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DIFFERENCE IN FREQUENCY OBSTETRIC FISTULA IN NIGERIAN AND EUROPEAN WOMEN

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An obstetric fistula is an abnormal opening between the vagina and organs of pelvis. Each year, more than a quarter million women in Nigeria die in pregnancy and childbirth, of those that do not perish, suffer from obstetric fistula (OF). OF caused by obstructed labor, without timely medical intervention or Cesarean section. During this time, the soft tissues of the pelvis are compressed between the baby's head and the mother's pelvic bones. The lack of blood flow causes tissue to die, creating a hole between the mother's vagina and organs of pelvis.

Aim: to establish the disparity to development of OF in African countries with respect to their European counterparts.

Materials and methods: we did an epidemiological research in the Nigerian communities for the last 18 months (FMN, UNPF). Women between the ages of 15-40yrs were taken into account, in various communities sited in Nigeria and United nations population, from the time of pregnancy till postnatal period.

Results: In Nigeria 1.5 million women yearly going into childbirth resulting in 2,000,000 accounted births yearly. 10% of childbirth results in OF, 15.6% cases treated immediately, 32% much later and wide majority not treated. According WHO is estimated that two million women suffer from OF globally. The cases of OF in Europe has drastically reduced since the beginning of 21 century, with a thin population of estimate of 2 in every 1000 births.

Conclusion: Nigeria accounts for over 45% of world OF cases having a very high risk of prevalence, relating to poverty, early marriage, illiteracy, lack of quality maternal care, abortions, distance from health facility. European cases has become almost extinct due to improved health facility and high standard of living.

VULVOVAGINAL ATROPHY DURING MENOPAUSE

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Objective: To present a basic clinical research based on current evidence about advanced treatment methods for vulvovaginal atrophy during menopause. And on principles of management of patients with vulvovaginal atrophy. Vulvovaginal atrophy (VVA) is a common and underreported condition associated with decreased estrogenization of the vaginal tissue. Symptoms include dryness, irritation, soreness, and dyspareunia with urinary frequency, urgency, and urge incontinence. It can occur at any time in a woman's life cycle, although more commonly in the postmenopausal phase, during which the prevalence is close to 50%. Clinical findings include the presence of pale and dry vulvovaginal mucosa with petechiae. Vaginal rugae disappear, and the cervix may become flush with the vaginal wall

Materials and Methods: Ukrainian and foreign sources on prevalence, cytological method, pap smear, colposcopy method (before and after treatment), current management and treatment of vulvovaginal atrophy were reviewed. We observed three groups of women, few premenopausal women with VVA, postmenopausal women and a control group. New treatment methods were identified and used on patients of different age groups. For the treatment we used; hormonal therapy, laser therapy.

Results: The present clinical guidelines give current data and information on aetiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis and treatments of vulvovaginal atrophy in menopausal women. These treatment methods can be used for women who are diagnosed VVA. And after treatment the patients showed positive response.

Conclusion: Vulvovaginal atrophy is a common disorder in menopausal women, however vulvovaginal atrophy (VVA) is an underreported condition associated with decreased estrogenization of the vaginal tissue. The knowledge and awareness of current aspects of its diagnosis, treatment and prevention will be able to render timely aid to patients and to improve their quality of life.

After using the above methods of diagnosis and treatment, it can be said that the use of hormonal therapy and laser therapy is effective and can be used on women of all ages.

THE USE OF LETROZOLE IN OVULATION INDUCTION AND OVARIAN HYPERSTIMULATION

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The fertility of a couple depends upon several factors in both the male and female. Ovulation induction involves the use of medication to stimulate development of one or more mature follicles in the ovaries of women who have anovulation and infertility. Letrozole, an aromatase inhibitor, has been demonstrated to be effective as an ovulation induction and controlled ovarian hyperstimulation agent.

Introduction. The drug works primarily by competitively inhibiting the binding of estradiol to its receptor in the hypothalamus, thereby releasing the hypothalamus from negative inhibition and allowing increased release of follicle stimulating hormone from the pituitary.

Letrozole had been used in anovulatory women with great success. The drug has side effects far milder and less frequent than others.

Materials and Methods. This study is a retrospective cohort analysis with data extracted from medical record. Logistic regression analysis were performed to determine the importance of each predictor variable and its covariates. Terms remained in the equation as significant if $P < 0.15$.

Results. A total of 866 treatment cycles utilized a five-day dose of letrozole. 33 were administered 5 mg daily, 80 - 7.5 mg daily, 18 - 10 mg daily, and 735 - 12.5 mg daily. The number of predicted ovulations was significantly less for doses of 7.5 mg/day or less compared to doses of 10 mg/day or more ($P < 0.001$). This remained true when the data were filtered to include only first cycles on a given dose ($P = 0.033$). No significant differences were seen for pregnancy rates among doses.

Summary. Letrozole, used in doses greater than those commonly employed, can produce enhanced follicular growth without detrimental effects upon the endometrium. Further study is clearly needed, including estradiol and androgen levels. Randomized trials comparing high-dose to low-dose administration would help determine the optimal starting dose for this medication in varying diagnoses.