**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

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**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

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**Introduction.** Assisted reproduction technology represents a current solution in the treatment of couple sterility. However, the introduction of IVF (in vitro fertilization) into mainstream clinical practice has been accompanied by concerns regarding the number of multiple gestations that it can produce, as multiple births have significant medical consequences for mothers and offspring. **Aim of the study.** Assessment of the impact of IVF on changes in the rates of multiple births, preterm delivery and low birth weight.

**Materials and methods.** The research was carried out retrospectively in municipal hospital Nr.1 from Chisinau, in obstetrics departments, according to the questionnaire that included specific indicators of birth after IVF. The present study included 106 histories of birth of pregnant women after IVF, delivery terms 22-41 weeks. Statistical analysis was performed in Microsoft Excel.

**Results.** 84.9% pregnant patients were primiparous with a complicated gynecological and obstetric anamnesis with recurrent miscarriages, extrauterine pregnancies with tubectomies, polycystic ovary syndrome, history of infertility. Primary infertility was recorded in 37(34.9%) patients, secondary infertility in 28(26.4%) patients. According to the type of pregnancy in 60 (56.6%) cases the pregnancy was monofetal, in 46(43.4%) cases - multiple pregnancy. The multiple pregnancy group (46 cases) was divided in: duplex 43(93.5%) cases, triplex 2(4.3%) cases, quadruplex 1(2.2%) cases. The rate of premature births was 31.1% (33 cases), at term births 63.2% (67 cases), postterm birth (over 41 weeks) 5.7% (6 cases). Multiple pregnancy is a clear risk factor for preterm birth, however, there is an additional small but statistically significant 23% increase in the relative risk of preterm birth in IVF twins compared with natural twins. In the monofetal births, the range of 500-2499 g included 8(13.4%) newborns, the rate of premature infant being 4 cases. The other newborns had normal weight. The weight of newborns from multiple pregnancies, 96 newborns: 42 (43.7%) had the weight in the range of 2500-3999 g, the other 54(56.3%) weighted in the range of 500-2499 g, with 15 cases of premature births.

**Conclusions**. 1. IVF is a substantial contributor to changes in the very low birth weight rate and delivery before 30 weeks, which is partly related to multiple births. 2. Pregnancies following IVF are at higher risk of perinatal mortality, preterm delivery, small for gestational age, and low or very low birth weight compared with spontaneous conceptions.

**Key words:** in vitro fertilization, risk factors, multiple births, preterm delivery, low birth weight.

## 92. ENDOMETRIOSIS AND APPENDICITIS

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**Introduction.** Endometriosis is a common condition that can affect up to 15% of women at childbearing age. Women with endometriosis have multiple surgeries due to algic syndrome, infertility, endometriomas and adherences. Appendicitis is also frequently found in patients with endometriosis. The risks and benefits associated with an elective coincidental appendectomy should be considered.

**Aim of the study.** Assessing the incidence of appendicitis in patients with different forms of endometriosis compared to patients without endometriosis.

Material and methods. In a retrospective study, data were obtained by chart review of an internal database for women who had endometriosis. We analyzed 318 women with endometriosis and infertility, and 150 women with infertility who underwent diagnostic laparoscopy, for a 3 years period (2014-2016). We compared the rate of endometriosis of the appendix in women who were diagnosed with deep infiltrating endometriosis (DIE), superficial endometriosis, and in patients with no endometriosis at all.