acquisition of endometrial receptivity. However, pathological modification of its profile is associated with poor reproductive outcomes.
Key words: endometrium, microbiome, infertility.

87. THE USE OF LAST MENSTRUAL PERIOD AND THE LEVEL OF HUMAN CHORIONIC GONADOTROPIN AS SINGLE METHODS TO DETERMINE THE GESTATIONAL AGE BEFORE MEDICAL ABORTION

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Introduction. Most doctors prefer to make a pelvic examination or an ultrasound before abortion to estimate gestational age, which increases the cost and time for medical abortion and can be provided only by certified obstetrician gynecologists.
Aim of the study. To evaluate the certainty of women about their last menstrual period, to determine the gestational age and its correlation with the level of human chorionic gonadotropin, the safety of providing a medical abortion within less than 56 days without a prior pelvic examination and ultrasound.
Materials and methods. We conducted a retrospective study in which the last menstrual period of 150 women was evaluated. We have also determined the levels of human chorionic gonadotropin with a semi-quantitative pregnancy test in five concentration ranges: 25 mIU/ml, 100 mIU/ml, 500 mIU/ml, 2000 mIU/ml și 10000 mIU/ml and correlated the results with gestational age. Usually, the level of human chorionic gonadotropin at a gestational age of 8 weeks is less than 10000 mIU/ml and at the age of 10-12 weeks is more than 10000 mIU/ml. We have assessed the possibility of excluding pelvic examination and ultrasound for evaluation of gestational age by determining the efficacy of medical abortion and the complications that appeared.
Results. Out of 150 women seeking medical abortion, 149 (99.33%) were sure of their last menstrual period and only one patient, 0.67%, could appreciate the date of the unprotected sexual contact; 53.4% women had a gestational age of 4-5 weeks; 45.4% had 6-7 weeks and 1.2% had a gestational age of 8 weeks. Out of women with a gestational age of 4-5 weeks, 92.5% had the level of human chorionic gonadotropin of 500 mIU/ml; 5% had 100 mIU/ml; 1.25% had a value of 100 mIU/l and 1.25% had the level of 2000 mIU/ml. In the group of women with a gestational age of 6-7 weeks, 95.6% had the level 500 mIU/ml; 3% - 2000 mIU/ml, and 1.4% had the value of human chorionic gonadotropin of 100 mIU/ml. In women with 8 weeks of pregnancy only one woman, 50% had the level of human chorionic gonadotropin 500 mIU/ml and 50% had 2000 mIU/ml. No woman had a value of human chorionic gonadotropin over 10000 mIU/ml, which indicates that no woman had a gestational age over 10 weeks of pregnancy. The efficacy of medical abortion was 98.64 % and only 1.36% of women had complications, incomplete medical abortion and there were no suspicions that any woman had a gestational age over 9 weeks.
Conclusions. Last menstrual period and the level of human chorionic gonadotropin are sufficient to determine the gestational age and to provide a safe medical abortion without pelvic examination and ultrasound.
Key words: last menstrual period, human chorionic gonadotropin, medical abortion

88. PREMATURE RUPTURE OF MEMBRANES IN PRETERM BIRTH: RISK FACTORS AND PERINATAL OUTCOMES

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Introduction. Premature rupture of membranes (PROM) refers to rupture of the fetal membranes prior to the onset of labor irrespective of gestation age. PROM represents a serious problem of modern obstetrics. In 25-38% of cases premature birth is preceded by PROM, which contributes to the increase of perinatal morbidity and mortality in 30% of cases. One of the most difficult issues in the management of a pregnancy with PROM is the correlation between the risk infection in the case of prolonged pregnancy and the risk of prematurity due to delivery.
Aim of the study. To assess the risk factors for the onset of premature rupture of the membranes and their relationship to perinatal outcomes, depending on the management.
Materials and methods. A retrospective study of 100 clinical cases was conducted. They were divided into 2 groups: the 1st group included 60 cases of preterm births complicated by PROM with a long anhydrous period and the use of expectant management. Control group (II) included 40 cases of PROM with the use of active management. The study was conducted in the Municipal Clinical Hospital Nr.1, Chisinau. The results were processed in SPSS 16 and Microsoft Excel 2010.
Results. We identified the risk factors for the development of PROM. The most significant of them were: mother's age 29.36 ± 6.58 years (40%), multipara - the presence of 3 or more pregnancies in anamnesis (46.7%), primiparous (63.3%), complicated obstetric (58.3%) and gynecological (13.4%) anamnesis, nonspecific infections of the genital tract (65%), extragenital pathology (85.2%). Perinatal outcomes in PROM, depending on the expectant management vs active management, were complicated by perinatal mortality of 1.7% vs 38%, indicating a more favorable course of prolonged pregnancy.
Conclusions. Analyzing the results, it was revealed that low level of health in pregnant women and high frequency of obstetrical pathology correlates with unfavorable perinatal outcomes. The recently adopted expectant management in premature labor complicated by PROM, was proven to improve the perinatal outcome.
Key words: premature rupture of membranes, anhydrous period, perinatal outcomes.

89. CORRELATIVE ASPECTS OF OVARIAN RESERVE AND SEVERITY OF POLYCYSTIC OVARY SYNDROME

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Introduction. Polycystic ovary syndrome is primarily diagnosed in the early years of the fertile period. Clinical expressions are variable, and may include oligo/anovulation, hyperandrogenism (clinical or biochemical) and ultrasonographic polycystic ovary signs, according to the Rotterdam criteria. All of these complexes are the cause of anovulatory infertility (Fanchin R1, Schonäuer LM, Righini C, Human Reproduction, 2003, Farquar C., Lilford RJ, Marjoribanks J., Chochrane Database Syst. Rev., 2007) A variety of clinical and experimental studies are directed to the PCOS events. However, the etiology of the syndrome remains obscure, and the variability of phenotypic expression continues to be a challenge both from the clinical and research point of view (Leelan L., Acharya U., J. Obstet, Gynaecol., 2009).