

THE COMPARISON OF EFFECTIVENESS ESTROFEM, KLIOGEST, AND TRISEQUENS IN WOMEN WITH SURGICAL MENOPAUSE

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The menopause is accompanied by changes of lipid profile and some parameters of hemostasis. These changes are results of estrogen deficiency and aging. Some women become menopausal in younger age, in premenopausal or reproductive period of their life. by surgical removal of ovaries with or without hysterectomy. We evaluate the serum concentrations of gonadotropins, sex steroids, cholesterol, triglycerids, LDL, HDL, fibrinogen in 66 women with surgical menopause and effectiveness of hormone replacement with estrofem, kliogest and trisequens. We used combined (continuous and sequential) therapy in those women after hysterectomy who underwent surgery because of endometriosis.

Results. Estrofem and kliogest significantly decreased LH (mediana before treatment was 29,8 mIU/l and 19,5 and 17,2 respectively), FSH (75,1 mIU/l versus 30,2 and 28,6 respectively), trisequens didn't change LH and FSH. Estradiol increased from 50 pmol/l to 493 (estrofem), 329 (kliogest) and 380 (trisequens). Testosterone and DHEAS were significantly higher after usage of estrofem. then before treatment or usage of kliogest and trisequens. These changes in hormonal pattern were accompanied by following changes in lipids and fibrinogen (mediana, q1-q2):

N=66	Before treatment	Estrofem n=26	Kliogest n=17	Trisequens n=23
Cholesterol mg/dl	219,5(183.5-235.5)	199,0(173.5-212.5)	195,0(171.5-212.0)	201,5(170.0-210.0)
Triglycerids mg/dl	95,0 (74.0-122,5)	101,5 (80.5-143,0)	76,0 (64,0-93.5)	75,0 (52.0-93.0)
LDL mg/dl	123,0(102.0-154.0)	100,0(86,5-112.5)	113,0(92.0-121.0)	104,0(80.5-124,5)
HDL mg/dl	63,0 (54.5-71.5)	67,0(57,5-85,5)	64,0(56,0-70.5)	75,0(66.5-85.0)
Fibrinogen mg %	425,0(350.0-500.0)	350,0(287.5-475,0)	330,0(312.5-425.0)	300,0(250.0-300.0)

Thus, Estrofem, kliogest and trisequens, decreasing levels of cholesterol, LDL and fibrinogen, reduce risk of cardiovascular disease in women with surgical menopause.

THE ROLE OF PRENATAL SCREENING IN PROPHYLAXIS OF FETOINFANTILE LOSSES

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Objective: *The aim of the research was to study the dependence of the fetoinfantile losses' indices from use of prenatal screening on the congenital pathology and the intrauterine infection.*

Methods: *In the Omsk area the prenatal screening has been inculcated since 1993 and carried out in 2 stages. The first stage provides examination of pregnant women with ultrasonic scanner, bloods research of β -fetoprotein, chorionic gonadotropin, estriol, TORCH-infection and syphilis. The second stage includes Doppler ultrasonography, invasional diagnosis and consultation of a perinatalist-geneticist. The fetoinfantile losses were estimated with the indices of mortinatality, perinatal and infantile mortality from 1993 to 1998.*

Results: *The conducted analysis showed that inculcation of screening's programs allowed to diagnosticate and eliminate defective fetuses with maldevelopment, chromosomal diseases, with a high risk of developing of intrauterine infections including condental syphilis in time. It led to the lowering of amount of children who were born with developmental defects and the lowering of early neonatal mortality in this group. In general during the period analyzed when the total natality decreased from 10,7 to 9,2 per 1000 people the index of the perinatal mortality decreased from 16,3 to 14,9 per 1000 live birth and the index of the infantile mortality — from 20,3 to 14,3 per 1000 live birth. At the same time the specific gravity of developmental defects decreased from 40,5 to 28,8 per 10.000 live birth and the specific gravity of infections — from 20,3 to 10,1 per 10.000 live birth in the structure of the infantile mortality.*

Conclusions: *The obtained results are evidence that the prenatal screening is the important part of the work aimed at the lowering of the fetoinfantile losses.*