

A COMPARATIVE ASSESSMENT OF UTEROPLACENTAL CIRCULATION IN FETAL DISTRESS SYNDROME

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A retrospective assessment of systolic-diastolic ratio (S/D) of uterine, spiral and umbilical arteries was done in 78 pregnant women with various obstetrical and extragenital pathology. The studies were made in the third trimester of pregnancy on «Acuson 128 XP/IO» ultrasound system. The conclusion was made: systolic-diastolic ratio in both uterine arteries higher than 2.6 in 59% cases were accompanied with the evidence of fetal distress syndrome. The increase of systolic-diastolic ratio in spiral arteries more than 1.9 in 68% cases was seen with the signs of fetal distress syndrome. The increase of S/D ratio in umbilical arteries more than 3.0 were accompanied with the fetal distress syndrome in 78 % of pregnancies. We conclude that complex study of utero-placental circulation could be useful tool for the diagnostics and prognosis of the fetal distress syndrome.

SIGNIFICANCE OF LAPAROSCOPY IN DIAGNOSTICS OF PRECLINICAL RECURRENCE OF OVARIAN CANCER

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Objective: *Ovarian cancer is the most frequently cause of death of women with malignant tumors in Russia which is considered not only with diagnostics of advanced ovarian cancer but also belated diagnostics of recurrences.*

Methods: *41 patients with ovarian cancer in clinical remission were investigated by ultrasonography (US) and CA-125. Laparoscopy was tried in cases when there are differences between features of CA-125 and US.*

Results: *Metastasis are observed by biopsy in 25 (86,2%) with increased level of CA-125 and in 4 patients (13,8%) with negative features of US. From 12 patients with normal level of CA-125, but with positive features of US 4 (33,3%) patients have a recurrence. Results are shown in table.*

	Patients	Laparoscopy positive	Laparoscopy negative
CA-125>35U/ml (US negatives)	29	25 (86,2%)	4 (13,8%)
CA-125=35U/ml (US positive)	12	8 (66,7%)	4 (33,3%)

Conclusion: *For our opinion laparoscopy may be an important criteria of early diagnosis of preclinical recurrences from patients with ovarian cancer if there are differences between levels of CA-125 and US.*