
HORMONAL ANALYSIS OF THE MENSTRUAL CYCLE AMONG INFERTILE WOMEN WITH OVARIAN ENDOMETRIOSIS

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***Aim:** The main aim of the study was hormonal analysis of the menstrual cycle among infertile women with endometriosis.*

***Method:** 60 infertile women with ovarian endometriosis (single implants and endometriomas) were analyzed. We evaluated serum levels of 17- β Estradiol and Progesteron measured in 21 day of the menstrual cycle. Clinical stage of endometriosis were estimated based on American Fertility Society Classification (AFS).*

***Results:** 1. We observed that significantly more patients presented advanced endometriosis - stage III and IV (according to AFS), respectively 15 and 27 women. Minimal and mild endometriosis were diagnosed in 18 women - stage I and stage II, respectively 11 and 7 patients. 2. Mean level of 17- β Estradiol among all patients was higher than normal ($257,6 \pm 124,0$ pg/ml) but women with more advanced endometriosis (stage III and IV) presented statistically higher level of this hormone. 3. The mean level of Progesterone was low ($3,26 \pm 1,94$ ng/ml). We did not observed any difference in serum concentration of this hormone between compared groups.*

***Conclusion:** The mean serum level of 17- β Estradiol was significantly higher among patient with more advanced endometriosis.*

THE APPLICATION OF ARABIN PESSAR IA THE TREATMENT AND PROPHYLACTIC OF INCOMPETENT OS

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Isthmocervical insufficiency is one of the most important problems in modern perinatology because in many patients it leads to abortion or premature labor.

***Objective:** Recently many surgical procedures like cecralges of different types were introduced into treatment and prophylactic of incompetent os. Arabin pessar seems to be the alternate nonsurgical method. Study design: The aim of our researches is to judge the effects of Arabin pessar insertion in treatment of isthmocervical insufficiency. The method has been applying in our Department since September 1998. The studied material involved 20 patients, mostly multipara, with indications for cordage. Two of patients were carrying twins. Pessars were inserted in the 2nd trimester of pregnancy and evacuated 2 weeks before estimated term of delivery. Pessars were inserted only if vaginal biocenosis estimated on the base of smear and bacteriological culture were correct. Indications for pessar insertion were judged on the base of. interview, internal examination and transvaginal USG were we put special attention to the cervix length and width, length and width of cervix canal and also to the internal os shape and dilatation (tunnelling) USG parameters were estimated at rest, at cough trial and during slight pressure on the uterine fundus.*

***Results:** At the present time some of patients from the studied group delivered at term healthy newborns with no signs of infection. The course of pregnancy in other patients seems to be uncomplicated. In 1 woman we had to evacuate pessar in 33 week of pregnancy due to reoccurring contractions which did not respond to tocolysis.*

***Conclusion:** Arabin pessar insertion seems to be effective method in treatment and prophylactic of isthmocervical insufficiency. The method is relatively less invasive, cheap and can be applied in out patient clinic. There is no need of hospitalization under condition of frequent medical control with the special attention put on symptoms of vaginal infections.*