



THE ROLE OF NEW TECHNOLOGIES IN TREATMENT OF UTERINE TUBE DISEASES

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EVOLUTION OF REPRODUCTIVE SURGERY

The purpose: to show the basic stages of formation, modern condition, and perspective directions of reproductive surgery development in gynecology.

Object and methods. This report is based on the data of clinical investigations of more than 350 women with tubal – peritoneal infertility. The results of macro-, microsurgical and laparoscopic methods of Fallopian tubes plastics were estimated by means of comparative analysis. The results of transcervical recanalization of Fallopian tubes in case of their proximal occlusion were also evaluated. An addition, we analysed the experimental data of animal investigations (rabbits) and studied available scientific articles.

Results. A reproductive surgery (RS) can be divided into two conditional directions: 1) the surgery of woman's reproductive organs is an operative treatment of different diseases of reproductive system and 2) surgery of infertility. The purpose of RS is preservation and restoration of reproductive system integrality with preservation (restoration) of the main specific functions – fertility, hormonal and sexual functions, and also menstrual cycle. Based on the opinion that fertility – is not an illness, but abnormal condition determined by the different diseases, when the pregnancy becomes impossible, the SR is a surgical treatment of illnesses resulted in the destruction of reproductive function and fertility.

The frequency of delivery after macrosurgical operations on Fallopian tubes was 5%, after microsurgical and laparoscopic operations – 40% and 50%, respec-

tively, after proximal part recanalisation of Fallopian tubes – 36%, after IVF – 25%.

The conclusion. The evolution of SR passed the way from simple operations restored only mechanical recanalisation of Fallopian tubes, the removing of tumors interfered with pregnancy coming to modern high-technology operations with application of precise optical systems, ultraprecise tools and sutural materials promoting restoration of anatomic and functional integrality of reproductive system. Miniinvasive and non-invasive methods – uterine arteries embolisation, focused ultrasonic ablation of uterine fibroid are the modern RS in gynecology.

The experimental (including ours) and the clinical researches in different countries allow to approach the humanity to transplantation of the uterus and its appendages as the vital organs in realization of reproductive function. A lot of ethical, legal, scientific and practical questions is on the way of realization of this stage of SR. Who needs a transplantation of the uterus and ovaries? Is the transplantation in gynecology really necessary? What reproductive organs can be replaced? What are the moral, ethical and legal aspects of transplantation in gynecology? What are the rights of married couples and separate persons in this case? Is the uterine transplantation feasible technically? Is it possible to restore in the future the menstrual cycle and fertility? How much is it? In present time there is more questions than answers.

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SURGICAL TREATMENT OF TUBAL-PERITONEAL STERILITY IN PATIENTS WITH HYDOSALPINX

Objective: the determination of indications and contraindications for reconstructive-plastic surgery of uterine tubes in patient with hydrosalpinx.

Materials and methods. We have operated 159 female patients with tubo-peritoneal sterility, which resulted from existence of hydrosalpinx. All patients were underwent salpingoneostomy with application of laparoscopic (n=122) or microsurgical (n=47) technique. In 26 cases the microbiopsy of ampullar part endosalpinx of uterine tube with subsequent investigation of its ultrastructure by method of light and electronic microscopy (microscope “Hitachi”, Japan) was performed.

Results. There were found no reliable distinctions in results of operations, performed with using of laparoscopic and microsurgical technique. Thus, the frequency of pregnancy occurrence after laparoscopic operations was 30,4% (34 of 112), and after microsurgical – 29,8% (14 of 47; $p > 0,05$). The mean period of time between the operation and pregnancy occurrence after laparoscopy was $5,4 \pm 0,4$ months, and after microsurgical operation – $4,5 \pm 0,5$ months ($p > 0,05$). However, application of laparoscopic technique is more justified, because it allows to reduce intraoperative hemorrhage, the duration of interven-