

---

## **ROLE OF A FINE-NEEDLE TRANSVAGINAL ASPIRATION WITH THE CONTROL OF US IN DIAGNOSTICS AND TREATMENT OF OVARIAN CYSTS**

---

V.Kustarov, Eu.Troik, I.Sergeeva

SPbMAPS, Leningrad regional hospital, St.-Petersburg, Russia

*The treatment of ovarian cysts remains one of the main problems in gynecology, the densities of unjustified surgical interventions is still high. The results of treatment 588 patients (average age 38,5 years) which the puncture of ovarian formations under the control of US are given. The indications to realization of intervention were the combinations of an oothecoma to infringements of a menstrual cycle and/or by a pain set of symptoms in the genesial period; with the expressed adhesive process of a small basin after cavitary operations and high risk of postoperative complications; with a serious extragenital pathology in postmenopause. The basic criteria for realization of a puncture (at a level CA-125, not exceeding 35 U/ml), were served with ultrasonic attributes: The presence of unicameral echonegative formation with smooth thin capsula and dorsal effect of intensifying, that was characteristic for cysts (follicular, yellow body, endometrioid, theca-lutein), and also simple serous ovarian cystadenomas. The sizes of formations were 25-142 mm, average diameter of 67 mm. The received material (1-840 ml of a yellow or colourless transparent liquid, on the average - 102 ml) estimated visually with the obligatory cytologic control. US-monitoring was carried out through 2, 6, 12 months after a puncture, and also through 3, 5 and 7 years. The relapses took place in 32,8 % of observations (from them in the genesial period - 27,3 %, in premenopausal period - 38,9 %, in postmenopause - 50 %). For sclerotherapy into a cavity of a cyst entered preparations: alcohol, Iodum, cytostatic Thiophosphamidum in a dose 40 mg unitary. The relapses arose accordingly in 30 %, 37,5 % and 17,7 % of observations, whereas without introduction of preparations - in 34,4 %.*

*Thus, the strict selection of the patients for treatment with application of noninvasive ultrasonic techniques has allowed in many cases to avoid operative measures. Described tactics has not affected body height of number of malignant neoplasms of female genitalias.*

---

## **PROPHYLACTIC USE OF LIOTON-1000 IN POSTPARTUM PERIOD IN PATIENTS WITH CHRONIC VENOUS INSUFFICIENCY**

---

Kulakov V.I., Kirienko A.I., Chernuha E.A., Mourachko A.V., Bogachev V. Ju.

Scientific Center of Obst., Gynec. and Perinat. RAMS, Russian State Medical University, Moscow, Russia

**Objective:** *To evaluate efficacy of prophylactic use of Lioton-1000 in postpartum period in patients with chronic venous insufficiency (CVI) of lower extremities.*

**Methods:** *9 patients in postpartum period with chronic venous insufficiency II-III stage were treated by local use of Lioton-1000 gel and 10 patients in postpartum period with chronic venous insufficiency II-III stage treated by conventional methods (compression therapy only) served as control. All patients were matched for age, route of delivery, and severity of CVI. Methods of study included standard questionnaire, clinical condition of lower extremity, CBC and hemostasiogramm.*

**Results:** *Local Lioton-1000 use for 5-7 days in postpartum period was associated with improvement in subjective sensations and clinical condition of extremities (including edema, eritema, claudication, palpable changes in veins) in 8 of 9 patients (88,9%) against 4 of 10 patients from control group (40%). Unfortunately, one case of Lioton-1000 group was complicated by thrombophlebitis of superficial vein of lower extremity compared with 3 cases in control group.*

**Conclusion:** *Local use of Lioton-1000 in patients with chronic venous insufficiency is quit effective method for prophylaxis of venous complications in postpartum period.*