

**Introduction.** International studies suggest that between 15 to 95% of post-pubertal adolescent girls endure dysmenorrhea. The diagnosis of dysmenorrhea is clinical, but nowadays, there is no uniformity in the diagnostic process with adequate measurements tools, that allow classification of dysmenorrhea severity. It is obvious, that management of menstrual pain is optimized if the pain is assessed with the appropriate measuring tool.

**Aim of the study.** To evaluate existing practices in measuring menstrual pain in adolescent girls and establish the feasibility of using the WaLIDD score to diagnose dysmenorrhea among post-pubertal adolescents.

**Materials and methods.** Were used following materials and methods: literature review in the area; secondary data analysis, using SSPS 11 statistical tools, from Research Project on psycho-sexual development and gynaecological pathology of adolescent girls (based on interviewing by semi-structured questionnaire, including variable related menstrual pain rating by Visual Analogue Scale (VAS) 115 adolescent girls 15-18 years old who visit Youth Friendly Health Centers (YFHCs) for different reasons; in-depth interviews with 10 doctors gynaecologists from YFHCs and 1 Focus Group with adolescent girls (15-18 years old) to evaluate feasibility for applying WaLIDD scale in practice of youth friendly health services.

**Results.** 75% of 15-18 years old adolescents' girls who visit Youth Friendly Health Centers in Moldova for different reasons reveal menstrual pain. Pain with moderate to severe intensity had 47.8% of respondents, and intensity from very strong to extremely strong and unbearable was reported in 8.7% of cases. 28.7% from adolescent girls with menstrual pain take monthly different pain killers, with the effect of which they are not satisfied. Analyse of current practice in adolescent gynaecological care in Republic of Moldova, present that commonly menstrual pain severity is evaluate verbally without clear rating score, just in few cases is used VAS and/or verbal rating score. Latest data suggest to use a new multi-dimensional tool in assessing menstrual pain - working ability, location, intensity, days of pain in dysmenorrhea (WaLIDD). Gynaecologists from YFHCs perceived WaLIDD tool as quiet new one, informative, easy to apply and helpful for better management plan of dysmenorrhea. They show readiness to apply it in daily practice. Adolescent girls mentioned that for them use of self-administrated visual tools, like WaLIDD is more easy and affordable than existing practices and they are ready to use it.

**Conclusions.** The WALIDD scoring tool could be categorized as the most appropriate tool in the diagnosis severity of dysmenorrhea in adolescent girls. It is well accepted by gynaecologists form YFHCs and by adolescent girls beneficiaries and can be recommended to be used in daily practice.

**Key words:** dysmenorrhea, adolescent girls, Visual Analogue Scale (VAS), WALIDD.

## 197. THE USE OF METHOTREXATE IN ECTOPIC PREGNANCY

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**Introduction.** Ectopic pregnancy is one of the major emergencies in obstetrics and gynecology, being associated with a high rate of intra-abdominal bleeding if it is not diagnosed in a timely manner and is not subject to proper management.

**Aim of the study.** To determine the effectiveness of Methotrexate in the treatment of ectopic pregnancy and which are the  $\beta$ -HCG values to which it has the highest sensitivity.

**Materials and methods.** A retrospective study was conducted during 2016-2019, in which we found out 320 cases, of which 45 cases were treated with Methotrexate solution - a single dose. Inclusion criteria was :  $\beta$ -HCG  $\leq$  5000 mIU / mL in tubal pregnancy with gestational sac diameter  $\leq$  4 cm, lack of cardiac activity and no free fluid in Douglas space; Patients with  $\beta$ -HCG  $\geq$  5000 mIU / mL and gestational sac diameter  $\geq$  4cm and presence of cardiac activity were excluded.

**Results.** The success rate from a single dose of Methotrexate represented u = 10 cases - 22.8%, compared with failure u = 35 cases - 77.8%, which required surgery. The average age of the patients was 30 years, including the patients between 18-42 years. The success rate decreased with the older age of the patient. Pregnancies with more frequent occurrence at primiparity 7 cases - 70% and multiparity 3 cases - 30%. The average term of pregnancy at the time of diagnosis 4.3 weeks, p = 0.472. The success rate decreased with the increase of the gestation term. The diameter of the gestational sac was 2.3-4cm, and the success rate decreased in patients with gestational sac greater than 4cm, p = 0.132. The highest success rate was found in patients with a gestational sac of 2-3 cm in diameter - 67.2%. The study showed us a significant difference in the location of the pregnancy, although 56% were pregnancies located on the right (u = 26 patients) and 44% were located on the left (u = 29 patients). The  $\beta$ -HCG value ranged from 329-5200 mIU / mL, with an average of 1234 mIU / mL. Surgery against ineffectiveness required 35 cases (77.85%) that resulted in increased  $\beta$ -HCG or tubal rupture and abdominal pain. All cases u = 35 (77.8%) resulted in surgical laparoscopy. In u = 7 cases, were detected tubal miscarriages performing salpingoplasty as treatment in 20% of cases and in 80% of cases was performed laparoscopic tubectomy.

**Conclusions.** Our study demonstrated a low rate of efficacy of the conservative method of treatment of tubal pregnancy in evolution by administering Methotrexate. The data comes to contradict the beneficial experience and the weight of the success cases offered by the specialized literature in the conduct of patients with this pathology. If we strictly adhered to the inclusion criteria and the protocol of administration, it would be interesting to carry out an evaluation of the pharmacokinetics of the indigenous Methotrexate production preparation.

**Key words:** Methotrexate. Ectopic. Pregnancy. Pharmacokinetics.

## 198. HYSTEROSCOPY FINDINGS IN RECURRENT IN-VITRO FERTILISATION FAILURE

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**Introduction.** In vitro fertilization (IVF) has become a standard treatment for infertile couples. Increased success rates obtained over the years have resulted primarily from improved embryo quality, but implantation rates still remain lower than expected. The uterus, an important player in implantation, has been frequently neglected. While a number of uterine pathologies have been associated with spontaneous abortions, infertility and recurrent IVF failure.

**Aim of the study.** To evaluate the role of hysteroscopic endometrial cavity evaluation and management prior to IVF in patients with repeated implantation failures.