(45%), termination of pregnancy and its spontaneous interruption in 3 (15%) in contrast to the healthy women whose pregnancy lasted to the birth term.

Thus, the presence of acute or chronic persistent infection in pregnant women is a risk factor for infection of the ovum, embryo and fetus in the early period of its development. The presence of infection in the first trimester of pregnancy leads to a spontaneous abortion, or to embryotoxic and teratogenic damage to the fetus.

Pryimak S. G.

TREATING PREGNANTS WITH PAPILOMAVIRUS INFECTION

Department of Obstetrics and Gynecology
Higher education institution of Ukraine
"Bukovinian State Medical University"

Recently, Ukraine has been an increase in the incidence of cervical carcinoma (cervical cancer) among young women of reproductive age, especially in the group of women younger than 29 years. The mortality rate among women younger than 30 years who suffer from cervical carcinoma is 8,5%.

Algorithm of treating pregnants with virus infection:

Stage I – the examination: Diagnosis and treatment of other infections of genital and vaginal dysbiosis. - Extended colposcopy. Detection of HPV DNA typing. Cytology (PAP test).

Stage II - the definition of tactics: Indications observation: AAH latent form, vestibular papillomatosis. Indications for treatment, genital warts vulva, vagina, cervix. Clinical management of pregnant women with CIN I should wait and controlling dynamic colposcopic and cytological surveillance control, with the final treatment of the cervix after childbirth. If there are signs of PVI and CIN I-III conducted anti-inflammatory treatment, correction of vaginal microbiota then be repeated PAP test. If PVI signs after treatment, CIN II-III in pregnancy or due to deterioration results colposcopic or cytological study shows cervical biopsy with histological examination and consultation oncologist. In identifying CIN III required mandatory consultation of an oncologist, in case of CIN III in II-III trimesters of pregnancy prolongation possible during dynamic cytological and colposcopy control I every 3 weeks with further treatment after delivery. Indications for biopsy of the cervix during pregnancy is abnormal cytological and colposcopic pictures, suspicious for cancer (non-uniform surface ekzofit, erosion or ulceration and atypical vascularization).

Stage III - a comprehensive examination and determine the tactics in the postpartum period on the basis of colposcopy tsytohistolohichniy reassessment of previous data.

The treatment of diseases associated with HPV during pregnancy is necessary to differentiate the testimony at any time, but preferably in the I trimester. Before using destructive methods of treatment recommended to conduct a comprehensive examination, treatment related inflammatory diseases of genitals. The method of choice for the treatment of genital warts in pregnant women is a radio wave therapy and the use of chemical coagulants - solkoderma, trichloroacetic acid. The application of laser therapy, electrocautery, surgical method. Mandatory treatment for PVI in pregnant women is imunokoryhuyucha therapy. Long-term use of interferon (IFN) and their inducers. IFN - endogenous cytokines that have antiviral, antiproliferative and immunomodulating properties. There is evidence of differences in immune response when infected and highly nyzkoonkohennymy types of HPV. In the presence of HPV 16 th - 18 th types of products, a decline of α-and γ-IFN, increased serum IFN spontaneous IFN production, which leads to an imbalance in cellular immunity and, consequently, to severe disease.

During pregnancy used vaginal, rectal and external agents, systemic medications. Interferon held in the second half of pregnancy. Viferon is the best drug for immunotherapy in pregnancy. It contains recombinant α2-interferon and membrane components - α-tocopherol acetate and ascorbic acid. Viferon is an immunomodulator that affects the processes of differentiation, recruitment, functional activity of effector cells of the immune system and the efficiency of the immune antigen recognition and increased phagocytic and cytolytic activity. To prevent the development of phenomena of effector cells refractory to the action of IFN, systemic administration of the drug to be intermittent. In addition, the proven protective efficacy of IFN in diseases caused by intracellular pathogens, parasites (Chlamydia, Mycoplasma, etc.). Obviously, the effect in this case is also associated with suppression of protein synthesis and activation of phagocytosis.

The issue of labor in women with PVI solved individually. Past studies suggest that abdominal delivery does not reduce the risk of fetal infection (N. Sedlachek, Lindheim S. et al., 1989) described cases of children born by Caesarean section with laryngeal papillomatosis.

Because of the high incidence of PVI in pregnant women, participate in HPV carcinogenesis processes needed to optimize preparing women for pregnance, including a comprehensive examination to identify HPV typing of it and treat HPV - associated disease during pregnancy planning.

Semenyak A.V.

PREVENTION OF COMPLICATIONS OF PLACENTA DYSFUNCTION

Department of Obstetrics and Gynecology
Higher State Educational Institution
«Bukovinian State Medical University»

The frequency of placental dysfunction (DP) ranges from 20% to 50% depending on factors that complicate the normal course of pregnancy. Despite the rather large range of drugs used to prevent and treat DP, frequency of

occurrence, the number of complications and the development of adverse side effects in the treatment of DP is not reduced, which requires effective and safe treatment.

An examination and treatment of 50 pregnant women with compensated form of placental dysfunction in 28-34 weeks of pregnancy, which constituted the main group. Treatment was conducted on condition of violation of the synthesis of free estriol and placental lactogen (decrease below the average rate). Indicators of the fetus (cardiotocography, Doppler, fetal biophysical profile) were within acceptable standards.

Pregnant main group was divided into two subgroups - the first subgroup were 25 pregnant women, which was intended the proposed treatment, a second subgroup (subgroup comparisons) were 25 pregnant women who underwent of the traditional treatment with intravenous carrying drugs. To control group consisted of 20 healthy pregnant women without complications related to pregnancy. All pregnant women conducted basic general clinical examination, determine the level of placental lactogen free estriol, ultrasound examination of the fetus, biophysical profile, Doppler, cardiotocography. Pregnant main group first subgroup conducted prevention of complications of placental dysfunction by means of treatment of the underlying disease, and oral assignment α-lipoic acid under the scheme: tiohama one tablet (300-600 mg), 1 per day for 10-14 days, while orally administered drug α-amino-d-acid huanidynovalerianovi scheme: tivortyn - 5 ml 3-4 times a day for 10-14 days to complete periodic pregnancy rates in 7-10 days.

Pregnant main group, the second subgroup prevention of complications of placental dysfunction by means of treatment of the underlying disease and the appointment of α-lipoic acid under the scheme: berlition intravenously 24 ml (600 lU) in 250 mL of 0.9% sodium chloride solution for 5 days or 50 ml tiahama intravenously for 5 days after that tablet form intended for tiohamy 300-600mh 1 per day for 7-10 days while administered tivortyn – per os 5 ml 3-4 times a day. Thus, treatment of pregnant second subgroup main group by different administration, including intravenous solutions and duration of treatment up to two weeks.

Established normalization of placental lactogen and free estriol in pregnant main group first and second subgroups after seven days of treatment and no significant difference when compared with pregnant controls. With further weekly defining levels of hormones placenta the positive dynamics observed in pregnant the first subgroup main group and no significant difference when compared to the control group. Pregnant main group second subgroups there was a progressive decrease placental hormones that differ from similar indicators pregnant control group. Indicators of the fetus (cardiotocography, Doppler, fetal biophysical profile) were within normal limits in both pregnant subgroups main group and did not differ from similar indicators in pregnant control group.

The effectiveness of treatment is not dependent on route of administration of drugs. Prolonged use of drugs by the end of pregnancy, treatment efficiency is higher than treatment for several weeks.

Yurieva L.M.

CURRENT APPROACHES TO LOCAL TREATMENT OF ACUTE CANDIDA VAGINITIS

Department of Obstetrics, Gynecology and Perinatology
Higher State Educational Institution of Ukraine
«Bukovinian State Medical University»

Nowadays acute vulvovaginal candidiasis (VVC) constitutes about 40-50% of the total amount of cases of female reproductive organs infections, and the recurrence (chronic forms) reaches 25%.

Persistent vulvovaginal candidiasis (VVC) is a severe complication of the chronic forms course. One of the factors that stipulate the development of chronic VVC is the etiologic heterogeneity of candidiasis and inefficient use of antifungal drugs.

The topicality is therefore justified by the importance of further research of the "perfect" pluripotent antimycotic preparation for the vaginal treatment in patients with the acute VVC. Broad-spectrum antimycotic Lomexin is an original innovative fenticonazole produced by *Recordati* company (Italy), available as vaginal capsules and vaginal 2% cream. Lomexin fungicidal properties are caused by the harmful influence of fenticonazole on the cell membrane of fungi due to the inhibition of ergosterol biosynthesis and acidic proteases *Candida*, which damage the mucous membrane of the vagina and cause inflammation. The peculiar feature of fenticonazole is to keep fungicidal effect in both acidic and neutral environment in the vagina, unlike the majority of local azoles. Lomexin provides a high concentration of fenticonazole in the vagina, but its low bioavailability (0,6%) provides safety and effectiveness of Lomexin administration for the treatment of acute vulvovaginal candidiasis.

36 gynecological patients constituted the study group aged from 18 to 45 with confirmed diagnosis of acute VVC, which was treated with Lomexin. The medication was administered in the dose of 600 mg per day in the form of vaginal capsules twice in three days. In addition, during the first three days of the therapy 2% cream was applied to the surface of the small and large pudendal lips. In the examined patients bacterioscopic and cytological findings of vaginal secretions were carried out colposcopy was performed, and the clinical symptoms: itching, burning, and dyspareunia and leucorrhoea were also evaluated on a scale of 1 to 3 (poor, moderate and severe) before and during therapy. Catamnesis is investigated with a maximum depth of up to 3 months.

Pharmacotherapeutic features of fenticonazole allowed to achieve optimization of the clinical manifestations of VVC. Among the clinical symptoms of VVC, which were the fastest to undergo regression were burning, leucorrhoea and swelling, mucous hyperaemia, characteristics of which were less than 1 point up to the 3rd day from the beginning of vagina treatment. On the 3rd day of treatment with Lomexin the elimination of fungi was observed in 88,9% of patients, on the 6th day – in 100% of the examined patients. An increase of the number of *Lactobacillus acidofilus* colonies, which is associated with the activation of the typical flora of the vagina after elimination of *Candida* and