
EFFECTS OF ESTROGEN/PROGESTIN THERAPY IN WOMEN WITH OVARIAN INSUFFICIENCY ASSOCIATED WITH WEIGHT LOSS

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Objective: To study the influence of estrogen/progestin therapy on the hypothalamic-hypophysial-ovarian system in patients with hypogonadotropic ovarian insufficiency associated with weight loss.

Methods: We studied 38 women with menstrual disorders related with weight loss, aged 16-25, who had received estrogen/progestin therapy during 3-6 months. A basic examination and re-examination after the end of the treatment was carried out to determine clinical status, fat metabolism, FSH, LH, prolactin, estradiol and progesterone blood levels. Percent body fat was measured by dual energy X-ray absorptiometry. The test with exogenous estrogen's was performed before and on the 20-30 th day after the end of the therapy.

Results: 70% of patients gained weight during estrogen/progestin therapy. Body mass index and percent body fat increased at the end of the treatment ($p < 0.05$). The resumption of menses happened in 50% patients. The restoration of positive feedback mechanism (PFBM) between the ovaries and hypophysis occurred in 39.5% patients. The frequency of menses and PFBM resumption positively correlated with weight gain ($p < 0.05$). Menses and PFBM restored after patients had achieved approximately 90 % of ideal body weight.

Conclusions: Estrogen/progestin therapy can increase body weight, fat mass and restore the positive feedback mechanism between the ovaries and hypophysis and menstrual cycle in some patients with hypogonadotropic ovarian insufficiency associated with weight loss.

SANDOGLOBULIN IN PROPHYLAXIS AND TREATMENT OF SEPTIC COMPLICATIONS AFTER CESAREAN SECTION

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Objective: To compare the efficacy of different types of IgG using in prophylactic and treatment of septic complications after Cesarean section.

Methods: 85 women undergoing Cesarean section were divided into two groups. 15 women (study group) were given Sandoglobulin, 70 women (control group) - Roncoleukin. The postoperative period was monitored in each patient. The rate of septic complications, adverse effects and the length of hospitalization were compared in the groups. Results obtained in the two patient groups were compared by t-test or χ^2 -test, as appropriate.

Results: Septic complications were less severe in the study group -uterus subinvolution and endometritis prevalenced. There were no such severe complications as metroendometritis or peritonitis. Uterus subinvolution were seen in 4,1% of the patients in the study group vs 9,1% in the control group ($p < 0,05$), endometritis in 3% vs 6% ($p < 0,05$), respectively. The average length of hospitalization was 9,4 days in the study group vs 13,8 days in the control group ($p < 0,01$). There were no adverse effects related to Sandoglobulin administration. In the control group there were two cases of allergic reactions (shivering) resulted in stopping of Roncoleukin administration.

Conclusions: Sandoglobulin administration results in reducing of the rate of septic complications and the length of hospitalization. The tolerability of Sandoglobulin is very good. Therefore, using of Sandoglobulin is an effective method of prophylactic and treatment of septic complications after Cesarean section.