

Authors: **Veronica Cotelea, Alina Alsatou, Mihaela Burac, Natalia Gheorghieva**

Scientific adviser: Valentin Friptu, MD, PhD, Professor, Head of Department of Obstetrics and Gynecology no.1

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Premature rupture of membranes (PROM) refers to rupture of the fetal membranes prior to the onset of labor irrespective of gestation age. PROM represents a serious problem of modern obstetrics. In 25-38% of cases premature birth is preceded by PROM, which contributes to the increase of perinatal morbidity and mortality in 30% of cases. One of the most difficult issues in the management of a pregnancy with PROM is the correlation between the risk infection in the case of prolonged pregnancy and the risk of prematurity due to delivery.

Aim of the study. To assess the risk factors for the onset of premature rupture of the membranes and their relationship to perinatal outcomes, depending on the management.

Materials and methods. A retrospective study of 100 clinical cases was conducted. They were divided into 2 groups: the 1st group included 60 cases of preterm births complicated by PROM with a long anhydrous period and the use of expectant management. Control group (II) included 40 cases of PROM with the use of active management. The study was conducted in the Municipal Clinical Hospital Nr.1, Chisinau. The results were processed in SPSS 16 and Microsoft Excel 2010.

Results. We identified the risk factors for the development of PROM. The most significant of them were: mother's age 29.36 ± 6.58 years (40%), multipara - the presence of 3 or more pregnancies in anamnesis (46.7%), primiparous (63.3%), complicated obstetric (58.3%) and gynecological (13.4%) anamnesis, nonspecific infections of the genital tract (65%), extragenital pathology (85.2%). Perinatal outcomes in PROM, depending on the expectant management vs active management, were complicated by perinatal mortality of 1.7% vs 38%, indicating a more favorable course of prolonged pregnancy.

Conclusions. Analyzing the results, it was revealed that low level of health in pregnant women and high frequency of obstetrical pathology correlates with unfavorable perinatal outcomes. The recently adopted expectant management in premature labor complicated by PROM, was proven to improve the perinatal outcome.

Key words: premature rupture of membranes, anhydrous period, perinatal outcomes.

89. CORRELATIVE ASPECTS OF OVARIAN RESERVE AND SEVERITY OF POLYCYSTIC OVARY SYNDROME

Author: **Catalina Gutul**

Scientific adviser: Victoria Voloceai, MD, PhD, Associate professor, Department of Obstetrics and Gynecology no.1

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Polycystic ovary syndrome is primarily diagnosed in the early years of the fertile period. Clinical expressions are variable, and may include oligo/anovulation, hyperandrogenism (clinical or biochemical) and ultrasonographic polycystic ovary signs, according to the Rotterdam criteria. All of these complexes are the cause of anovulatory infertility (Fanchin R1, Schonäuer LM, Righini C, Human Reproduction, 2003, Farquar C., Lilford RJ, Marjoribanks J., Chochrane Database Syst. Rev., 2007) A variety of clinical and experimental studies are directed to the PCOS events. However, the etiology of the syndrome remains obscure, and the variability of phenotypic expression continues to be a challenge both from the clinical and research point of view (Leelan L., Acharya U., J. Obstet, Gynaecol., 2009).

Aim of the study. To identify what extent AMH correlates with LH, FSH, T, IMC and USG criteria in PCOS patients; to assess the impact of AMH on the severity of the polycystic ovary syndrome.

Materials and methods. 40 patients were selected for the study. The diagnosis of patients with polycystic ovary syndrome was based on anamnesis, clinical parameters and paraclinic markers (biochemical and echographic). Research was based on serum levels tests of Anti-Müllerian hormone, testosterone, Follicle-stimulating hormone and luteinizing hormone. The exclusion criteria for the patients were: androgen-producing ovarian tumors, primary hypothyroidism, liver pathology with protein synthesis deregulation, idiopathic hirsutism, hyperprolactinemia, Cushing's disease, peritoneal-tubal and uterine infertility, endometriosis.

Results. The following correlations have been established: AMH and LH ($r = 0.479$), correlation between AMH and FSH ($r = 0.297$), correlation between AMH and T ($r = 0.540$), AMH and IMC ($r = 0.697$), AMH and antral follicle count ($r = 0.818$).

Conclusions. The study evaluated an inversely proportional correlation between AMH and follicle stimulating hormone ($p < 0.001$) and directly proportional between AMH, luteinizing hormone and testosterone, and the success rate of laparoscopic surgery, as with luteinizing hormone, decreases inversely these two hormonal values; $p < 0.001$.

Key words: polycystic ovary syndrome, anti-Müllerian hormone.

90. PRESENTATION AND SOCIAL PERSPECTIVE OF MENSTRUATION IN BANGLADESHI WOMEN

Author: **Abu Talh Bin Fokhrul**

MAG Osmani Medical College from Bangladesh

Introduction. Presentation and awareness about menstruation, considered a curse in Bangladesh, is of utmost importance because women are the ultimate sufferers without having proper knowledge of menstrual hygiene. So in this paper, we will discuss about the presentation and social perspective of menstruation in Bangladeshi women.

Materials and methods. The research was cross sectional and we took convenient type of non-randomized samples of a group of 650 young and middle aged women.

Results. The results reported that among 650 women, 390 were young aged between the age group 15-34 and 260 were middle aged between the age group 35-45. 58.33% women were found taking painkillers for menstrual pain and 41.67% were found taking contraceptive pills for irregular menstruation. Obesity, lack of exercise, depot contraceptives, miscarriage, pelvic infections etc. were found to be the clinical causes behind irregular menstruation and severe menstrual cramps. Food allergies and gall bladder problem were present.

Conclusions. Misconceptions about menstruation, family restriction and dominant attitudes of male are the basic risk factors prevailing in Bangladesh. Providing women with knowledge and management methods prior to menarche, privacy and a positive social environment around menstrual issues have the potential to benefit the womenfolk of Bangladesh.

Key words: menstrual hygiene, dominant attitude

91. EFFECTS OF THE IN VITRO FERTILIZATION ON MULTIPLE BITRH, PRETERM DELIVERY AND LOW BIRTH WEIGHT

Author: **Natalia Prodan, Cristina Taulean**

Scientific adviser: Vitalie Mamaliga, MD, PhD, University assistant, Department of Obstetrics and Gynecology no.1

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova