

proinflammatory cytokines: IL-1- . This suggests that melatonin acts as a moderator of the inflammatory reaction of placental tissue, which is observed in placental dysfunction.

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**SEARCH FOR NEW APPROACHES TO THE TREATMENT OF PRIMARY  
PLACENTAL DYSFUNCTION IN PREGNANT WOMEN WITH A HISTORY OF  
HABITUAL MISCARRIAGE**

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The development of new treatments for primary placental dysfunction is an extremely relevant research topic in modern obstetrics, considering the role of this pathology in the structure of perinatal morbidity and mortality.

Placental dysfunction (PD) is a clinical syndrome that is associated with impaired placental function (trophic, transport, endocrine, metabolic), which, in its turn, occurs due to morpho-functional changes in the placental tissue initiated by disorders of uteroplacental endothelial perfusion. Placental dysfunction is the cause of fetal distress (distress), growth retardation, pathological conditions and diseases of the newborn. In 60% of cases, PD leads to the formation of fetal growth retardation syndrome. Perinatal mortality in women who experienced PD is 10.3% among full-term infants and 49% among premature infants.

Primary PD is known to develop in early pregnancy (14-18 weeks) under the influence of genetic, endocrine, infectious and environmental factors. Enzymatic insufficiency of decidual tissue, disturbance of structure and localization of the placenta, and defects of vascularization and disturbance of morphology of a chorion play a great role in development of primary PD. In primary PD more often fetal malformations, chromosomal abnormalities and intrauterine infection are detected.

According to the literature, the frequency of placental dysfunction in habitual miscarriage ranges from 50 to 77%. The World Health Organization treats habitual miscarriage as a "three or more consecutive miscarriages by the 20th week of gestation." ASRM experts believe that habitual miscarriage is the occurrence of two consecutive miscarriages, which in its turn increases the prevalence of pathology among married couples of a reproductive age to 5%.

Risk factors for habitual miscarriage: 1. Genetic factors. 2. Anatomical disorders. 3. Congenital anomalies. 4. Microbiological factors. 5. Endocrine factors. 6. Immunological factors. 7. Blood coagulation disorders.

Considering complicated biological processes underlying habitual miscarriage, as well as the significant heterogeneity of research published on this topic, there is widespread uncertainty concerning the optimal individual diagnosis and treatment of women with this pathological condition. Therefore, to improve the quality of care for women with a history of habitual miscarriage and primary placental dysfunction, it is necessary to find a new sound approach to treatment.

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**DIFFERENTIATED APPROACH TO A COMPREHENSIVE EXAMINATION AND  
MANAGEMENT OF PATIENTS WITH CLIMACTERIC SYNDROME**

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In Ukraine, the scientists dealing with menopause, try to destroy the dominant point of view of non-intervention in the natural biological process of aging and passive observation involutive processes. Clinicians do not always pay due attention to the effects of estrogen deficiency in menopause remote time, shown the development of metabolic syndrome, increased risk of cardiovascular disease, osteoporosis. Until now there was no consensus on tactics differentiated approach in the indication of hormone replacement therapy (HRT) in view of the existing systemic disorders in women.