

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 adhesions. 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.

Results. 318 women were diagnosed with endometriosis: 165 (51.88%) had deep endometriosis and 153 (48.11%) superficial endometriosis. The prevalence of AppE was 23.27% (74/318). 18 (11.76%) of 153 women with superficial endometriosis and 56 (33.93%) of 165 with DE were affected. The prevalence of appendicitis in control group was 4.6 % (7/150). Frequency of AppE was increased among women with DE, abnormal appendix appearance, and surgical indication (all $P < 0.001$). Women with DE had a higher risk of AppE compared to women without endometriosis, and a higher risk of AppE compared to those with superficial endometriosis.

Conclusion. The study demonstrated the need to check the appendix in patients with endometriosis, particularly in those with deep ovarian endometriosis on the right (endometrium on the right). It also proved the importance of its removal during endometriosis surgery, for it reduces the need for repeated surgery up to 5 times compared to patients without endometriosis. Women with DE have an increased risk of AppE. Coincidental appendectomy should be considered a part of complete endometriosis excision for these patients.

Key words: endometriosis, appendicitis

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93. THE REPRODUCTIVE HEALTH PROFILE OF WOMEN WITH SERONEGATIVE SPONDYLOARTHROPATHIES, STUDY PRESENTATION

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Introduction. Rheumatic diseases often affect women during their childbearing years, when pregnancy is an expected event. For years, women with potentially serious systemic autoimmune diseases have been advised to not get pregnant. Now we know that, with careful medical and obstetric management, most of these women can have successful pregnancies. Successful, however, does not mean uneventful. Doctors and patients must be ready to deal with possible complications for both mother and child. Further, women should not consider getting pregnant until their rheumatic disease is under control. A frequently encountered group of rheumatic diseases that affect women of reproductive years are the seronegative spondyloarthropathies (chronic reactive arthritis, psoriatic arthritis, ankylosing spondylitis and undifferentiated spondyloarthropathies). Each pregnancy in these women roots an unique interest and requires an individualized management, sometimes becoming a clinical challenge for the practitioner, as an unified approach is still missing.

Aim of the study. In this study, we aim to evaluate the reproductive health of women of childbearing age that were previously diagnosed with one of the four upper mentioned types of seronegative spondyloarthropathies.

Materials and methods. The prospective observational study is based on the data of women in their reproductive years (15-49 y.o.) admitted to the Rheumatology Department of the Clinical Republican Hospital from Chisinau with the diagnosis of seronegative spondyloarthropathies (chronic reactive arthritis, psoriatic arthritis, ankylosing spondylitis and undifferentiated spondyloarthropathies). At this moment, the data of 12 patients/ 2 pregnant women have been collected. They are evaluated from the perspective of their reproductive health, with a more detailed assay of their obstetric anamnesis. Pregnant women from this group undergo a specific retrospective evaluation.