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ENDOMETRIOSIS AND APPENDICITIS

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Introduction: Endometriosis is a common condition that can affect up to 15% of women of childbearing age. Women with endometriosis have multiple surgeries due to algic syndrome, infertility, endometriomas and adherence, one of the pathologies is also appendicitis. The risks and benefits associated with an elective coincidental appendectomy should be considered.

Aim of study: Assessing the incidence of appendicitis in patients with different forms of endometriosis compared to patients without endometriosis.

Material and methods: In a retrospective study, data were obtained by chart review of an internal database for women who had endometriosis. We analyzed 318 women with endometriosis and infertility and 150 women with infertility who underwent diagnostic laparoscopy for 3 years (2014-2016). We compared the rate of endometriosis of the appendix in women who were diagnosed with deep infiltrating endometriosis (DIE), superficial endometriosis, or no endometriosis.

Results: Endometriosis was diagnosed for 318 women, 165 (51,88%) had deep endometriosis and 153 (48,11%) superficial endometriosis. The prevalence of AppE was 23,27% (74/318) overall; 18 (11,76%) of 153 women with superficial endometriosis and 56 (33,93%) of 165 with DE were affected. The prevalence of Appendicitis in control group is 4,6 % (7/150). Frequency of AppE was increased among women with DE, abnormal appendix appearance, and surgical indication (all $P < 0.001$). Women with DE had a higher risk of AppE compared with women without endometriosis, controlling for appendiceal appearance and surgical indication, and a higher risk of AppE compared with those with superficial endometriosis

Conclusion: The study demonstrated the need to check the appendix in patients with endometriosis, particularly those with deep ovarian endometriosis on the right (endometrium on the right), and its removal during endometriosis surgery, which would reduce the need for repeated surgery 5 times compared to patients without endometriosis. Women with DE have increased risk of AppE. Coincidental appendectomy should form part of complete endometriosis excision for these patients.

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OXIDATIVE STRESS IN EVOLUTION OF ENDOMETRIOSIS

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Spreading of endometriosis is succeeded by the destructive processes in myocytes membrane, in the myometrium connective tissue and also by the activation of lipid peroxidation processes.

Objectives: the purpose of this work was to estimate the oxidative stress degree in patients with adenomyosis and to determine the oxidant/antioxidant potential of different treatment methods.

Materials and methods: There was investigated 130 patients with adenomyosis in different stages of the disease, which were administered different methods of treatment. The oxidative stress degree was estimated by determining lipid peroxidation (POL) final product (malonic dialdehyde (DAM)), the serum antioxidant activity (AAO) and the enzymes: superoxide dismutase (SOD), catalase, and glutathione peroxidase (GP), and then calculated the antioxidant activity index AAO/DAM.

Results: DAM dynamics is correlated with severity of the disease, and in 4th stage it exceeds almost twice ($p < 0,01$) the physiological normative in Republic of Moldova (4, 56±0, 09 nmol/l). The antioxidant activity index marks a similar tendency, and this activity is suppressed as the disease progresses, in the 4th stage reaching 54, 83±0, 80% comparing with the tolerable normative 74,28±0,48% ($p < 0,01$)

Conclusions: The antioxidant protection index AAO/DAM, which has been calculated in this work, can serve as a supplementary preclinical criterion to objectivize the adenomyosis severity, to predict the disease evolution and treatment efficacy. Hysterectomy- a radical method of treatment, changes the AAO/DAM index, but in the same time it remains 2 times below the tolerable normative, persisting the risk of progression of the pathologic process, of spreading or malignization.