
THYROID AND MAMMARY GLANDS ABNORMAL IN WOMEN WITH PELVIC MASSES

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Objective: The purpose of this study was evaluate the role of dishormonai deseases of the thyroid and mamma in patients with pelvic masses and adenomiosos to developing the treatment strategy for this patient population.

Material and methods: A total of 230 women were examined, 193 of these in the main group and 37 controls. Pathological changes in the thyroid and mamma were detected in 137 (70,9 %) patients in the main group and in 6 (16,2 %) controls.

Results: The highest sensitivity and specificity for detecting pelvic masses were achieved by transvaginal sonography (100 and 91 %, respectively).

The findings indicate that patients with pelvic masses should be referred to the group at a high risc of dishormonal pathology of the thyroid and mamma, which confirms the theory on the universal origin of pathological changes in all target organs and on the synchronous developments of benign hyperplastic processes.

Conclusion: We recommend a routine follow-up with transvaginal sonography in women with pelvic masses. Tgthyroid and mammary glands sonography should be used for developing the treatment strategy for this ratient population.

DISTRIBUTION OF HLA – ANTIGENS AMONG PATIENTS WITH ENDOMETRIOSIS

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Objective: To study the occurrence of human leukocyte antigens (HLA) in patients with endometriosis.

Methods: 48 women with endometriosis at the age from 22 to 38 years were investigated. Subjects recruited at laparoscopy. HLA-A, B antigens were determined by standard lymphocytotoxic test. PCR-SSP method was used for HLA-DR typing. We detected 15 antigens locus A, 24 antigens locus B end 13 antigens locus DRB1. The control group consisted of 78 healthy women with regular menstrual cycle and without endometriosis

Results: The increase of the frequencies HLA-A24 was found compared to frequencies in the healthy women (33.3% vs. 20.9%, $p < 0,01$). HLA-A3 and HLA-B18 were found significantly more rare (14,6% vs. 29,6%, $p(0,05$ and 4,2% vs. 14,2%, $p(0,05$ respectively) than in control. The increase of DRB1* 16 was observed in women with endometriosis (11.6% vs. 2.6%, $p < 0.05$). The risk of endometriosis development was greater in the patients with negative DRB1* 16–antigen (relative risk - 5).

Conclusions: HLA-DRB1* - antigen is predispose to development of endometriosis.