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АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical
Medicine

Збірник тез доповідей
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Выводы. Открытые оперативные вмешательства занимают главенствующую роль в лечении КН. На их долю приходится 55,2% от всех вмешательств, 44,8% занимают малоинвазивные методы.

PROGESTERONE MYOMETRIAL EFFECT AND MECHANISM FOR THE PREVENTION OF PRETERM BIRTH

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Current evidence suggests that prolonged treatment with progesterone and 17 α -hydroxyprogesterone caproate (17OHP) may reduce the incidence of premature delivery in high risk patients with a history of spontaneous preterm birth or with a short cervix but failed to understand the mechanism on myometrium.

We studied the progesterone mechanism for the prevention of preterm birth in high risk patient with short cervix and recurrent preterm birth by our hypothesis that progesterone has a direct inhibitory effect on spontaneous myometrium contractility.

We divide the group of pregnant women with recruited highly risk comprises of 75 single pregnant women of high risk, 20 of them is their first pregnancy but had short cervix, 40 of them had history of spontaneous abortion due to short cervix and 15 of them had history of spontaneous abortion from other etiologies. 1st group 40 of the women were given vaginal progesterone, 100mg daily from 24 to 37 weeks of gestation and 2nd group, the placebo group comprises of 35 of the pregnant women who received placebo.

We used vaginal ultrasound to check for the size of the cervix and also did progesterone clinical analysis based on the symptom of low abdominal pain and ultrasound indication of short cervix.

The result showed that 80% of 40 people in progesterone group had full term labor above 37 weeks and 20 % couldn't reach full term and had cesarean section ranging from 34th to 37th week and we collected myometrium biopsy on the process. But 90% had spontaneous abortion for the 2nd group mostly on those with history of short cervix and history of spontaneous abortion. 10 % reached full term mostly from group of history of spontaneous preterm abortion of other etiologies and myometrial biopsy was collected on those that had caesarian. Myometrium biopsies which were obtained from the upper border of the lower uterine segment incision during caesarean section the Samples were divided and used for contractility measurements. And we discovered that progesterone, exerted consistent, rapid and sustained inhibition of the amplitude of spontaneous myometrial contractions in vitro at high concentrations.

INVESTIGATIVE UTILITY OF MICROSATLITE GENOTYPING FOR MOLAR PREGNANCY TESTING

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Hydatidiform mole also known as hydatid mole, molar pregnancy, gestational trophoblastic disease is a type of fertilization abnormality, when only the conceptus trophoblast layers proliferates and not the embryoblast, no embryo develops, this is called a "Hydatidiform mole". Due to the continuing presence of the trophoblastic layer, this abnormal conceptus can also implant in the uterus or ectopically. The trophoblast cells will secrete human chorionic gonadotropin (hCG), as in a normal pregnancy, and may appear maternally and by pregnancy test to be "normal". Prenatal diagnosis by ultrasound analysis demonstrates the absence of an embryo.

There are several forms of hydatidiform mole: partial mole, complete mole, gestational trophoblastic tumor. Many of these tumours arise from a haploid sperm fertilizing an egg without a female pronucleus (the alternative form, an embryo without sperm contribution, is called parthenogenesis). The tumour has a "grape-like" placental appearance without enclosed embryo formation. Following a first molar pregnancy, there is approximately a 1% risk of a second molar pregnancy. The incidence of hydatidiform mole varies between ethnic groups, and typically occurs