
MICROVILLOUS RELIEF OF ENDOMETRIAL EPITHELIOCYTES AND INFERTILITY IN PERITONEAL ENDOMETRIOSIS

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Objective. To estimate the role of hormone-dependent changes of the microrelief of endometrial epitheliocytes in pathogenesis of infertility associated with peritoneal endometriosis.

Methods. The endometrium of rats with normal estrous cycle, of rats androgenized in the neonatal period and those to whom folliculin and progesterone was given after ovariectomy as well as the endometrium of 9 women in late secretory phase with infertility and peritoneal endometriosis (rAFS stage I-II) was studied with the use of scanning electron microscopy.

Results. Microvilli were found in the endometrial epitheliocytes of rats at the stage of proestrus conditioned by the influence of estrogens. At the metestrus stage when estrogen level decreases and that of progesterone increases microvilli are reduced. The estrogen-dependent character of the microvilli formation and the progesterone-dependent process of their reduction was reproduced in ovariectomized rats. Microvilli are seen in the androgen-sterile rats on the background of tonic estrogen hypersecretion and progesterone deficiency. Microvilli are seen in the endometrial epitheliocytes at late secretory phase in all patients with infertility and peritoneal endometriosis.

Conclusions. The persistence of microvillous relief of endometrial epitheliocytes in late secretory phase of the cycle is indicative of the deficiency of endometrial secretory transformation, deficiency of the ovarian function in peritoneal endometriosis and may result in a disorder of the ovicell implantation and infertility.

OCCURENCE OF NONTOXIC GOITER IN PATIENTS WITH MASTOPATHY

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Objective: To reveal the occurrence of nontoxic goiter in patients with mastopathy.

Method: 101 women with mastopathy (94 of them had diffuse and 7 – nodular goiter) at the age of 17-55 were examined. The diagnosis of mastopathy was based on palpation, ultrasound (on the 7th-7th day of menstrual cycle) and roentgenologic (on the 7th-10th day) findings. The thyroid size and structure was evaluated by palpation and echography. Clinical data, thyroid and thyrotropic hormones blood levels indicated that all women were euthyroid.

Results: Thyroid hyperplasia was found in 75 women (74%); diffuse enlargement of the thyroid – in 30 (40%); diffuse nodular goiter – in 35(48%); nodular goiter – in 9(12%). Among 66 patients with diffuse nontoxic goiter and diffuse nodular goiter, I degree thyroid enlargement was seen in 28 (42%), II degree – in 23 (35%), III degree – in 15 (23%). These data considerably exceed the occurrence of nontoxic goiter in the Leningrad population (Shliakhtina L.G., 1967).

Conclusion: Frequent combination of fibrocystic mastopathy with nontoxic goiter suggests possible role of iodine deficiency in pathogenesis of fibrocystic mastopathy.