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## **PATHOGENETIC ASPECTS OF HORMONAL THERAPY IN EARLY CLIMACTERIC DISORDERS**

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*The regularities of large pulses of LH and FSH in serum of patients with the typical climacteric syndrome (CS) in pre- and early postmenopause, with postovarioectomic syndrome and women with the physiological menopause studied in the speaker of examination and treatments. The beginning of these pulses together with increasing basal level of both gonadotropins is already found out in normally cycling premenopausal women. The frequency and amplitude of hormonal fluctuation was higher in pathological menopause. Hormonal factors of the patients with postovarioectomic syndrome were greatly drawn, near to values of pathological postmenopause, reflecting deeper disorders in the system of regulation on the background of distant gonads. The substantial part of prominent LH and FSH pulses was clinically accompanied with typical hot flashes. The adequate HRT by estradiol lead to disappearance these pulses of hormones in serum and hot flashes in women. The dynamics of these changes had dosedependent character. The additional usage of gestogen potentiated the effect of estrogen. The results of research show that the fluctuating model of gonadotropins secretion changes is typical for early climacteric disorders. From this point of view the climacteric period of woman should consider as a private event of anovulation of ovarian genesis. Intensity and length of given stage correlated with clinical manifestations of early climacteric disorders as age, so and surgical genesis. Though there changes are only reflects the degree of neurohypothalamic disorders, they closely connected with the deficit of estrogens. According to this, pathogenetic HRT of typical CS needs short course of large estrogen doses combined with gestogen with following gradual diminution down to supporting doses for prophylaxis of later climacteric disorders. The favorable therapeutic effect of estrogens is based on the raising  $E_2$  in serum before the level of follicular phase of menstrual cycle. The following reduction of gonadotropins level and cessation their fluctuating pulses reflects a normalization of functioning of the high neurohypothalamic centres. Its velocity is defined by the source dose of estrogens. Connection of gestogens promotes greater reducing of the gonadotropins level, potentiated the effect of estrogen.*

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## **HYSTERECTOMY : REALITY & PERSPECTIVES**

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**Purpose:** to improve immediate and distant results of surgical treatment in women with myoma of uterus combined with genital endometriosis and/or endometrial hyperplasia.

**Methods:** statistical (on retro and prospective material), paraclinical criteria, functional (ultrasound research, doplerography, electroencephalography), endoscopic (hysteroscopy, colposcopy, laparoscopy), hormonal (follicle-stimulating hormone, luteotropic hormone, prolactin, estrogens), histomorphological and immunological methods.

**Results:** 1. Rational usage of described methods on the stage of investigation allowed to raise the level of pre-surgical diagnosis of uterine myoma combined with genital endometriosis and endometrial hyperplasia. 2. Methods of impartial monitoring of the patient during early post-surgical period and on the stage of rehabilitation (hospital - out-patient service - physiotherapeutic sanatorium - resort) were instilled into practice. 3. We also worked out criteria and high risk groups of patients in matters of oncopathology and planned the ways of reducing the number of immediate and distant negative results of surgical treatment.

**Conclusions:** Our work allowed to improve the quality of diagnostics in patients with combined uterine hyperplasia and quality of treatment and rehabilitation in these patients.