

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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The aim of the study - is to establish thyroid pathology the frequency of alleles and genotypes of the GP IIIa polymorphism gene in the structure of puberty menorrhagia in girls with concomitant thyroid pathology and to identify risk factors for puberty menorrhagia based on genetic analysis.

Materials and methods. 70 teenage girls, patients with puberty menorrhagia, who were treated in the gynecological department of the city clinical maternity hospital №1 in Chernivtsi were examined. Girls were divided into two groups: I (main) – 30 teenage girls diagnosed with puberty menorrhagia against the background of concomitant thyroid pathology, the second group (comparison) – 40 teenage girls diagnosed with puberty menorrhagia. Control group – 25 almost healthy teenage girls. GP IIIa gene polymorphism (PLA1/PLA2) was studied once, after patients were included in the study, by selecting genomic DNA.

Results. The frequency of alleles and genotypes A1A2 of polymorphism of the GP IIIa gene was conducted in adolescents with menorrhagia, including thyroid pathology and in healthy teenage girls. It was found that the incidence of occurrence "wild" A1 allele of the GP IIIa gene in teenage girls with menorrhagia is 2.41 times greater than "mutant" A2 allele: 99 (70.7%) 41 (29.3%) cases of 140 allocated alleles ($\chi^2=9.64$, $p=0.002$). A similar trend was observed in the control group: A1 identified in 35 (70.0%) cases, which were 2.33 times more frequent than A2 alleles – 15 (30.0%) cases of 50 allocated alleles ($\chi^2=5.63$, $p=0.018$). Genotype distribution thyroid pathology owed that A1A1-genotype is more likely to be registered in adolescents with puberty menorrhagia than 1.25 times ($\chi^2=10.14$, $p=0.001$). By contrast, the relative frequency of A1A2-genotype on the contrary prevailed in the control group of 1.45 times ($\chi^2=12.03$, $p<0.001$). Homozygote mutation A2A2 was registered only in teenage girls with menorrhagia – 8.6% ($n=6$ people). The relative frequency of "wild" A1 allele probably prevailed over the A2A2 genotype at 7.5 times ($\chi^2=45.6$, $p<0.001$).

The distribution of genotypes A1/A2 of itGB3 genome (GP IIIa) in teenage girls with menorrhagia against the background of thyroid pathology indicates a likely prevailing frequency of individuals with "favorable" A1 allele over such with A2A2 genotype as without pathology of the thyroid pathology, 12.3 and 9 times, respectively ($\chi^2=35.9-41.8$, $p<0.001$). A2A2 genotype by 2.5% ($p>0.05$), over such in adolescents of the second group without problems with thyroid pathology.

Epidemiological analysis of the risk of puberty menorrhagia against the background of pathology of thyroid depending on genotypes and alleled state of the GP IIIa gene thyroid pathology owed an incorrect increase in the likelihood of their appearance in carriers A2A2-, A1A2-genotypes and A2 allele in 1.33, 1.24 and 1.27 times, respectively ($OR=1.37-1.46$, $p\geq 0.05$), for the lowest chances of menorrhagia in adolescents without disease ($OR=0.69-0.73$, $p\geq 0.05$).

Conclusions. The frequency of genotypes of the glycoprotein GP IIIa gene in the structure of puberty menorrhagia in the structure of the available thyroid pathology and risk factors for the development of uterine bleeding in teenage girls depending on gene polymorphism.

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CLINICAL ASPECTS OF PRESERVING THE REPRODUCTIVE HEALTH OF WOMEN WITH ATYPICAL ENDOMETRIAL HYPERPLASIA

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Introduction. Under the conditions of low birth rates in Ukraine, the problem of maintaining reproductive health is extremely urgent and acquires high medical and social significance. The problem of hyperplastic processes of the endometrium (HPE) in women of reproductive age increases the attention of clinicians, is the cause of reduced fertility and the risk of developing oncological pathologies, which have been steadily increasing in recent years in many countries of the world, including Ukraine. Endometrial hyperplasia (HE) in women of reproductive age is the main cause of reduced fertility. This is the most common pathology of the uterus in women of childbearing age, the frequency of which has no tendency to decrease. According to scientific literature, GE accounts for 15–40% of all gynecological pathology. The occurrence of repeated episodes of endometrial hyperplasia (44.1–64.7%) and oncogenicity (up to 45.1%) are

reliable factors when choosing organ-preserving operations that lead to loss of reproductive function.

The aim of the study. The purpose of the work: to increase the efficiency of diagnosis, treatment and objectification of the prognosis of recurrence of endometrial hyperplasia based on the study of markers of apoptosis, proliferation, receptor and oxidative status and hormonal homeostasis in women of childbearing age.

Material and methods. 60 patients of reproductive age with a morphologically hormonally confirmed diagnosis of endometrial hyperplasia in the absence of therapy during the last 3 months were examined. The control group consisted of 20 patients without endometrial pathology. Hysteroscopy was performed from the 6th to the 11th day of the menstrual cycle. The surgical material was subjected to morphological examination. Histological and immunohistochemical examination of tissue endometrium and polyp of the uterine body was carried out according to the generally accepted methodology at the Department of Pathologic anatomy of the Bukovinian State Medical University.

Results. Recurrent forms of endometrial hyperplasia develop due to increased expression of estrogen and progesterone receptors in simple and complex forms of endometrial hyperplastic pathology, which is accompanied by maximally expressed changes in lipoperoxidation processes (increase in the content of lipid peroxidation products (2.2 and 2.6 times the level of effective diene conjugates), 1.6 and 2.3 times the content of malondialdehyde, $p < 0.05$) and a decrease in the power of antioxidant protection (decrease in the activity of catalase by 1.3 times, superoxide dismutase by 1.2 times, $p < 0.05$) in women. In the women of the main group, an increase in the oxidative modification of proteins was shown, in particular vimentin in 1.8, $p < 0.05$ and Willebrand factor in 1.7, $p < 0.05$ times. According to the picture of the long end, because it was characterized by lymphohistiocytic infiltrates with admixtures of plasma cells and the accumulation of fibroblasts between the indicated cells. Patients with isolated endometrial hyperplasia are characterized by pronounced hypogestageny in the luteal phase of the menstrual cycle (5.35 ± 4.53 ng/ml, $p < 0.05$) and a decrease in the fertility index (FSH/LH=1.4, $p < 0.05$). In patients of the main group, a significant decrease in progesterone content was noted (9.32 ± 5.65 ng/ml, $p < 0.05$).

Conclusions. On the basis of the established relationships between the structural and functional state of the endometrium, its morphological, immunohistochemical features and the hormonal homeostasis of the reproductive system, a pathogenetically justified complex of anti-relapse treatment of patients with hyperplastic endometrium was developed, which ensures the full formation of the normal structure of the endometrium by 31.2%, improvement of fertility and implementation of the reproductive function by 22,9%.

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CORONAVIRUS INFECTION EFFECT ON THE COURSE OF PREGNANCY AND CONDITION OF NEWBORNS

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Introduction. Nowadays, still the information concerning the possibilities of physiological adaptation of pregnancy to infectious conditions, severity of acute respiratory syndrome and possible development of complications in the pregnant with COVID-19 is rather limited and disputable.

The aim of the study. To study the effect of coronavirus infection on the course of pregnancy and newborn condition.

Materials and methods. 29 individual prenatal records of pregnant women with positive PCR on SARS CoV-2 were analyzed. The women were registered at one of the maternity welfare centers due to their pregnancies at Chernivtsi Municipal Maternity Home №2 during 2021.

Results. Positive PCR on coronavirus was found in women in different terms of gestation. Thus, 9 (31,04%) patients were in the first trimester including two of them on the 4-5 weeks of gestation. In the second trimester coronavirus infection was diagnosed in 5 (17,24%) women, and in