
THE AGE ASPECTS OF PATHOGENESIS OF POLYCYSTIC OVARIES IN PATIENTS WITH NEURO-ENDOCRINE HYPOTHALAMIC SYNDROME IN CONDITIONS OF GOITER ENDEMICIA

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Objective: to study the age aspects of pathogenesis of polycystic ovarii (PO) in the girls with pubertal hypothalamic syndrome (HS) and women with HS.

Methods: the clinical examination of 78 girls aged 18,07±0,29 years and 114 women aged 27,8±1,03 years with neuroendocrine, trofic, vegeto-vascular and others manifestations of HS; ultrasound and hormone investigation (basal prolactin, LH and FSH levels, TSH and thyroid hormones have been conducted). The results of investigation have been calculated by generally accepted methods of variation statistics with the use of Student's criterion.

Results: The PO has been revealed in 35 per cent of girls with pubertal HS. In this group the frequency of perinatal pathology, accompanying hypothyrosis and hyperprolactinemia is reliably higher ($p < 0,01$), than in girls without PO. The volume of ovaries and correlation of LH/FSH levels were in reverse correlative dependence on prolactin level. In the group of women of reproductive age PO were revealed in 50 per cent. PO developed more often in women with the beginning of HS in pubertal period. The correlation of LH/FSH in the patients with PO was higher then in the group of comparison, but did not reach "classic" (> 2) values due to hyperprolactinemia.

Conclusions: In the patients with HS risk of PO development increases depending on the duration of disease. Among the risk factors of PO in patients with pubertal HS the perinatal pathology is the most significant, but in reproductive age early hypothalamic dysfunction beginning is the main risk factor. Hyper-prolactinemia in both age groups is associated in certain degree with decrease of thyroid gland function in conditions of goiter endemicia and, in turn, leads to decrease of LH/FSH correlation in the patients with PO.

MANAGEMENT OF ECTOPIC PREGNANCY IN TALLINN CENTRAL HOSPITAL WOMEN'S CLINIC (ESTONIA). HOW TO SWITCH TO MINIMAL INVASION

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During last two years the management of ectopic pregnancy in Tallinn Central Hospital Women's Clinic underwent a considerable change. The majority of cases are treated laparoscopically, by means of direct methotrexate injection or expectantly. The aim of this retrospective descriptive study is to show the trends of management of ectopic pregnancy in our hospital during last two years. To show the trends we divided the mentioned period into four parts – September 1996 – April 1997, May 1997 – December 1997 and January 1998 – August 1998, September 1998 – January 1999. During the whole period 228 patients with ectopic pregnancy were treated in our hospital, 109 (47%) by means of laparotomic approach, 94 (42%) by laparoscopic approach and 19 (8%) by direct methotrexate injection. The same figures by periods: 59 (92%), 2 (3%) and 1 (1,5%) January 1997 – April 1997; 20 (38%), 29 (55%) and 4 (7%); May 1997 – December 1997; 21 (35%), 31 (52%) and 7 (9%) January 1998 – August 1998 and 9 (18%), 32 (64%) and 7 (14%) respectively. The rest 4 cases (2%) were followed expectantly. There were no cases of maternal death related to ectopic pregnancy. There were 2 cases of repeated ectopic pregnancies, 1 after laparoscopic salpingotomy (on contralateral side) and 1 after direct methotrexate injection (on ipsilateral side), which were treated by means of laparoscopic salpingectomy. Besides possessing laparoscopic and ultrasound equipment we believe three more conditions are necessary to facilitate the more conservative and cost-effective management of ectopic pregnancy. They are patients' knowledge about early symptoms of ectopic pregnancy; outpatient department doctors knowledge about modern methods of diagnosis and laparoscopic surgery training of all doctors who take part in duties.