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## THE MODERN METHODS OF EMERGENCY CONTRACEPTION

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**Objective:** *Efficacy and tolerance of levonorgestrel and combine estrogen-gestagen oral contraceptive regimen of emergency contraception (EK) in fertile women was studied.*

**Methods:** *We enrolled 120 women age range 15- to 35 (21,0+0,4) requested EK. I group – 60 women used estrogen-gestagen Ovidon, II group used Postinor.*

**Results:** *The estrogen-gestagen regimen efficacy was 94%, gestagen regimen – 97,3%. Side effects were registered in 23% in the I group and 16% - in the II. The most frequent of side effects were nausea, vomiting, mastalgia, intermenstrual vaginal discharge. The side effects frequency in Postinor regimen was lower than in Ovidon regimen.*

**Conclusions:** *The gestagen regimen (Postinor) is more effective and well tolerated comparatively to estrogen-gestagen regimen (Ovidon).*

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## PROCESSES OF FREE REDICAL OXIDATION IN PLACENTA AT PREMATURE LABOR.

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**Objective.** *To elucidate the importance of free radical processes in the mechanism of pathogenesis of premature delivery.*

**Methods.** *The intensity of processes of free radical oxidation (FRO) was estimated by chemiluminometric method in human placental tissues.*

**Results.** *In premature labor at 28-36 weeks of pregnancy an increase of chemiluminescence (Chl) intensity was observed which was accompanied by a rise of TBA-reactive products and by invariable level of modified proteins and a size of middle molecules. The addition of superoxide dismutase (SOD) causes a decrease of the Chl intensity in the norm and in the premature labor. Sodium azide and methionine (inhibitors of SOD-independent generation of oxygen active forms) exert weaker suppression of Chl in placental of women with premature labor then in the norm. The quantity of  $I_{50}$  taurine and uric acid in noncomplicated term labor is higher than in preterm ones.*

**Conclusion.** *In later premature labor there is an increase of FRO processes mainly conditioned by the lipid peroxidation. FRO in the placenta can be realized both by SOD-dependent and SOD-independent mechanism (anion-hypochloride formation), the latter is noted to be inhibited which leads to the weakening of antibacterial barrier between mother and fetus.*