

Frequency of Hirsutism among Female Students from the State Medical and Pharmaceutical University "Nicolae Testemitanu" - Differentiation of Cosmetic and Medical Problems

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Hirsutism is defined as the excessive growth of coarse black hair in areas where hair growth in women is minimal or absent. The hairiness implies the presence of abnormal androgen action, which may represent a serious or, more likely, a nonserious medical problem. Regardless of the etiology, hirsutism can produce mental trauma and emotional anguish. Even mild cases of hirsutism may be viewed by the patient and others as a presumptive loss of femininity. In more severe cases, hirsutism can be a serious cosmetic problem. In a study of 171 female students of State Medical and Pharmaceutical University of the Republic of Moldova "Nicolae Testemitanu", have determined the presence of hirsutism in 17.54% (30 students), of which, only 10 students know that suffering from a disease with high androgen levels, among which, 47.05% (8 cases) had polycystic ovary syndrome, 5.88% (1 case) congenital adrenal hyperplasia, 5.88% (1 case) adrenal tumor and ideopathic hirsutism is 41.17% (7 cases). Also, have been revealed an insufficient level of knowledge among female students in hirsutism.

Uterine Artery Embolisation in the Treatment of Uterine Myoma

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The objective of the study was to demonstrate the efficiency of uterine arteries embolisation in the treatment of uterine myoma (reduced size nodules, symptoms, menstrual regulation). As methods was used a retrospective study was performed in 30 patients, aged 35-45 years, admitted in the Republican Hospital in 2004-2007 with a diagnosis of uterine myoma and clinical (menorrhagia, dysmenorrhea, abdominal pain, pelvic pain, dysuria, constipation). Patients were performed: Ultrasound of the internal organs until and after the uterine arteries embolization (6 months), endometrial biopsy with morfohistological examination, examination of the sexually transmitted infections. Myomas nodules sizes were: 7% \pm 10 cm, 27% \pm 9cm, 17% \pm 7 cm, 30% \pm 5 cm, 20% \pm 3 cm. The results of the study showed that in 96.7% of patients (26) reduced the size of myomas nodules, had improved symptoms, menstrual cycle was set. In the group of patients with nodules of 2-6 cm (67%) as a result of the embolisation nodules completely disappeared over a year. Nodule size larger than 6 cm or shrink by more than $\frac{1}{2}$, need a conservative myomectomy. At 3.3% of patients (1) amenorrhea has been installed at 3 months after surgery. At 6.6% of patients (2) soon after intervention were born. As a conclusion we mention that the study showed that UAE is an effective way, no treated case was not finished with a hysterectomy. Menstrual function was preserved in 96.7% cases, 2 patients recovered and reproductive function. The method is final if nodules smaller than 6 cm or submucosa as transvaginal abolition or necrotizing. If nodules $>$ 6 cm embolisation method only reduces them and is less bloody conservative myomectomy.