Study's objective: The importance of rational use of antibiotic prophylaxis in cesarean delivery, avoiding polypragmasy.

Materials and methods: A retrospective study was performed in municipal hospital Nr1, Chisinau, in three obstetrics sections (530 cases) according to questionnaire that includes specific indicators of puerperal infection and medical cards.We divided the total number of cases in two groups: first group includes women who received one dose of cephalosporin antibiotic before skin incision or after umbilical cord clamping (109 cases); in the second group are women who received several doses of antibiotics (421 cases). Statistical analysis was performed in Microsoft Excel. The data mean average value ± standard error. The veracity of difference was assessed according to criteria Student, truthful the difference $p \leq 0.05$.

Discussion results: 16.16%±1,17ES of women in the first group showed in the first 5 days after birth, any signs of infectious complications like increasing temperature, leukocytosis, redness or wound suppuration, wound's abscess. These indices were recorded in the second group in 15.81%±0,56ES cases. Analyzing group I, 13.79% ±0,31ES of women who received a single dose of antibiotic 15- 60 minutes before skin incision, submitted evident signs of local infection and 17, 43%±1,05ES of those who received a single dose of antibiotic after umbilical cord clamping.

These data confirm that preoperative administration of a single antibiotic does not increase the rate of puerperal infection.

Conclusion: For the prevention of puerperal infections after an uncomplicated cesarean delivery we should use a single dose of cephalosporin (Cefazolin 1g, intravenously) administered with 15-60 minutes before skin incision.

Key Words: caesarean delivery, puerperal infection, antibiotic prophylaxis, polypragma

155. THE USE OF METHOTREXATE FOR TUBAL ECTOPI C PREGNANCY

Mihail Surguci, Tatiana Pascaru

Nicolae Testemitanu State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Ectopic pregnancy is a severe gynecological emergency, which can be fatal in case of not having a correctly and quickly established diagnosis, as well as an appropriate intervention. According to the data of literature, the incidence of ectopic pregnancy has significantly increased over the last 20 years, it ranks the top in the structure of the acute gynecological diseases, constituting about 47%. Approximately 95-96% of ectopic pregnancy are implanted in different segments of the fallopian tubes (ampullary, isthmus, pavilion, interstitial) and more frequently in the ampullary portion.

Results. Methotrexate is the first drug that was prescribed for the treatment of tubal ectopic pregnancy without surgery. It is still the mostly used today. Medicinal treatment with methotrexa te is indicated to the patients with uncomplicated ectopic pregnancy, hemodynamically stable, with an initial level of β-HGC <5000 IU / L, inactivity of fetal heart, the diameter of the fetal egg of <3.5 cm and having minimal symptoms.

About 35% of women with ectopic pregnancy will meet the criteria for a medicinal treatment. For these women, the treatment with variable-dose of methotrexate therapy is as effective as laparoscopic salpingectomy.

Conclusions. Medical treatment with methotrexate is of less efficacy than surgical treatment, but its low cost and good effect on life quality in patients, makes it a good therapeutic option in treatment of tubal ectopic pregnancy.

Although the frequency of ectopic pregnancy has increased in the last 20 years, due of modern and affordable methods of diagnosis and treatment mortality has decreased.

Key words. Tubal ectopic pregnancy, methotrexate, treatment.

156. BIRTH AFTER IVF: CAESAREAN ONLY ?

Radu Suzana Ina, Miruna Roxana Dandu, Smaranda Elena Popa, Mihai Stanca

Scientific adviser: Dr. Molnar Varlam Claudiu , Lecturer, University of Medicine and Pharmacy Targu Mures, No I Obstetrics and Gynecology Clinic, Targu Mures , Romania

Introduction: Assisted reproduction technology (ART)represents a current problem in the treatment of couple sterility (feminine and masculin). In vitro fertilization (IVF) is an advanced method within human assisted reproduction. Being fond of this issue I have initiated this study.

Object*:* The identification of birth assistance modality at the after IVF pregnant women in the casuistry of Clinica Obstetrica – Ginecologie I, Targu Mures

Materialy and methods*:* The work represents a retrospective analytical study during the period between 01.01.2013 – 31. 01.2013 on the casuistry of SCJU Mures, No I Obstetrics and Gynecology Clinic.The inclusion criteria is formed by the assisted birth at No I Obstetrics and Gynecology Clinic,Targu Mures, during birth obtained with IVF. Their report was made at the total number of birth during the year 2013, depending on some parameters: total births 2013*:* 1095*;* total births at term*:* 916*;* total premature: 179*;* total vaginal births: 616*;* total caesarean births: 479. After IVF*:* total births: 13*;* total births at term*:* 6*;* total premature: 7*;* total vaginal births*:* 1*;* total caesarean births*:* 12. Inclusion criteria: after IVF and assisted birth at No I Obstetrics and Gynecology Clinic, Targu Mures.

Results: From the total number of births after IVF*:*: 7,69 % vaginal births; 92,30 % caesarean births; 46,15 % at term; 53,84 % premature. Caesarean indications because of obstetrical causes: 6 (50%) and human assisted reproduction (IVF)*:* 6 (50%). The rate of vaginal births after IVF: 7,69 % from the total number of assisted birth during the period of the study.

Conclusions: 1.In the study group, the caesarean birth represents a rule almost. 2. The rate of vaginal births with IVF ist lower despite the multiple services dedicated to this problem 3.The prematurity ist higher possibly because of the multiple pregnancy.