

Results: The analysis showed that the choice of expectant management of the prenatal rupture of membranes at any stage of gestation has a positive effect on the pregnancy outcome for both mother and fetus than active management of labor. Of the 67 infants, 14 (20.8%) were born at 33-37 weeks of gestation weighing 999-2500 grams, 53 (79.1%) were born at 37-41 weeks of gestation weighing 2500-4200 g, 91% of newborns were transferred to the Department of infants, 86% had spontaneous labor.

Key words: prenatal rupture of membranes, perinatal outcomes, extragenital diseases, chorioamnionitis, prematurity.

EFFECTS OF SEXUALLY TRANSMITTED DISEASES ON PERINATAL MORTALITY AT AKTOBE REGIONAL PERINATAL CENTER

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Problems of perinatal pathology at this stage are very relevant and the most difficult in medicine throughout the world. The stable levels of neonatal morbidity and mortality represent a relevant proof.

According to WHO, 40-60% of children who die in the first year of life accounts for the first month of life, and the total number of children who died before 1 month. 70-75% of children die in early neonatal period. Stillbirths in the perinatal mortality rate ranges from 55 to 65%. According to the literature, one-third of perinatal deaths occur in intrauterine infection, and its prevalence ranges from 1:3000 to 1:100.

Thus, intrauterine infection is a serious health problem of the fetus and newborn. The problem urges to identify the impact of STDs on perinatal morbidity and mortality. Therefore, we conducted a retrospective analysis of the deliveries histories of women with genital infection and neonatal development histories within the period of 2011 from the regional perinatal center of Aktobe city.

Thus, based on our research we found that STD is the most common cause of miscarriage, leading to a high percentage of complications in pregnancy, intrauterine fetal and neonatal lesions.

Key words: perinatal deaths, intrauterine infection, sexually transmitted diseases, miscarriage, and complications of pregnancy.

PARASITIC ABDOMINAL LEIOMYOMAS

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Introduction: Parasitic leiomyomas (defined as extrauterine seeding of leiomyoma) is still a rare disorder; the literature is limited to case reports. Extrauterine leiomyomas present a greater diagnostic challenge.

Aim: Retrospective chart review of all patients found parasitic leiomyomas.

Materials and Methods: Three patients with parasitic leiomyomas, with the mean age 44.6 ± 3.4 years (range from 38 to 49) were selected in the study. Two patients had a history of abdominal subtotal hysterectomy for uterine fibroids. Physical examination, abdominal and transvaginal US and CT scan were used for diagnosis.

Results: Clinical manifestations of parasitic leiomyomas included: chronic abdominal pain and palpable mass (n=2) and in one case – incidentally parasitic leiomyomas. During the surgery in all cases the mass (size from 1 to 9 cm) was separated from the uterus and adhered to the peritoneum (n=2) and small bowel mesentery (n=1). Multiple parasitic myomas were detected in two cases. Mass removal (n=2) and total abdominal hysterectomy + mass removal (n=1) were performed without complications. The histopathological findings of the resected three tumors revealed leiomyomas.

Conclusions: Even though the parasitic leiomyoma is uncommon, it should be included in the differential diagnosis of abdominal mass especially in patients with a history of uterine fibroids surgery. Generally two types of parasitic leiomyomas are described: spontaneous and “iatrogenic”. Surgery is still a method of choice in the treatment strategy of parasitic leiomyomas.

Key words: uterine fibroids, parasitic leiomyomas, treatment.

FUNCTIONAL AND ANATOMICAL RESULTS AFTER CREATION OF A NEOVAGINA BY DAVYDOV'S PROCEDURE IN PATIENTS WITH MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME

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Introduction: Several surgical techniques have been described for the treatment of patients with vaginal agenesis - Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome.

Aim: To investigate the anatomical and functional outcome of Davydovs procedure in patients with MRKH syndrome.

Materials and Methods: A total of 35 patients with MRKH syndrome were operated using the Davydov procedure (peritoneal vaginoplasty) in our unit. Mean age comprised 22.7 ± 0.6 (range – from 17 to 34). The patients then had to use a mould or a vaginal dilator from 10 POD. Functional results and sexuality were evaluated using the Female Sexual Function Index (FSFI).

Results: Three intra-operative rectum and two urinary bladder injuries were repaired without sequelae. Postoperative complications were *zero*. No patient was lost to follow-up. The anatomical results were considered to be satisfactory (>6 cm) in 31/35 (88.6%) patients: the mean vaginal length was 7.9 ± 0.2 cm. According to FSFI: >30 (n=14, 40%), 24-29 (n=18, 51.4%) and <23 (n=3, 8.6%).

Conclusions: Davydovs procedure may be considered a good option for the surgical treatment of women presenting vaginal agenesis. This technique offers advantages such as: short operating time and hospital stay, functional vaginal length and sexual satisfaction.

Key Words: vaginal agenesis, vaginoplasty.