



group of 28-30 weeks and 6 days of gestation there were no structural changes of the cervix. At 31-33 weeks and 6 days of gestation similar significant differences were found in the content of IL-8, however, structural changes in the cervix were detected in 66.7%, including premature births in 33.3%. It was found that the level of IL-8 in pregnant women with an increased number of leukocytes in the vagina was lower than in pregnant women with a normal number of leukocytes.

Therefore, women with the risk of preterm birth, regardless of pregnancy, have a significant increase in IL-8 several times, which is caused by an infectious factor. During 31-34 weeks of gestation a significant increase in IL-8 to 30.61 ng / ml indicates the possibility of preterm birth in 33.3%. Elevation of IL-8 in cervical mucus to 33.92 ng / ml in the presence of painful uterine contractions during 22-31 weeks of gestation is preceded by structural changes in the cervix.

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POLYCYSTIC OVARY SYNDROME IN THE OLDER WOMAN

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The polycystic ovary syndrome (PCOS) is the commonest endocrine condition among women in their reproductive years. It presents with variable clinical features and has a heterogeneous endocrine profile. PCOS usually presents with a patient complaining of reproductive symptoms such as hirsutism, menstrual disorders or infertility, but already at a young age there is evidence of metabolic disturbances. It is the metabolic dysfunction which poses a considerable health risk to women in their later decades.

Studies which have tried to assess the prevalence of PCOS have demonstrated polycystic ovaries, as assessed on ultrasound, in some 20-22% of women. Not all of them will develop PCOS as it only occurs in some 5-10% of women of reproductive age. Long term follow up is essential because of the possibility of ongoing metabolic disorders which may impact the health of affected women in later life. These include disorders of glucose tolerance and cardiovascular function.

It is difficult to determine why a woman with polycystic ovaries eventually develops PCOS. PCOS tends to cluster in families and it is therefore likely that there is a genetic element to this condition. In the debate between inheritance versus adverse environment, it is recognised that the environmental impact on the development of PCOS is very important. Intra-uterine stressors, events in childhood/puberty and the impact of obesity in adulthood may all influence the development of PCOS. In short, the metabolic environment may impact upon a woman's genetic predisposition and result in the development of PCOS.

There is considerable evidence that women with PCOS may later develop dyslipidemia, impaired glucose tolerance (IGT) or type II diabetes, the metabolic syndrome and ultimately these impact on cardiovascular disease. Both the diabetic related conditions and the cardiovascular factors result in an increased risk for cardiovascular disease and long term morbidity. There is considerable information in the literature about the possible impact of PCOS on late onset disease.

In conclusion, PCOS remains a challenge and a fascinating condition. While most patients present in their reproductive years, often because of menstrual abnormalities or infertility, many only present in their late thirties or early forties and all will need treatment and surveillance into later life.

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ULTRASOUND IMPROVEMENT OF EMBRYON DEVELOPMENT IN PRETERM PREGNANCY

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Pregnancy miscarriage is a serious problem in modern obstetrics, which is one of the most common causes of perinatal loss. That is why the early diagnosis of this disease plays an important



role. The study of ultrasound changes in pregnant women with preterm pregnancy in the first trimester of pregnancy is important prognostic value. An ultrasound examination of 40 pregnant women with miscarriage was performed.

Retrospective analysis showed that in pregnant women in the experimental group, 82.3% had a phenomenon of threat of termination of pregnancy and in 52% - in preterm pregnancies. A total of 69.1% of the pregnant women examined had a history of spontaneous abortions up to 13 weeks of gestation, and 13.5% of late abortions in the period of 22-25 weeks of gestation. In 34.5% of pregnancies, pregnancy was accompanied by hemorrhage in the early embryonic period and partial chorionic detachment. In 16.2% of cases, pregnant women had a history of up to 10 weeks of pregnancy.

In order to identify the peculiarities of growth and development of the fertile egg in the first trimester of pregnancy, an ultrasound evaluation of the embryo structures, the cardiac performance of the embryo and the volume of the retrochorial hematoma were performed.

The observation of 11 (27.5%) patients with a history of pregnancy miscarriage revealed a lag of coccygeal-parietal size (CTE) from the expected values by 6-10 days. Repeated ultrasound scans performed after 2 weeks showed a positive increase in embryometric parameters in 9 (22.5%) observations and their compliance with the gestational period. In 3 (7.5%) pregnant women, the CTE lag of the embryo from the gestational term was not more than 7 days.

Ultrasound examination of 9 (22.5%) out of 40 patients determined delay of CTE of the embryo more than 2 weeks of gestation. It should be noted that in 4 of these observations in an embryo CTE of less than 18 mm, all pregnancies resulted in involuntary miscarriage. At the same time, with CTE greater than 18 mm, no pregnancy termination was observed in any observation (5).

When evaluating the cardiac performance of the embryo in the group of pregnant women with habitual pregnancy loss in most of the observations (70%), the dynamics of changes in the heart rate (HR) of the embryo corresponded to the parameters of physiologically proceeding pregnancy. Thus, the heart rate of the embryo gradually increased from 6 weeks of gestation (107 ± 12 beats / min) to 9-10 weeks (176 ± 11 beats / min), then to 12 weeks decreased to 159 ± 6 beats / min. The highest heart rate (180 beats / min; $p < 0.05$) was also observed at 9 weeks of gestation. However, cardiac activity of the embryo was not registered in 3 (5.71%) observations of an embryo CTE of 14 mm or more (14-26 mm), which made it possible to diagnose a developing pregnancy. In 9 (22.5%) observations the heart rate of the embryo did not meet the normative values. Tachycardia was noted in pregnant women with clinical manifestation of a threatening interruption in 5 (12.5%) embryos. 3 observations of them revealed a pronounced increase in the heart rate of the embryo within 190-210 beats / min against the background of spontaneous abortion. A decrease in heart rate (bradycardia up to 90 beats / min) was detected in 4 (10.0%) patients with clinical manifestation of threatening involuntary miscarriage and subsequently diagnosed with fetal death. It should be noted that in any observation the chromosomal anomaly of the embryo / fetus was not detected.

Embryo CTE values are most informative for predicting the course and outcome of the gestational process in the first trimester of pregnancy. Embryo / fetal bradycardia is an ultrasound examination that indicates the possibility of a pathological course of the gestational process that, in the absence of timely correction, can cause perinatal loss.

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ASSESSMENT OF THE CURRENT CIRCULATION IN THE SPIRAL ARTERIES IN THE CENTRAL AND PERIPHERAL PART OF THE PLACENTA

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Taking into consideration that one of the leading causes of the placental dysfunction (PD) development and syndrome of the fetal development retardation (FDRS) is the disturbance of the uterine-placental circulation (UPC), comparative diagnostics of the circulation status in the vascular