

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



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Конференція внесена до Реєстру заходів безперервного професійного розвитку,
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the third trimester – in 15 (51,72%) of the examined patients. 17 (58,62%) women experienced a mild course of the disease , 7 (24,14%) women – a moderate one, and 5 (17,24%) of them – severe course of the disease. One of them (3,45%) was in extremely severe condition and was supported by ALR till delivery.

Two women (6,89%) out of 29 of the examined ones lost their babies: spontaneous miscarriage was at the 15-16 weeks of gestation, and missed abortion at the 8-9 weeks. It should be noted that both women were infected with SARS CoV-2 at the 4-5 weeks of gestation. The outcome of pregnancy of the other 26 women (96,3%) was timely delivery, and one of them (3,7%) had premature delivery due to extremely severe course of coronavirus infection. 13 (48,15%) women had physiological labor, and 14 (51,85%) patients underwent cesarean section. For 13 of them indications for cesarean section were obstetrical complications not associated with SARS CoV-2. Only 1 patient who was on artificial lung ventilation had indications for surgery at the 32-33 weeks of gestation due to her critical condition because of coronavirus disease.

All the 27 children were born alive and full-term. The following exceptions were found: one baby born at the 32-33 weeks to a woman with extremely severe course of the disease, and one baby had low birth weight according to the term of gestation.

During analysis of the prenatal records of pregnant women we admitted that the majority of cases (15 out of 29) of coronavirus infection were registered during the third trimester of gestation. Those infected at the 30-32 week of pregnancy (5 patients) had a severe course of the disease. One of them was in a critical condition. The patients infected with SARS CoV-2 during the second trimester had a mild course of the disease, though the number of further complications increased. Those pregnant women infected with SARS CoV-2 during the first trimester had a mild course of the disease. Meanwhile, the threat of miscarriage was the highest in this group, and it was registered in two cases. A considerable direct effect of SARS CoV-2 on the condition of the fetus, neonate and the way of labor was not found. The babies born to mothers with SARS CoV-2 were not characterized by more frequent pathological course of the early neonatal period, and the signs of acute respiratory viral infection were not observed.

Conclusion. The sample of patients is rather small and does not allow us to conclude concerning the coronavirus effect on pregnancy and fetal condition. Nevertheless, these data form the basis for further studies on the effect of a new SARS CoV-2 produced on the course of the gestation, delivery and neonatal condition.

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COMPARATIVE CHARACTERISTICS OF PATIENTS WITH INFERTILITY WHEN APPLYING MELATONIN IN COMPLEX PREPARATION FOR ASSISTED REPRODUCTIVE PROGRAMS

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Introduction. More than 50,000 cases of infertile couples are registered annually in Ukraine. The main method of their treatment is assisted reproductive technology (ART). The search for more effective treatment of infertility with IVF continues. In order to improve the effectiveness of ART, the issue of preparing infertile couples remains relevant. In recent years, melatonin as a possible marker of ovulatory reserve and its use in IVF programs to increase their effectiveness has attracted the attention of scientists.

The aim of the study was to conduct a retrospective comparative characterization of patients with infertility who took or did not take melatonin with assisted reproductive technologies.

Material and methods. 89 women were examined. The first (control) group included 13 healthy women oocyte donors who got pregnant on their own and gave birth to their own healthy children, the second group - 33 patients with infertility, who took 3 mg of the preparation "Vita-melatonin" produced by "Kyiv Vitamin Plant" at the same time before bedtime, two weeks before and during ovulation stimulation, the third group - 43 patients with infertility who did not take melatonin preparation before and during ovulation stimulation. There were no women who worked

night shifts among the patients. Medical documentation of women of the control group and those with infertility, data of gynecological, ultrasound examination, hormones blood were analyzed. Ultrasound examination of the pelvic organs was performed on all patients with the device "Mindray DC-80 X-Insight", and measurements were performed using a transvaginal sensor. The thickness and structure of the endometrium were evaluated, and the number of antral follicles (NAF) ranging in size from 2 to 10 mm was counted in each ovary.

Results. The average age of women in the first (control) group was 27.08 ± 12.38 years, the second (taking melatonin) - 33.12 ± 8.18 years, the third (not taking melatonin) - 30.95 ± 7.07 years (> 0.05), i. e. the age of the patients of the examined groups was equal. It should be noted that in the examined patients of both groups, the occurrence of primary infertility exceeded the secondary infertility 2.7 times in the second group ($p < 0.05$) and 1.7 times in the third ($p < 0.05$).

Infertility factors such as reduced ovarian reserve, habitual miscarriage and infertility of unknown origin were more common in patients of the second group, and endometriosis, tubal factor and male factor in the third, although the difference was not significant. The available extragenital pathology did not differ in the patients of the examined groups. The number of antral follicles was significantly higher in both ovaries of women in the control group compared with patients of the second and third groups. While the thickness of the endometrium did not differ significantly in groups, although in women of the control group it was slightly less.

Regarding the study of hormonal status, it should be noted that we did not find a significant difference in the levels of hormones in blood of the women we examined. Exceptionally, there was a significant difference ($p < 0.001$) in progesterone content between the second (0.62 ± 0.052 nmol/l) and third (181.63 ± 13.87 nmol/l) groups. Also the patients of the third group had significantly ($p < 0.05$) higher levels of follicle-stimulating hormone in blood (8.25 ± 0.63 mUn/ml) compared with the control group (4.93 ± 0.69 mUn/ml).

Conclusions. The examined women in the control group, as well as infertility patients who received melatonin two weeks before the expected menstruation and during ovulation stimulation, and infertility patients who did not receive this preparation in similar programs, did not differ in age, occurrence of primary and secondary infertility, the factor that led to infertility, concomitant extragenital pathology, ovarian reserve and hormone levels of the reproductive panel.

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РОЛЬ УЛЬТРАЗВУКОВОЇ ДІАГНОСТИКИ ЕНДОМЕТРІОЗУ ЯЄЧНИКІВ

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Вступ. Генітальний ендометріоз діагностується у 7–15% жінок репродуктивного віку, проте цей показник різко зростає у пацієток з безпліддям і хронічними тазовими болями. Наявність тканин ендометріального типу поза маткою викликає хронічні запальні реакції та відповідну симптоматику. Хвороба зустрічається переважно в жінок репродуктивного віку будь-яких етнічних та соціальних груп, а пов'язані з ендометріозом симптоми можуть впливати на загальний фізичний, психічний і соціальний стан. Проте в деяких випадках захворювання може мати безсимптомний перебіг і діагностується випадково під час медичного огляду.

Мета дослідження. Аналіз доопераційного УЗД у пацієток щодо наявності кістозних утворень яєчників.

Матеріал і методи дослідження. Було проведено ретроспективний клініко-статистичний аналіз медичної документації за період 2012–2014 рр. у 46 жінок із безпліддям (перша група) та у 54 жінок із безпліддям, що оперовані у 2015–2018 роках, яким під час лапароскопічного оперативного втручання було діагностовано ендометріоз яєчників.

За типом безпліддя пацієнтки обох груп були розподілені наступним чином. Середня тривалість безпліддя у першій групі становила $5,3 \pm 3,13$ року, а в другій – $4,05 \pm 2,62$ року, що достовірно не різнилось ($p > 0,05$). Первинне безпліддя було діагностовано у 34 пацієток