
THE OPERATIVE HYSTEROSCOPY EXPERIENCE

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Objective: *to access the possibilities of operative hysteroscopy. Many hysteroscopic operations make it possible to avoid hysterectomy thus preserving menstrual and reproductive functions. Besides medical problems intrauterine (IU) hysteroscopic surgery helps to improve psychoemotional status of these patients.*

Methods. *Endoscopical equipment "Karl Storz" (Germany) was applied in our study. Mechanical instruments (semirigid forceps, scissors, optic rigid scissors) and resectoscope were used for the surgical manipulations. Intrauterine surgery was performed under intravenous anaesthesia (diprivan, ketalar) in 348 patients, epidural anaesthesia in 5 patients and endotracheal anaesthesia in 6 patients.*

Results. *From 1996 to 1998 a total of 1881 hysteroscopies was made in gynecological department including 359 surgical ones: 138 polypectomies, 103 myomectomies, 48 endometrial ablations, 44 foreign body removals ("lost" IUDs, ligatures, bone fragments), 19 adhesion resections, 7 IU resections. Hormonal pretreatment with GnRH agonists (16 patients) as well as gestagens (38 patients) was carried out before surgery (myomectomy and endometrial resection). Abdominal ultrasonography proved to be useful in resection of extensive IU adhesions, IU septum and myomectomy to monitor the course of surgery. Intraoperatively during the mechanical myomectomy (5-6 cm) one patient had cervix vascular hemorrhage that necessitated cervix suturing and haemotransfusion.*

Conclusion. *Thus we believe IU operative surgery to be highly efficient and reliable.*

PROGNOSTIC SIGNIFICANCE OF HCG MEASUREMENT IN IVF PROGRAM

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Objective. *HCG measurement as pregnancy test as a highly precision method allows to detect the earliest pregnancy (7 – 9 days). The correlation between HCG concentration at the first measurement (12-14 day after embryo transfer) and the pregnancy outcome were investigated retrospectively.*

Methods. *Maternal serum HCG level of the patients on the 12 – 14 days after embryos transfer were measured by standard immunoassay method (DIAPlus). Serum samples were from Center of human reproduction (St. Petersburg).*

Results. *Pregnancy outcomes of 222 patients after IVF were analysed. First group consisted of 142 patients who gave birth to the alive child. Medians of HCG level in this group changed from 110 u/l at 12 day up to the 255 u/l at 14 day and had an average value 211 u/l. At the second group there were 57 patients with early abortion and 23 with pregnancies terminated within 12 weeks of gestation. No increase in average HCG level on 12 to 14 day after embryos transfer revealed in these patients. Average value was 90 u/l.*

Conclusions. *HCG measurement on 12 – 14 days after embryos transfer has a good prediction significance for pregnancy outcome. HCG level decreased less than 80 u/l indicates with highly probability at early abortion or termination of pregnancy. This situation have to be corrected by additional treatment for increasing pregnancy outcomes after IVF.*