

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.

The aim of the study was to analyze the contemporary data about the examination and management of patients in case of presence of climacteric syndrome.

There are many issues that require comprehensive study: first assessment of benefit and risk in longer HRT due to cancer, physician vigilance by the reaction of hormone target organs (endometrial, breast) in the treatment and others.

A new approach to a comprehensive examination and management of patients in menopause such as menopause management should be implemented in clinical practice - a holistic approach to the health and preservation of quality of life for women in menopause, which implies a healthy lifestyle and appropriate therapy, which should help to improve the quality of life and effectively eliminate menopausal symptoms (hot flashes, sleep disturbances, mood swings), provide a protective effect on the bone tissue, positively affect sexual function and libido, reduce the number of side effects due to low dose, and have favourable cardiovascular profile.

This change in lifestyle and hormonal therapy is the main method preventing hormone-dependent diseases and maintain a high quality of life for women in menopause.

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ULTRASOUND ASPECTS OF FETAL DEVELOPMENT AND EXTRAEMBRYO STRUCTURES IN PREGNANT WOMEN WITH RECURRENT MISCARRIAGE

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Miscarriage is a serious problem in modern obstetrics, which is one of the most common causes of perinatal loss. That is why the issue of early diagnosis of this pathology occupies an important place.

The aim of the study: to establish the value of ultrasound changes in pregnant women with miscarriage in the first trimester of pregnancy as a prognostic sign. Ultrasound study of 40 pregnant women with miscarriage was made.

A retrospective analysis showed that in pregnant of the main group 82.3% of the observed phenomena were threat of interruption of pregnancy, and 52% - in previous pregnancies. In 69.1% of pregnant women in previous history there were spontaneous abortions in the period to 13 weeks, as well as 13.5% of late spontaneous abortions in the period of 22-25 weeks. In 34.5% pregnancy was associated with blood smear in the early embryonic period and partial detachment of the chorion. In 16.2% of cases pregnant women in their previous history had dead pregnancy in the term before 10 weeks. With the aim of identifying characteristics of growth and development of a fertilized egg in the first trimester of pregnancy at the time of ultrasonic research of rating agencies embryo was conducted, indicators of cardiac activity embryo and the volume retrochorial hematoma were estimated. Observations in 11 (27.5%) patients with a history of miscarriage found coccygeal-parietal size (CPS) from the expected values by 6-10 days. At repeated ultrasound scan performed after 2 weeks, in 9 (22.5%) observations there was a positive increase in embryometric parameters and their compliance with gestational age. In 3 (7.5%) pregnant women, the embryo's CPS lagged behind the gestational age by no more than 7 days. At dynamic ultrasonic control and carrying out fetometry fluctuations of biometric parameters of a fruit within normative limits for term are noted. At the same time, in 7 (17.5%) patients, a progressive decrease in the CPS of the embryo in combination with a decrease in the volume of the ovum (VO) allowed to diagnose growth retardation of the embryo, which was a clinical symptom of miscarriage. Subsequently, these observations diagnosed various complications of the gestation process: undeveloped pregnancy - 4 (10.0%) and miscarriage within 10 weeks - 3 (7.5%). Of the 40 pregnant women, 9 (22.5%) had an embryo CPS lag of more than 2 weeks of gestation during the first ultrasound examination. It should be noted that in 4 observational data with CPS of the embryo less than 18 mm, all pregnancies ended in miscarriage. At the same time at CPS more than 18 mm in any supervision (5) there was no involuntary termination of pregnancy. It should be noted that the delay of embryometric parameters (CPS) was diagnosed in the presence of the threat of abortion. At the same time, there was a clear tendency to improve the growth of embryometric parameters after the