

with a decrease in the age categories 40-49 years, 13.5% and 50-59 years, 7.7%. According to the origin, there were 17 (32.7%) patients from the rural area and 35 (67.3%) patients from the urban area. According to the work place, 31 (59.6%) patients were employed, unemployed 11 (21.2%) patients, students 9 (17.3%) patients, invalidity degree 1 (1.9%) patient. According to patient symptoms, pain of different intensity in the lower hypogastric region had 100% patients, subfebrility 7 (13.5%) patients, temperature > 38°C had 10 (19.2%) patients, purulent leucorrhoea 11 (21.1%) patients, primary or secondary sterility 16 (30.8%) patients, general weakness 16 (30.8%) patients, bloody vaginal eliminations 2 (3.8%) patients, painful urination 2 (3.8%) patients, polymenorrhoea 1 (1.9%) patient, menometrorrhagia 1 (1.9%) patient. According to the final clinical diagnosis: chronic salpingoophoritis 22 (42.3%) cases, hydrosalpinx 11 (21.2%) cases, tube-ovarian abscess 4 (7.7%) cases, chronic salpingitis 5 (9.6%) cases, acute salpingoophoritis 7 (13.5%) cases, torsioned hydrosalpinx 2 (3.8%) cases, acute inflammatory disease, pain syndrome 1 (1.9%) case. According to the management method of the cases of pelvic inflammatory disease diagnosed, 25 (48.1%) cases were surgically managed, conservatively 27 (51.9%) cases. From the surgeries performed, 25 (100%) interventions, 13 (52%) were surgical laparoscopes, 5 (20%) Pfannenstiel laparatomas, 4 (16%) lower median laparatomas, 1 (4%) diagnostic laparoscopy, 2 (8%) puncture of the posterior fornix. The 25 surgical procedures performed were: salpingolysis was performed in 5 (20%) cases, adhesiolysis in 11 (44%) cases, tubectomies in 6 (24%) cases, anexectomies 4 (16%) cases, salpingectomies 4 (16%) cases, cystectomies 2 (8%) cases, cyst perforation 3 (12%) cases, ovarian drilling 2 (8%) cases, myomectomy 1 (4%) case, total hysterectomy with bilateral anexectomy 1 (4%) case, subtotal hysterectomy with salpingoectomy 1 (4%) case.

Conclusions. The actual incidence of PID can not be estimated, as all cases of PID are not mandatory reported. PID affects about 11% of women of reproductive age, with the highest frequency in the age group 16-25 years. Acute pelvic inflammation is recorded annually in 1-2% sexually active women.

PID is a public health problem, due to its frequency, medical, social and economic implications. The diagnosis of PID should primarily be suspected in women with lower hypogastric pain and genital tract sensitivity. PID morbidity is high and constantly increasing, requiring huge expenses, days of hospitalization and recovery. Short-term complications of PID include tube-ovarian or pelvic abscess. Long-term complications of PID include infertility, ectopic pregnancy, chronic pelvic pain. Early diagnosis and treatment can prevent complications.

205. THE IMPACT OF ENDOMETRIOSIS FERTILITY INDEX IN DAILY PRACTICE

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Introduction. Endometriosis has a current theme today, as its frequency increases with the technical progress and with the improvement of living conditions of the last decades, becoming a medical emergency with sophisticated behavior and serious consequences for women of reproductive age.

Aim of the study. To evaluate the postoperative fertility management using the endometriosis fertility index (EFI).

Materials and methods. This prospective non-interventional observational study was performed from January 2017 to February 2019 in IMSP SCM Nr. 1, an university hospital. In total, 123 patients underwent laparoscopic surgery for endometriosis and infertility. Indications

for surgery included pelvic pain (dysmenorrhoea, and/or deep dyspareunia), abnormal hysterosalpingogram, and failure to conceive after three or more ovulation cycles. Multidisciplinary fertility management followed the surgical diagnosis and treatment of endometriosis. Three postoperative groups were established based on the EFI score: EFI score ≤ 4 , ART (Group 1); EFI score 5-6, non-ART management for 4-6 months followed by ART (Group 2); or EFI score ≥ 7 , non-ART management for 6-9 months followed by ART (Group 3). The main outcomes were non-ART pregnancy rates and cumulative pregnancy rates according to EFI score. Univariate and multivariate analyses with backward stepwise logistic regression were used to explain the occurrence of non-ART pregnancy after surgery for women with EFI scores ≥ 5 . Adjustment was made for potential confounding variables that were significant ($p < 0.05$) or tending towards significance ($p < 0.1$) on univariate analysis.

Results. The cumulative pregnancy rate was 72%. The total number of women and pregnancy rates for Group 1, 2 and 3 were: 20 and 16.6 %; 42 and 34.14 %; and 61 and 49.59%, respectively. The non-ART pregnancy rates for Group 1, 2 and 3 were 0%, 29.5% and 48.2%, respectively. The ART pregnancy rates for Group were 50%, 60.6% and 80.3%, respectively. The mean time to conceive for non-ART pregnancies was 3.8 months. The benefit of ART was inversely correlated with the mean EFI score. On multivariate analysis, the EFI score was significantly associated with non-ART pregnancy.

Conclusions. In daily practice, the EFI represents a useful tool for postoperative fertility management in infertile patients with endometriosis.

Key words: endometriosis fertility index

206. BORDERLINE PARAOVARIAN SEROUS CYSTADENOMA AT ADOLESCENT PATIENT: CASE REPORT

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Background. Paraovarian/paratubar cysts (PO/PT) is about 5-20% of the cystic formations of uterine adnexes. As usual, these formations meet in the third and fourth decades of life. Paraovarian or paratubar borderline tumors are rarely registered. A limited number of communications on these cases are published in foreign literature. Considering the extreme rarity of paraovarian borderline tumors, we present our own clinical case

Case report. The 15-year-old patient M.C. was hospitalized in the surgical gynecology department in connection with the detection of ovarian cyst on the right side. She accuses moderate pain in the lower abdomen. Above bladder, at palpation there are a volume formation of about 10 cm. At USG examination: in the right ovary projection were detected a cystic formation of 103×94×87 mm (volume – 440.5 cm³), with nonhomogeneous content, with parietal vegetation on insertion wide basis, up to 38 mm, non-vascularized. Values of oncological markers: CA-125 – 34.5 U/ml (reference: 0-35 U/ml); CA-19.9 – 35.9 U/ml (reference: 0-33 U/ml); CEA – 1.3 ng/mL (reference: 0-6 ng/mL); α -fetoprotein – 0.7 IU/mL (reference 0-7 IU/mL); anti-Mullerian hormone (AMH) – 1.8 ng/mL. Phannenstiell transverse incision surgery was performed: in the paraovarian region, on the right, was determined a cystic formation, hard-elastic, diameter of about 10 cm, that did not affect the ipsilateral ovary, but involved the uterine tube. The preparation was exuded in the plaque and the tumor was