

Conclusions. In our study was found significant increase in the risk for an intrauterine growth restriction, fetal distress and interventional delivery for non-reassuring fetal status if cord abnormality was observed. Therefore, structural lesions of the umbilical cord were associated with several antenatal and neonatal adverse features.

Key words: structural lesions, umbilical cord, adverse features.

195. THE HUMAN ENDOMETRIUM IN PRIMARY INFERTILITY PATIENTS

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Introduction. Endometrial dysfunction represents the morpho-functional changes of the endometrium, which can be reversible or irreversible, based on disruption in molecular mechanisms that lead to infertility, embryo implantation disruption or embryo death.

Aim of the study. Evaluation of clinical and morphological particularities of endometrial dysfunction in patients with primary infertility.

Materials and methods. We provided a prospective study, which included 96 patients divided into 2 groups. The study group included 48 patients with primary infertility and the control group: 48 fertile patients. In both groups we performed endometrial biopsy in the proliferative phase with Pipelle endometrial suction curette. The study was approved by the Research Ethics Committee of the State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova (No. 79/62 of 26.04.2017). Patients have signed informed consent to participate in the research. All data management and analyses were performed using SPSS 20 and Microsoft Excel 2016.

Results. The mean age in the study group was 29.0 ± 4.58 and in the control group 29.2 ± 4.29 ($p = 0.801$). The analysis of gynecological pathologies that had an impact on the patient included in the study showed that: the pathology of the fallopian tubes were found in L1 68.8% ($n = 33$) vs L0 0% ($n = 0$), $\chi^2 = 50,286$; $p \leq 0,001$, the ovary pathology was reported by patients in L1 in 52.1% ($n = 25$) versus L0 in 8.3% ($n = 4$), $\chi^2 = 21.789$; $p < 0.001$, uterine pathology L1 16.7% ($n = 8$) vs. L0 2.1% ($n = 1$), $\chi^2 = 6.008$; $p = 0.014$. Inflammatory changes in the endometrium at histological examination were in L1 79.2% ($n = 38$) vs L0 31.3% ($n = 15$), $\chi^2 = 22.238$; $p \leq 0,001$.

Conclusions. Primary infertility patients have an increased incidence of chronic salpingitis, hydrosalpinx, adhesions and endometrial dysfunction.

Key words: primary infertility, endometrial dysfunction, microbiome.

196. USE OF VISUAL PAIN RATING TOOLS IN DIAGNOSYS OF DYSMENORRHEA IN ADOLESCENT GIRLS

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