

(35.4±0.66%), PID (12.90± 0.21%) and TORCH infections (9.68±0,26%), and in pregnant women of the group II - late menarche (17.65±0.50%) and uterine myoma (11.76±0.21%) (p <0.001). The results of the study revealed that pregnancy in pregnant women in group I was conceived naturally in 100% of cases, while in research group II - only in 76.47±1.21% of cases (p <0.05), and in 23.53±0.16% of cases, the pregnancy occurred through IVF. We also determined a discrepancy in the data when analyzing the mode of birth, so the primiparous adolescents gave birth naturally in 83.87±2.38% of cases, compared to those of advanced age, in which vaginal birth occurred only in 51.47±0.92% of cases, and in 48.53±0.62% of cases, by C-section (p <0.05), the main indications being cephalopelvic disproportion, dynamic dystocia, acute fetal hypoxia and IVF.

Conclusions. Following our research, we determined that maternal age is a major factor in the occurrence of pregnancy in women, having consequences on fertility with the onset of aging. We also noticed that in primiparous women with extreme ages, extragenital history complicated by (CV diseases, CNS diseases, anemia, urinary tract infections) and obstetrical and gynecological history complicated by (irregular menstrual cycle, TORCH-infections, late menarche, uterine myoma) have become important determinants in the evolution of pregnancy and childbirth. The results of the study revealed that maternal age is a risk factor for intrauterine development and the condition of the newborn at birth, as well as for the occurrence of maternal and fetal complications. In particular, adolescent age is associated with low birth weight of the fetus and advanced maternal age is associated with macrosomia (≥3999 g), thus increasing the incidence of shoulder dystocia, fetal trauma, such as cephalohematoma and clavicle fracture.

Key words: "primiparous", "pregnancy in adolescence", "advanced maternal age".

204. PELVIC INFLAMMATORY DISEASE (PID)

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Introduction. Pelvic inflammatory disease is an infection of the upper genital tract (uterus, uterine tubes, ovaries). It is usually an ascending infection from the lower genital tract - bacteria spreading directly from the cervix to the endometrium and to the upper genital tract. Most cases of PID are related to a sexually transmitted infection (85% cases), but may also include gynecological procedures, 15% cases (IUD insertion, pregnancy interruption, hysterosalpingography, endometrial biopsy, etc.), because they favor the transfer of bacteria from the vaginal level through the uterine cervix to the upper genital tract.

Aim of the study. Studying the particularities of diagnosis and management of pelvic inflammatory disease.

Materials and methods. This is a retrospective study based on 52 women diagnosed with pelvic inflammatory disease admitted in the Department of Obstetrics and Gynecology SCM, „Sfântul Arhanghel Mihail” during 2018.

Results. The average age in the study is 32.46 years. Pelvic inflammatory disease is most common, according to literature, among sexually active women. According to the age distribution: in the age group ≤ 29 years were registered 25 (48.1%) patients, in the age group 30-39 years were 16 (30.7%) patients, 40-49 years were 7 (13.5%) patients, 50-59 years were 4 (7.7%) patients, no patients were older than 60 years. According to the age in the study group, the highest rate of 48.1% is observed in the age group below 29 years, with a subsequent reduction of the cases of pelvic inflammatory disease in the age group 30-39 years, 30.7%,

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 > 38C 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 dreeling 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