
SOME WAYS OF IMPROVEMENT OF PATHOLOGICAL UTERINE BLEEDING CAUSES DIAGNOSTICS IN WOMEN OF REPRODUCTIVE AGE

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Objective: *improvement of pathological bleeding causes diagnostics (PBS) in women of the Reproductive age.*

Methods: *hystero- scopic, histologic, citologic, bacteriologic, the investigation of hemostasiograms. 106 women of Reproductive age with clinical manifestation of PBC have been investigated.*

Results: *The use of the diagnostics complex in 86,7% of women permitted to reveal the organic cause of PBC whereas these patients have been treated for dysfunctional uterine bleedings during 2-3 years. The group of the revealed diseases included: endometrium polyps-32,6%; internal endometriosis-29,3%; chronic endometritis-27,1%; focus endometrium hypoplasia-7,6%; submucous uterine myomas-3,2%. Complex diagnostic technique has allowed to reveal the combination of internal endometriosis and focus endometrium hyperplasia, in 21%cases in half of the cases chronic endometritis was followed by endometrium interpretation difficult in 19,4% of cases. The use of cytologic method improves the diagnostic possibilities in case of atrophy and hypoplasia. The presence of pathogenic and pseudopathogenic microorganisms has been revealed in 21,4% of the patients and virus infection in 7,4% of women.*

Conclusion: *The suggested complex method of PBC causes diagnostics allows to improve the exactness of diagnostics and the quality of management in 2,5 times.*

STRONG PREFERENCE FOR "GENETIC SONOGRAPHY" AS NON-INVASIVE OPTION OF PRENATAL DIAGNOSIS IN PATIENTS WITH PREGNANCIES FOLLOWING INTRACYTOPLASMIC SPERM INJECTION

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Objective: *The option of prenatal diagnosis with nuchal translucency measurement at 10-14 weeks of gestation and second trimester targeted ultrasound including fetal echocardiography (genetic sonography) is reported in patients after intracytoplasmic sperm injection (ICSI).*

Methods: *From January 1995 to December 1998 153 consecutive patients, who had become pregnant after ICSI, were studied. They attended our unit for first and second trimester sonography.*

Results: *67.8% primigravid and 80.9% nulliparous women with a mean age of 32.3 years (+4,1) and 29.6% > 35 years of age were included. Multiple pregnancy rate was 19.7%, 189 fetuses were screened in total. Due to the introduction of genetic sonography in 1995, the rate of invasive prenatal diagnosis decreased from 74% in 1995, to 48%, 36% and 19% in 1996, 1997 and 1998, respectively. Two inherited numerical and structural chromosomal anomalies in clinically healthy children at birth (1.0%) and four major malformations in all liveborn children and late abortions (2.1%) were recorded.*

Conclusion: *The results demonstrate that especially in women of advanced reproductive age with a long history of infertility a detailed „ genetic sonography" may be a reasonable and highly accepted alternative to avoid even the relatively low risks associated with invasive screening procedures.*