDVisor v3.0 software, a bacterioscopy of the vaginal discharge, a cytological examination of the scrapes of the vaginal epithelium of the cervix and the cervical canal.

Results. During the colposcopy study, in all women of the first group, epithelial changes were not detected, while in women of the 2 groups, zones of incomplete transformation were determined. In the cytological study of scraping ecto- and endocervix in all examined women, the signs of atypia were not found. In the scrap of ectocervix in women of the first group only cells of multilayered planar epithelium were found. 18 (81.8%) women of the second group had cells of cylindrical epithelium with signs of inflammation. As a result of bacterioscopy of vaginal discharge, *Candida albicans* was found in 9 (40.9%) women of the second group. In women of the first group, *Candida albicans* was found in 2 (15.4%) cases. In 7 (31.8%) women of the second group, the smear contained *Gardnerella vaginalis*, while in the first group this pathogen was found in 1 (7.7%) of the woman. In 2 (9%) women of second group smears were defined by *Atopobium vaginale*, and in the first group this causative agent was found in the analyzes of vaginal discharge of 1 (7.7%) of the patient.



Conclusion. Based on this study, we can conclude that the violation of vaginal microbiocenosis, namely the presence of *Candida albicans*, *Gardnerella vaginalis*, *Atopobium vaginae* increase the risk of developing cervical ectopy.

Brakova Y.

OPTIMIZATION OF THE PREVENTION OF PREGNANCY AFTER A CAESAREAN SECTION ANAMNESIS

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Introduction. In the modern world the issue of giving birth by caesarean section (CS) is becoming more acute. The WHO says the percentage of birth by surgical intervention to natural births should not exceed 15%. In Ukraine, in 2009 it equals 16.10%. Indicator of maternal mortality associated with CS is 8 times higher than for vaginal births.

Materials and methods. Aim: to evaluate the condition of the scar on the uterus after the CS and to draw conclusions about the factors affecting its full-fledged formation, and the possibility of birth due to natural birth lines.

Results. Description of the study: on the clinical basis of the Department of Obstetrics and Gynecology No. 1, 10 cases of childbirth in women who had a history of CS were conducted. The analysis of the history of diseases - anamnestic data, data on the conduct of the previous CS; ultrasound data of the scar on the uterus; The lower segment in the scar location was evaluated intraoperatively; The carved scar was studied histologically. The interval between the previous CS and the current pregnancy was 3-5 years. In all cases, previous CS was performed in the lower segment of the uterus according to Gusakov's technique, a cut on the uterus was sutured with two-row acrylic seam, and peritonization was performed. Postoperative period was without complications. As a result of ultrasound scanning on the uterus, we found out: 8 out of 10 women had a scar, the structure of which was heterogeneous, local segments of the seal, marked reduction of sound conductivity, decreased vascularization of this site; 2 women have a sophisticated and elongated lower segment of the uterus, a heterogeneous structure, large foci of seal. During operations in 2 pregnant women, the thinning of the lower segment of the uterus in the area of the postoperative scar was shown by palpation, in 8 women neither macroscopically nor palpatory defects were not detected. During the histological examination of carved scar on the uterus in 7 women, the correct placement of muscle fibers was found, often hypertrophy of myocytes. The scars are mainly represented by myocytes with thin layers of connective tissue and isolated sections of hyalinosis and sclerosis were found in 30%. In 70% of the studied tissue it was restored and vascularized.