

among women who delivered the female child. Obstetric Factors can include pregnancy related complications such as preeclampsia, hyperemesis, premature contractions as well as delivery related complications, such as emergency / elective caesarean, instrumental delivery, premature delivery and excessive bleeding intrapartum Life Events The relationship between life events and the onset of depression is well established (Brown & Harris, 1978). Experiences such as the death of a loved one, relationship breakdowns or divorce, losing a job or moving home are known to cause stress and can trigger depressive episodes in individuals with no previous history of affective disturbance. Hopkins, Campbell and Marcus (1987) found no association between life events and postpartum depression. At least two other large studies have not found an association between life events and postpartum depression (Holmes et al., 1967; Kumar et al. Hopkins, Campbell and Marcus (1987). Social Factors refers to emotional support, financial support, intelligence support, and empathy relations.

Conclusions. In summary many biological factors are involved in the incidence or prevention of postpartum depression through direct and indirect impact on the level of serotonin in the brain and its function. The evidence suggests that obstetric factors make a small but significant contribution to the development of postpartum depression. Despite the fact that most of the studies were prospective, self reported, multi site sampling with large sample sizes, the timing of the evaluation of postpartum depression differed between studies, there is evidence that low socioeconomic status has a small effect on the development of postpartum depression. However, one of the methodological limitations in the literature is the different criteria used to determine indicators of 'low income'. Social support, as it is manifest during pregnancy, is a relatively potent risk factor for postpartum depression, particularly in the form of high levels of depressive symptomatology. Although the role of vitamin D in postpartum depression is appreciated by some authors as a strong one, however, there are few studies that would demonstrate the role of vitamin D in postpartum depression, that's why we decided to determine the incidence of postpartum depression in Republic of Moldova and the role of vitamin D in postpartum depression.

Key words: postpartum depression, risk factors

190. INTRAHEPATIC CHOLESTASIS OF PREGNANCY: REVIEW OF THE LITERATURE

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Introduction. Intrahepatic cholestasis of pregnancy (ICP) is a liver disease, which complicates 0.5-1% of all pregnancies, associated with raised serum levels of bile acids and increased rates of adverse fetal outcomes. ICP is described as pruritus in pregnancy as a main symptom.

Aim of the study. To highlight the importance of epidemiological aspects of intrahepatic cholestasis of pregnancy.

Material and method. All relevant information was obtained from literature review from the open access databases.

Results. Recent studies suggest that the prevalence of ICP ranges from 0.5 to 1.0% in global population, although its incidence varies with ethnic subgroups and geographical distribution. Rates of obstetric cholestasis are high in South America, especially in Chile, with a reported prevalence rate of 12.6-22.1% depending on the ethnic population. Also, these rates have fallen

to 1.5% - 4% in recent studies, possible due to changes in diagnostic criteria. Higher rates in Araucanian Indian origin women living in Chile were identified. The incidence of ICP in U.S.A is about 0.3%, based on a small number of studies. At the same time, recent study on a Latina population in Southern California determined a prevalence in this ethnic subgroup of 5.6%, which is considerably higher than previously reported. The incidence of ICP in Europe is lower - 1% ranging insignificantly for many years. It is more common for Finland, Sweden and Portugal population, where incidence of ICP varies between 1 and 2%, comparing with France, where prevalence has been reported to be around 0.2%. At the same time it has been reported an overall incidence of 0.7% in the South Birmingham area of UK. In this study, it was found a significantly higher incidence of ICP in Asian women of Pakistani (1.46%) and Indian (1.40%) origin. A retrospective clinical audit review undertook in Australia, sample size - 43 557 pregnancies reported the overall prevalence of ICP being 0.7% (319 cases). Also high rates of ICP in Caucasian (53.6% cases) and South Asian (22.6% cases) ethnicity were registered. In general, population a higher incidence is observed in twin pregnancies (20%-22%) and in women who took in vitro fertilization medication (2.7% vs 0.7%). At the same time, authors suggest that obstetric cholestasis is more common in women over the age of 35 years.

Conclusions. Despite the fact that the global incidence of ICP is up to 1% the researches presented in this review draw special attention to wide variation due to different geographical location and ethnicity, further research is needed with detection of patients at high risk.

Key words: ICP, intrahepatic cholestasis of pregnancy

191. OVARIAN TUMORS IN MAYER-ROKITANSKY-KÜSTER-HAUSER: A CASE SERIES

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Background. Mayer-Rokitansky-Küster-Hauser syndrome (MRKH) presents a multiethiological congenital abnormality of Müllerian's ducts and it is characterized by: agenesis of the 2/3 superior part of vagina and uterine anomaly, functional and normally developed ovaries and fallopian tubes and normal secondary sexual characteristics and female karyotype. Ovarian tumors in case of this syndrome are very rare, being described in literature as unique clinical cases.

Case report. Case #1: A 35 y.o. woman with MRKH syndrome was admitted to institute with lower abdominal pain and deep dyspareunia. Her previous gynecological history included the creation of a peritoneal neovagina (Davydov's procedure) 10 years earlier. Exploration of the abdomen: a huge (20x15x10.5 cm), solid and lobular tumor of the left ovary; the band-like uterus and a normal right ovary. Laboratory studies revealed an elevated CA 125 (127 U/ml) and β -hCG (53 mIU/ml). Resection of the mass, bilateral salpingo-oophorectomy, and omentectomy were performed. Microscopic examination of surgical specimen confirmed the diagnosis of dysgerminoma. The postoperative recovery was uneventful and four courses of chemotherapy were performed. Case #2: A 38 y.o woman with history of MRKH syndrome and Davydov's procedure 17 years earlier, was admitted to hospital with constant lower