
SEXUAL DYSFUNCTION IN GYNECOLOGIC PATIENTS WITH CHRONIC PELVIC PAIN

Scheglova I. Yu.

I. P. Pavlov State Medical University, St.- Petersburg, Russia

The purpose of this study was the next: first, to investigate the association between chronic pelvic pain (CPP) and sexual distress in gynecologic patients, second, to correlate the history of sexual abuse and somatization in groups of women with CPP and without pain. The Middlesex Hospital Questionnaire (MHQ) and structured sexual interview were administered to 63 gynecologic patients, who already underwent the necessary operative treatment. All women were divided into 2 groups: 31 patients with CPP and 32 pain-free. No significant differences in age, educational attainment, marital status, severity or type of gynecologic pathology, rates of anxiety and phobia (MHQ) were observed between 2 groups. Besides, both of them reported low sexual desire, sexual aversion, partial failure to attain the lubrication-swelling response, inhibited orgasm in 50-75% intercourse's. Number of sexual trauma (incest, rape, repetitive molestation's) was just the same in patients with CPP and without pain. However, women with sexual trauma in both groups reported younger age at first intercourse, higher total number of sexual partners and of painful intercourse's, higher scores of hysteria and somatic anxiety (MHQ). A strong correlation was observed between hysterical scores (MHQ) and history of sexual trauma in CPP patients. No similar correlation was noticed in comparison group. One possible explanation for these findings would be that women, who somatized, are more likely to exaggerate or fabricate histories of sexual trauma. Nevertheless, a history of sexual abuse and high hysterical scores (MHQ) can be predictive of increased risk for CPP in gynecologic patients. The sexual dysfunction in gynecologic patients should be taken into account in order to achieve their good well-being.

CAN ANTIBIOTICS BE TERATOGENIC ?

A. Sek

Academy in Lublin, Poland

Objective: *Gestation is a very special period for women. One of the threats at this time is bacterial infection. The presented experiment aimed to evaluate influence of two marketed antibiotics: Timentin (beta lactam karboxypenicillin combined with beta-lactamase inhibitor) and Adriblastin (doxorubicyn hydrochloride), antibiotic cytostatic*

Method: *188 Wistar rat females of 200-250 grams weight fertilized and 653 fetuses were delivered and examined. Following experimental groups were created: Timentin i.p.) intraperitoneally at doses I- 32,0, II -320,0, III-3200 mg/kg body weight (b.w.) respectively, Adriblastin (i.p.). 16 mg/kg, b/w. Parallel three control groups were made: K1-0,9%NaCl i.p. 1ml/kgb/w., K2- distilled water i.p.-1ml/kgb/w, Ko-receivedeither no created. Drugs were administrated between 8 and 15 day of gestation and 21 days of gestation decapitations were performed. Fetuses were evacuated by cesarean section. Macroscopic evaluation of fetuses and placentas was done. Part of fetuses were dissected to observe changes in internal organs. Another part was stained in Dawson's methods to watch their skeletons changes.*

Results: *Adriblastin decreased weight gaming of females between 1-21 day of gestation in comparison to control groups. In Adriblastin group weight increase was $23,67 \pm 5/14g$, what is only 21,3% weight increased in females of control groups. Adriblastin increased number of early and late resorption. This gave a significant increased of post implantation mortality index — it was 37,25%. In fetuses there occurred heavy development defects: spina bifida, brain hernia and tongue hypertrophy ancyrodactyly of 3 and 4 finger.*

Conclusions: *Adribiastin was toxic for mothers and fetuses. From the obtained results we can state the Timentin alone does not act embryo toxically and teratogenically.*