

**Aim of the study.** To determine the effectiveness of Methotrexate in the treatment of ectopic pregnancy and which are the  $\beta$ -HCG values to which it has the highest sensitivity.

**Materials and methods.** A retrospective study was conducted during 2016-2019, in which we found out 320 cases, of which 45 cases were treated with Methotrexate solution - a single dose. Inclusion criteria was :  $\beta$ -HCG  $\leq$  5000 mIU / mL in tubal pregnancy with gestational sac diameter  $\leq$  4 cm, lack of cardiac activity and no free fluid in Douglas space; Patients with  $\beta$ -HCG  $\geq$  5000 mIU / mL and gestational sac diameter  $\geq$  4cm and presence of cardiac activity were excluded.

**Results.** The success rate from a single dose of Methotrexate represented  $u = 10$  cases - 22.8%, compared with failure  $u = 35$  cases - 77.8%, which required surgery. The average age of the patients was 30 years, including the patients between 18-42 years. The success rate decreased with the older age of the patient. Pregnancies with more frequent occurrence at primiparity 7 cases - 70% and multiparity 3 cases - 30%. The average term of pregnancy at the time of diagnosis 4.3 weeks,  $p = 0.472$ . The success rate decreased with the increase of the gestation term. The diameter of the gestational sac was 2.3-4cm, and the success rate decreased in patients with gestational sac greater than 4cm,  $p = 0.132$ . The highest success rate was found in patients with a gestational sac of 2-3 cm in diameter - 67.2%. The study showed us a significant difference in the location of the pregnancy, although 56% were pregnancies located on the right ( $u = 26$  patients) and 44% were located on the left ( $u = 29$  patients). The  $\beta$ -HCG value ranged from 329-5200 mIU / mL, with an average of 1234 mIU / mL. Surgery against ineffectiveness required 35 cases (77.85%) that resulted in increased  $\beta$ -HCG or tubal rupture and abdominal pain. All cases  $u = 35$  (77.8%) resulted in surgical laparoscopy. In  $u = 7$  cases, were detected tubal miscarriages performing salpingoplasty as treatment in 20% of cases and in 80% of cases was performed laparoscopic tubectomy.

**Conclusions.** Our study demonstrated a low rate of efficacy of the conservative method of treatment of tubal pregnancy in evolution by administering Methotrexate. The data comes to contradict the beneficial experience and the weight of the success cases offered by the specialized literature in the conduct of patients with this pathology. If we strictly adhered to the inclusion criteria and the protocol of administration, it would be interesting to carry out an evaluation of the pharmacokinetics of the indigenous Methotrexate production preparation.

**Key words:** Methotrexate. Ectopic. Pregnancy. Pharmacokinetics.

## 198. HYSTEROSCOPY FINDINGS IN RECURRENT IN-VITRO FERTILISATION FAILURE

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**Introduction.** In vitro fertilization (IVF) has become a standard treatment for infertile couples. Increased success rates obtained over the years have resulted primarily from improved embryo quality, but implantation rates still remain lower than expected. The uterus, an important player in implantation, has been frequently neglected. While a number of uterine pathologies have been associated with spontaneous abortions, infertility and recurrent IVF failure.

**Aim of the study.** To evaluate the role of hysteroscopic endometrial cavity evaluation and management prior to IVF in patients with repeated implantation failures.

**Materials and methods.** We retrospectively studied 564 office hysteroscopies in patients with infertility and repeated IVF failure. Hysteroscopy was performed with a standard sequence, inspecting the endocervical canal, uterine cavity, endometrium, and tubal ostia. Findings were recorded using a standard report.

**Results.** Normal hysteroscopic findings were reported in 388 women (68.7%). The other 176 (31.3%) were with abnormal hysteroscopy. The most common reported hysteroscopic abnormality was endometrial polyp 35,2% (62/176), followed by intrauterine adhesions 29,0% (51/176), chronic endometritis 25,0% (44/176), endometrial hyperplasia 5,6% (10/176) and Müllerian anomalies 5,1% (9/176).

**Conclusions.** Patients with recurrent IVF embryo transfer failures should be reevaluated using hysteroscopy prior to initiating further IVF embryo transfer cycles in order to increase the clinical pregnancy outcome. Moreover, hysteroscopy should be considered as a crucial component for evaluation of infertile women with recurrent implantation failure.

**Key words:** Hysteroscopy; Infertility; IVF failure.

## 199. SURGICAL MANAGEMENT OF GIANT UTERINE LEIOMYOMA

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**Background.** Uterine leiomyoma is the most common benign tumor encountered in female genital pathology. It originates from the level of the smooth muscle tissue, and from the morphological point of view, the tumor is well delimited, being surrounded by a pseudocapsule. Etiology is represented by a factors such as, genetic predisposition, sexual steroids and a number of growth factors with role in the processes of angio- and fibrogenesis which are the basis of this pathology, being found in 40-50% of the cases at the age of over 35 years.

**Case report.** We present the case of a 46-year-old patient who, following a CT scan performed for diffuse abdominal pain and intestinal transit disorders, showed a dense bulky tumor formation, with multiple hyperdense inclusions inside and well-defined areas of necrosis, with maximum axial diameters of 133/168/249 mm (LL / AP / CC), having as a starting point most likely the uterine upper pole. A total hysterectomy is performed, with bilateral anexectomy, and the histopathological examination describes a giant subserosal leiomyofibroma of the uterus with signs of hyaline degeneration, left hydrosalpinx with strong stasis of the left tube, follicular hemorrhagic cysts of the left ovary, vascular stasis of the right tube, corpus albicans, corpus fibrosum and hemorrhagic follicular cyst of the right ovary. The objective of this study is to present the surgical management of giant uterine leiomyoma. The patient shows a favorable postoperative evolution and is discharged on 5th day in good general health, hemodynamically and respiratory stable.

**Conclusions.** The annual gynecological screening of female patients leads to the early detection of uterine leiomyomas that can be surgically treated by myomectomy which preserves fertility and avoiding total hysterectomy instead of choosing laparoscopic approach that reduces the days of hospitalization and postop complications.

**Key words:** uterine leiomyoma, myomectomy, total hysterectomy