

CONVERSION TO HYSTERECTOMY DURING ORGAN-PRESERVING OPERATION FOR UTERINE FIBROIDS

Madan Diana, Misina Liudmila, Misina Ana

Academic adviser: Gladun Eugen, M.D., Ph.D., Professor, State Medical and Pharmaceutical University “Nicolae Testemitanu”, Chisinau, Republic of Moldova.

Introduction: Uterine fibroids are the most common benign tumors in the female reproductive tract during the reproductive period. Among the options of the treatment spectrum, myomectomy is always considered one of the best choices in the management of women with symptomatic uterine fibroids who wish to preserve future fertility. The risk factors for conversion to subtotal hysterectomy during organ-preserving operations are under evaluation.

The aim: The goal of this study was to demonstrate a retrospective review of incidence and indications to conversion to hysterectomy during organ-preserving operation for uterine myomas.

Materials and methods: 341 patients were subjected to organ-preserving operations for uterine myomas from 1994 to 2011. The mean age was 33.2 ± 0.3 (it ranged from 17 to 53 years). The myoma size was 11.5 ± 0.2 (from 4 to 24 weeks). Indications for surgical treatment represented: metrorrhagies 31,8% (n=109), pain 32,9% (n=112), progressive myoma growth 19,7% (n=67). Sterility 12,6% (n=43), preparing to IVF 0,9% (n=3).

Results: The number of enucleated fibroids ranged from 1 to 26 (mean 2.6 ± 0.2). Conversion to subtotal hysterectomy was done in 3 cases (0,9%), because of diffuse leiomyomatosis. There was no conversion because of surgical techniques.

Conclusions: This study demonstrates that diffuse leiomyomatosis is the main indication for subtotal hysterectomy during organ-preserving operations for uterine fibroids.

Key words: uterine fibroids, leiomyomatosis.

PRENATAL RUPTURE OF MEMBRANES. PERINATAL OUTCOMES, ETIOLOGICAL FACTORS, MODERN METHODS

Berdisugirova S., Amaniyaz S.

Academic adviser: Karimova B., M.D., Ph.D. Associate Professor, West Kazakhstan State Medical University “Marat Ospanov”, Aktobe, Kazakhstan

Introduction: Prenatal rupture of membranes is currently the most common disease of pregnancy and it is dangerous for both mother and fetus. The three main causes of neonatal mortality associated with prenatal rupture of membranes are the following: prematurity, sepsis, and pulmonary hypoplasia. The risk for the mother is associated primarily with chorioamnionitis.

Purpose: To evaluate the perinatal outcome, etiological factors in prenatal rupture of membranes and effectiveness of modern management.

Materials: We performed a retrospective analysis of 65 medical health records from the Regional Perinatal Center in the city of Aktobe. Age ranged from 18 to 42 years.

DIOV reasons were the following: a history of chronic endometritis for 3-6 years -19 women (19%), due to the previous prenatal rupture of membranes at delivery - 6 Women, 6 (%) due to an abortion - 48 women (48%), due to genital infections - 17 women (17%), due to extragenital disease - 10 (10%).

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

Kadrushev M., Kabylova K., Sarbaev N., Serikbayeva A., Belyaev M.

Academic adviser: Sakieva K., M.D., Ph.D., Associate Professor, West Kazakhstan State Medical University "Marat Ospanov", Aktobe, Kazakhstan

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

Misina Liudmila, Misina Ana

Academic adviser: Gladun Eugen, M.D., Ph.D., Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

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.