

**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

## DEPARTMENT OF OBSTETRICS AND GYNECOLOGY no.2

### 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.

**Conclusions.** We expect to identify the particularities of the reproductive health in women from our interest group, in order to develop an individualized approach according to their age, type of pathology, procreation decision and pregnant/non-pregnant state.

**Key words:** seronegative spondyloarthropathies, pregnancy, women.

#### **94. MATERNAL RISK FACTORS IN UMBILICAL CORD ENTANGLEMENT**

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**Introduction.** The most common cord entanglement is nuchal cord with an incidence of 15-34%; single loop 24-28% and multiple loops 0.5-3.3%. Nuchal cord occurs when the umbilical cord becomes wrapped around the fetal neck at 360°. At delivery, the encircled cord might be compressed, causing blood flow obstruction. As shown previously, this intermittent regional obstruction may result in neonatal compromise. Thus, it is very interesting to study the risk factors that lead to the entanglement of the umbilical cord.

**Aim of the study.** To evaluate the relationship between maternal risk factors and entanglement of umbilical cord around the fetal neck.

**Materials and methods.** In this prospective cohort study, perinatal outcomes of 107 pregnancies complicated with nuchal cord (study group) were compared with 293 uncomplicated pregnancies (control group). The present study was carried out at the First City Clinical Hospital, Perinatal Center of the Republic of Moldova. Singleton pregnancies in cephalic presentation were included. Undated pregnancies were excluded. The main variables studied were: maternal age, parity, specific and non-specific infections in pregnancy and in anamnesis, and extragenital diseases. The results were processed with the following software: Statistical Package for the Social Sciences (SPSS 20) and Microsoft Office Excel 2010.

**Results.** This study demonstrated that, a nuchal cord was present in 107 (26.75%) of 400 singletons. Significant independent risk factors for nuchal cord formation were: parity ( $\chi^2=6.122$ ,  $df=2$ , Cramer's  $V=0.124$ ,  $p=0.047$ ), TORCH-infection ( $\chi^2=6.019$ ,  $df=1$ ,  $\phi=0.133$ , Fisher's  $p=0.015$ ), pelvic inflammatory diseases ( $\chi^2=7.505$ ,  $df=1$ ,  $\phi=0.147$ , Fisher's  $p=0.006$ ), sexually transmitted infections ( $\chi^2=22.718$ ,  $df=1$ ,  $\phi=0.254$ , Fisher's  $p=0.000$ ) and iron-deficiency anemia in pregnancy ( $\chi^2=5.145$ ,  $df=1$ ,  $\phi=0.119$ ,  $p=0.023$ ). No statistically significant differences in maternal demographic, obstetrical and gynecologic features were found between groups.

**Conclusions.** The scientific research has shown that: parity, TORCH-infection, pelvic inflammatory diseases, sexually transmitted infections and iron-deficiency anemia in pregnancy should be added to the list of known nuchal cord risk factors.

**Key words:** maternal risk factors, nuchal cord, umbilical cord

#### **95. EVALUATION OF AN OVARIAN TUMOR'S POTENTIAL FOR AGGRESSIVENESS IN PREGNANCY USING LOGICAL TOOLS FOR PRE-OPERATORY PROGNOSIS**

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