
ANALYSIS OF PERINATAL MORTALITY RATE IN LUBLIN DISTRICT BETWEEN YEARS 1982 – 1997

J.Bartosiewicz, B.Leszczynska-Gorzalak, M.Laskowska, G.Pietras, J.Oleszczuk
University Medical School of Lublin, Poland

***Objective:** The purpose of this study was to analysis of the structure of perinatal deaths in Lublin district between years 1982 - 1997.*

***Material and methods:** We evaluated all of perinatal deaths in the hospitals in Lublin district between years 1982-1997. Statistical analysis was performed. We need $p < 0,05$ for statistical significance.*

***Results:** Amongst the fetuses who died before and during the course of labour those who dominated were ones with birth weight ranging from 1000g to 2499g.*

The percentage of the fetuses in term dead prenatally was relatively high 30-40%. Most of the dead postnatally newborns' birth weight was 1000-2499g. Premature newborns' death represented 80% of all postnatal death cases. We observed significant decrease in perinatal mortality rate (increase in survival rate) of prematurely born infant with birth weight from 500 to 999g, and especially weighing from 1000 to 2499g between 1982-1997. We observed more than twice drop in infants' perinatal death rate in 1997 in the second group of infants.

***Conclusions:** These results show that basic influence on biological loss in our population has still premature delivery.*

TREATMENT OF ENDOMETRIOSIS IN THE PRESENCE OF ULCER DISEASE OF THE STOMACH AND DUODENUM

V.P.Baskakov, I.E. Zazerskaya, A.V. Dyachuk, A.S.Molodykh, N.A. Gavrish, L.A. Shuliko,
D.V.Solomko
Dr. Sokolov Hospital 122, I. P. Pavlov State Medical University, St.Petersburg, Russia

In case an endometriosis patient has concomitant ulcer disease of the stomach and duodenum, it is necessary to exclude oral administration of hormones. Ignoring this recommendation leads to ulcer disease exacerbation; if the stomach is affected and treatment lasts for long (years), some unpleasant oncology sequels may occur.

Thus, the patient should be treated with such parenteral drugs as Depo-Provera, OPK, Zeladex, , and so on. In the patients of 30 years of age and older rectal suppositories with Methyltestosterone 10 mg once a day beginning on the 5th day of the menstrual cycle for 10-15 days may be used. On the 17th, 19th, and 21st days of the cycle OPK 250 mg is injected I/M.

Besides, therapies aiming anti-oxidation and immunomodulation are indicated. Hyperbaric oxygenation, Ethymizole, and radon baths also have a positive impact on the treatment outcome.

Treatment for endometriosis at any age in the presence of ulcer disease may be initiated with Zeladex or Decapeptyl lucrine during 6 months.

Should ulcer disease (stomach ulcer) repeatedly relapse, a decision on further treatment for endometriosis may be reviewed in favor of the surgical intervention.