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БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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Material and methods. 70 teenage girls, patients with puberty menorahia, who were treated in the gynecological department of the city clinical maternity hospital №1 in Chernivtsi were examined. Girls were divided into two groups: the first group (main) included 30 teenage girls diagnosed with puberty menorahia against the background of concomitant thyroid pathology, the second group (compative) consisted of 40 teenage girls diagnosed with puberty menorahia. The control group involved 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 menorahia, including thyroid pathology and in healthy teenage girls. It was found out that the incidence of occurrence "wild" A1 allele of the GP IIIa gene in teenage girls with menorahia is 2.41 times greater than "mutant" A2 allele: 99 (70.7%) 41 (29.3%) cases of 140 allocated allies (χ^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 (χ^2=5.63, p=0.018). The resulting distribution by observation groups mirrored the total in the surveyed population, where prevailed "wild" allele over "mutant" in 2.39 times (χ^2=9.01, p=0.003). Epidemiological analysis of the risk of puberty menorahia against the background of pathology of thyroid depending on genotypes and alleed 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≥0.05), for the lowest chances of menorahia in adolescents without disease (OR=0.69-0.73, p≥0.05). Instead, A1A1-genotype and A1 allele were associated with puberty menorahia without concomitant pathology of thyroid (OR=1.60 and OR=1.40, p>0.05), with a low probability of their occurrence against the background of diseases (OR=0.63, p>0.05).

Conclusions. In adolescents with menorahia without thyroid disease A1A1 genotype occurs 11.7% more frequently than in those with thyroid disease (χ^2=4.01, p=0.041) and 15.0% more frequent than in the control group (χ^2=4.54, p=0.033). Whereas in girls with menorahia and thyroid pathology, the relative frequency of A1A2-genotype is 9.2% (χ^2=3.97, p=0.052) and A2A2 genotype by 2.5% (p>0.05) above these in adolescent groups. Among girls with pubertic menorahia, menorahia are 10.0% more likely to occur in carriers of A1A1-genotype, control (χ^2=9.86, p=0.002), while controlling 18.6% more heterozygot carriers A1A2-genotype than in both surveyed groups (χ^2=12.03, p<0.001).

Voloshynovych N.S.

THE ROLE OF INHIBIN-B IN THE DIAGNOSTICS OF FEMALE STERILITY

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Introduction. A diagnosis of infertility is made if a sexually active couple who does not use contraception fails to achieve pregnancy within one year. According to the World Health Organization (WHO), the number of infertile couples worldwide reaches 5%, which is about 70 million. In Ukraine, the number of infertile couples reaches almost 20%. This is a serious pathology, which is faced by approximately 15% of couples worldwide, and can have many causes and consequences. In particular, a huge percentage of infertile couples suffer from the endocrine factor of infertility.

The aim of the study. To study the role of inhibin-B in the diagnosis of female infertility according to the scientific literature. To determine the expediency of researching the concentration of inhibin-B in the infertility diagnosis algorithm.

Material and methods. This study analyzed the scientific literature on the effects of inhibin on female infertility. Also, in the process of work, individual patient records of the gynecological department for the last 2 years (from 2022 to 2023) on the basis of the Chernivtsi Regional Clinical Hospital were analyzed. Reproductive dysfunction was detected in 20% of women. All patients underwent a comprehensive examination, including a general blood test, a general urine test, a

biochemical blood test, a study of vaginal secretions, and the concentration of inhibin-B in the blood serum of the studied patients was determined. Normally, the indicators of this hormone in women are 40-100 (in the follicular phase - 30-90 and in the ovulatory phase - 80-200 pg/ml).

Results. According to the literature, ovarian dysfunction is determined by the serum level of (follicle-stimulating hormone) FSH and estradiol. It was found that the secretion of FSH is inhibited by inhibin-B and estrogens, since inhibin-B is produced by granulosa cells of all types of ovarian follicles. As its concentration in the blood increases, the secretion of FSH decreases. Since inhibin-B is cyclodependent, studies were conducted on days 2-5 of the menstrual cycle. Normally, its maximum concentration occurs at the beginning of the follicular phase, which should be taken into account for the selection of the dominant follicle in reproductive technologies. It was found that the amount of inhibin-B decreases in menopause. At its concentration of 40–45 pg/ml, we can confidently talk about a significant decrease in the ovarian reserve. 40 women took part in the sample, the average age was from 25 to 48 years. The conducted clinical studies of pathology did not reveal what made it possible to make a diagnosis of idiopathic infertility. Of the total number, only patients with elevated levels of inhibin-B (15 women) were included in the study. All of the above makes it possible to confirm that the increased level of inhibin-B in the ovaries is one of the controlling factors that lead to infertility

Conclusions. The effect of inhibin-B as one of the components of the endocrine factor of infertility in women was revealed. The results of the study showed the expediency of prescribing a complex determination of the level of inhibin-B in idiopathic infertility. It is advisable to include the study of inhibin-B as one of the priority indicators for the diagnosis of infertility in clinical recommendations for reproductive technologies.

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MODERN APPROACHES TO THE TREATMENT FOR PRIMARY PLACENTAL DYSFUNCTION

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Introduction. One of the pathological conditions that arise in the early pregnancy stages and play a significant role in the development of adverse events in gestation is primary placental dysfunction (PPD), which is reported in 47,1-84,8% of pregnancies with early threatened spontaneous abortion. Early pregnancy losses occur in 10% of all clinically recognized pregnancy, approximately 80% happens in the 1st trimester [Dugas C, Slane VH., 2022]. Violation of the physiological mechanisms of implantation, occurring in the first trimester of pregnancy, is the dominant cause of the development of obstetric complications in late gestation period, such as premature birth, placental pathology (primary placental dysfunction, placental abruption, FGR, fetal distress).

The aim of the study. To assess the effects of treatment of primary placental dysfunction against a background of threatened spontaneous abortion in the first trimester.

Materials and methods. 100 pregnant women with primary placental dysfunction against the background of threatened spontaneous abortion in the first trimester. The patients were divided into the groups, depending on the prescribed treatment regimen: The 1st clinical group (comparison group), who received basic therapy - women in whom the generally accepted pregnancy management scheme was used (n=40). II clinical group (main group) - pregnant women who, in addition to standard therapy of the threat of spontaneous abortion, used the proposed treatment and prevention complex (n=60). The prophylactic complex included Mg (in a dosage of 240-480 mg daily) and multivitamins complex supplementation beginning early and maintained throughout pregnancy; vaginal micronized progesterone 400 mg twice a day until the 16th week of pregnancy; Diosmin 600 mg per day (1 tablet) on an empty stomach, in terms of 12-16 weeks, 22-26 weeks, and 30-34 weeks.

Results. According to the result of study, more often, gestational complications were in pregnant women of the group 1, who took the basic treatment regimen, than in patients of the group