
LAPAROSCOPIC TREATMENT OF ENDOMETRIOSIS-ASSOCIATED INFERTILITY AND THE OVARIAN FUNCTION

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Objective: To study the influence of laparoscopic treatment of pelvic endometriosis on the ovarian function.

Methods: The laparoscopic treatment (bipolar coagulation of endometrious heterotopies, adhesiolysis) was performed in 100 women with infertility caused by pelvic endometriosis associated with normogonadotropic normoprolactinemic ovarian insufficiency. Medicamentous therapy of endometriosis and stimulation of ovulation were not used. The ovarian function was evaluated with the help of basal body temperature, ultrasound monitoring, estimation of blood estradiol and progesterone levels before and 3-6 months after laparoscopic treatment of endometriosis.

Results: There was no restoration of ovarian ovulatory function after the treatment in 40% of patients (1st group). The luteal insufficiency was found in 5% of patient with anovulation (2nd group). The restoration of ovulatory menstrual cycle happened in 55% of patients (3rd group), with 29 of them became pregnant in 2-6 months. The initial level of estradiol and progesterone in the 2nd - 3rd groups was higher than in the 1st group ($p < 0.01$ and $p < 0.05$, relatively). Positive correlation ($r = 0.32$, $p < 0.001$) between the progesterone level and frequency of ovulation restoration was found.

Conclusions: The restoration of ovarian ovulatory function in 55% of women after removal of endometrious heterotopies shows its great importance and the necessity of laparoscopic treatment for patients with infertility caused by pelvic endometriosis and hormonal ovarian insufficiency.

THERAPEUTICS ASPECTS DIATHERMY OF SURGERY OF CERVIX UTERUS

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Objective: The solution of oncogynaecological problems provides duly diagnostics and appropriate treatment of background condition of cervix uterus. The correct approaches to a solution of this problem help to prevent dysplasia and crawfish of ecto- and endocervix. The definition of the indications to operation and choice of a method of treatment according to patient's age is actual.

Methods: To optimize outcomes of diathermy excision during treatment of background condition of cervix uterus in pre- and postoperation period lowdosage combined synthetic progestins such as Rigevidon, Marvelon, Silest were applied. The selection of a preparation was conducted individually.

Results: The diathermy excision on a conventional technique is made to 32 out-patients. Control group, in which lowdosage oral contraception was not applied consisted of 20 women. Synthetic progestins under the scheme of contraception applied during one menstrual cycle before operation and during consequent two menstrual cycles continuously (without a seven-day time interruption within 42 days). The operation was conducted in one of days of second menstrual cycle on background of hormone-containing contraception application.

Conclusions: The application of extrogen-progestagen contraception before and after operation has allowed: 1) To exclude a possibility of pregnancy 2) To prevent origin endometrioid heterotopies 3) To be free in choice of a day of operation 4) To reduce terms epitalisation wound of a surface The obtained outcomes testify to expediency of realization diathermy excision of cervix uterus at the women of reproduction age on a hum noise of use combined hormone-containing contraception using.