## NORPLANT PREPARATION APPLICATION RESULTS

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Objective: to investigate the impact of the subdermal contraceptive Norplant on the condition of hormonally dependent organs (cervix of the uterus, mammary glands, endometry) in women of various ages and acceptance rates.

Mathods: general clinical subrasonic study of genitals and mammary glands, noncontrastive mammography in two

**Methods:** general clinical, ultrasonic study of genitals and mammary glands, noncontrastive mammography in two projections, hysteroscopy, morphological study of aspirate and bioptate of the endometry and the cervix of the uterus, expanded colposcopy, cytological study of vaginal smear, functional diagnostic tests. 100 women patients have been examined. Group I was comprised of 50 women aged 20 through 34; Group 2 included 50 women in the age bracket 35 through 45. None of the women had any contra-indication against the Norplant application. Repeated examinations were conducted after 1, 3, 6, 9 and 12 months after the implantation of the preparation, and further on each half-vear.

**Results:** the contraceptive effect reached 100%. In Group 1, a disturbance of the menstrual function was observed more often in the form of acyclic menstrual-like secretions; in Group 2, amenorrhea was observed. In Group 1, this method of contraception was rejected by eight patients due to the disturbance of the menstrual cycle, gaining weight, and acne; in Group 2, by three patients. A regression of hyperplastic processes of the mammary glands was observed in eight women out of 13 with this pathology in Group 1, and in 13 out of 21 - in Group 2.

Conclusion: observed was a high contraceptive effectiveness of the preparation, its positive impact on the hyperplastic processes of the mammary glands, and a low rejection rate. At the same time, the most often side effect is the disturbance of the menstrual function, in particular, in women under the age of 35 years.

## ULTRASOUND EXAMINATION WITH COLOR DOPPLER ULTRASONOGRAPHY IN PATIENTS WITH OVARIAN APOPLEXY

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Objective The aim of the study was to assess the value of ultrasound (US) examination with Color Doppler (CD) in

patients with ovarian apoplexy.

Methods We performed transvaginal US-examination in 30 patients with ovarian apoplexy: I) in acute period of ovarian. rupture if they had stable indicators of hemodynamics (on admission to hospital before the surgery - laparoscopy); 2) during follow-up in ovulatory period and in luteal phase of memstrual cycle in 1, 3, 6, 9 and 12 months after surgery. Follow-up US examination was combined with CD (CD-system - Acuson 128 XP/IO). The

control group consisted of 10 women with normal ovulatory memstrual cycle.

Results I. The ovary of normal size (do not exceed 4,5 cm in diameter) containing a few hypoechogenic spherical spaces 1,5-2,5 cm in diameter, the ovarian follicles, which are located peripherally (in 20 patients) or spherical cystic mass 5-7 cm in. diameter with echo-signs of corpus luteum cyst (in 10 patients) were visualized by US examination in acute period of ovarian apoplexy. Corpus luteum cyst's rupture was characterized by appearance of hypoechogenic smalldispersive cystic fluid (blood) with the highly echogenic structures (blood clot); of numerous components of different echogenicity - septaes (fibrin's fibers) or of delicate network (site of corpus luteum's vascularization and luteanizatin). Mild or medial volume of fluid in cul-de-sac was detected by US, echo-free in 14 patients or smalldispersive in 16 patients. US-findings were confirmed by laparoscopy in all cases. 2. US-CD-follow-up after the laparoscopy allowed to reveal structure-functional ovarian changes (absence of ovulation in 18 cases, ovarian cysts in 24 cases) and vascular-hemodynamic disorders - reliable rise (p < 0,05) of ovarian flow's characteristics ( $TR = 0,52 \pm 0,05$ ;  $Pl = 0,72 \pm 0,07$ ,  $S/D = 2,19 \pm 0,1$ . 1) in comparison with control group ( $0,48 \pm 0,04$ ;  $0,64 \pm 0,l$ ;  $1,96 \pm 0,17$  accordingly). The extent and stableness of hemodynamic disorders of ovarian flow correlates with volume of intra-abdominal hemorrhage caused by ovarian rupture.

Conclusions US examination is a valuable method for the diagnosis of ovarian apoplexy allowing to specify the form of this disorder and choose the optimal management of patients with ovarian rupture. US-follow-up makes it possible to evaluate structural and functional ovarian changes (absence of ovulation, ovarian cysts). Use of CD allows to register highly resistant flow in basin of a ovarica and to follow the normalization of hemodynamic indicators of

ovarian flow in patients with ovarian apoplexy.