

tion, number of postoperative complications and time of hospital stay.

Conclusion. There were revealed the following unfavourable factors reduced the probability of uterine pregnancy occurrence: hydrosalpinx diameter more than 1 cm, rigid wall of uterine tube, presence of evident adhesive process in pelvic cavity, previous uterine tubes surgery, the age of the patient more than 30 years and duration of sterility more than 5 years. At the

same time the most prognostic value for occurrence of uterine pregnancy is hydrosalpinx diameter and uterine tube thickness. Thus, the frequency of uterine pregnancy occurrence in patients, who had hydrosalpinx over 1 cm in diameter and thick wall of uterine tube didn't exceed 9,2%. At the same time in ultrastructure of hydrosalpinx of these patients there were revealed deep irreversible dystrophic changes, resulted in functional imperfection of uterine tubes.

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THE PECULIARITIES OF PREGNANCY AND LABOR & DELIVERY COURSE IN PATIENTS AFTER LAPAROSCOPIC CORRECTION OF STERILITY

Reproductive health of the woman is the important condition of favorable prospects of each nation. The overcoming of married couple sterility is a question of state importance, but correct management of pregnancy and the choice of delivery method in pregnant after operative treatment of sterility is no less significant.

Objective. To analyse the pregnancy and labor and delivery course in women after laparoscopic correction of sterility.

Material and methods. The analysis of peculiarities of pregnancy and labor & delivery course was carried out in 54 women, became pregnant after laparoscopic treatment of sterility.

Results. Based on laparoscopic surgery data, sterility was caused by following factors: tubal – peritoneal (49,3%), peritoneal (9,6%), complete uterine tubes occlusion (38%), including sactosalpinx (23,4%). A combination of salpingitis with endometriozis was revealed in 28,2%, with uterine fibroma – in 10,4%, with syndrom of polycystic ovaries – in 16,4%, with anomalies of development of uterus – in 5,6%. During laparoscopy there was revealed the adhesive process of different degree by Hulk: I degree – 35%, II – 46%, III degree – 19%. Combined form of sterility took place in 57% of the patients, the combination of 3 – 4 factors was frequently observed. The pregnancy occurred in 6 months after operative treatment in 54% of women, in 12 months – in 31%, and in 18 months

– in 15%. The peculiarities of pregnancy course was: the high frequency of threatened abortion and preterm delivery – 44% in the I trimester, 35% – in the II trimester, 21% – in the III trimester; early primary fetoplacental insufficiency – 32%; chronic intrauterine hypoxia – 34%, IUGR – 12%. There were not revealed reliable differences in frequency of OPH gestosis, anemia and others obstetric complications. The frequency of spontaneous abortion in the I trimester was 9%. Premature delivery was marked in 35% of the patients. Term delivery took place in 65%. Vaginal deliveries were observed in 62% of cases, cesarian section – in 38%. Among the indications for operative delivery the obstetric indications prevailed (86%), and were connected with fetal distress very often (69%). The common complications of labor were: primary (41%) and secondary (23%) weakness of contractions, progressing intranatal fetal hypoxia (10%). The characteristics was the correlation between the frequency and severity of the complications of pregnancy and labor and delivery and sterility duration, age of the parents, and peculiarities of conservative and operative treatment of sterility before pregnancy.

Conclusions. The women after operative treatment of sterility form the risk group of complicated pregnancy. The frequency of complications correlates with sterility etiological factor, duration of pathological process. It requires the careful pregravidarum preparation and specific pregnancy management from early stages

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ENDOSCOPY IN ART

Laparoscopy and hysteroscopy approaches are taking a leading position in the up-to-date diagnostic and treatment techniques in gynecology and in reproductive medicine, in particular.

Extending and more successful clinical use of ART in recent years makes it significant to evaluate the role of endoscopy and ART for infertility treatment. The only criterion for taking decision is the answer to the

question: Does the use of this or that technique or a combination of them increase the chance of pregnancy occurrence and delivery of a healthy baby?

Basing on our own experience and on literature data

available we are considering how justified the use of laparoscopy and hysteroscopy for diagnostics purposes and surgeries done with these approaches might be to improve the results of ART.

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THE EFFICACY OF LAPAROSCOPY IN ADOLESCENT GIRLS WITH PURULENT PELVIC INFLAMMATORY DISEASE (PID)

Material and methods. The target of medical examination of 98 adolescent girls at the age from 14 to 17 years with purulent PID was to establish the correlation between the clinical signs and the degree of destruction, revealing during laparoscopy. According to the classification of purulent PID all patients were divided into two groups. The first group (I) included 52 girls with complicated forms of purulent PID (tubo-ovarian abscess). 46 patients with simple purulent salpingitis were gathered into the second group (II). The diagnoses of purulent PID was based on the minimal, additional and definitive criteria recommended by the Center for Disease Control and Prevention. Laparoscopy was performed to all patients as definitive criteria. The degree of destruction in upper genital tract was valuated with J.Henry-Suchets' scale.

Results. There was found out that the initial diagnoses was the same with the clinical one only in 48 (50%) patients. The diagnoses of "acute abdomen" was primarily set down in 22 (22,4%). Another 28 (28,5%) girls were hospitalized with the non-inflammatory pathology. The average duration of disease before hospitalization was $18,2 \pm 2,4$ days in group I and $8,4 \pm 1,4$ days in group II ($t=3,36$; $p<0,001$). The main symptom of 64 from 98 (65,3%) patients was lower abdominal pain. Another 10 (10,2%) girls pointed the localization

of the pain in right mezogastrium. The combined localization of the pain in hypogastrium and right mezogastrium was revealed in 13 (13,2%) cases. There were 11 (11,2%) girls which denied any signs of pain. The singular laboratory index, correlating with destruction, was the Erythrocyte Sedimentation Rate (ESR). The average ESR was $19,1 \pm 1,7$ mm/h in group I ($n=52$) and $11,8 \pm 1,2$ mm/h in group II. ($n=46$) ($t=3,34$; $p<0,001$). Laparoscopy was performed to all patients at the period from the 1-st till 11-th day of hospitalization. During the first 3 days it was made to 75 (76,5%) girls. The postponed laparoscopy was performed in 23 (23,5%) cases. The average value of J.Henry-Suchets' index was $17,3 \pm 0,5$ points in group I and $15,3 \pm 1,2$ points in group II. The extent of surgery was varied from sanative to tubectomy, adnexectomy and appendectomy. The average duration of the hospital treatment was $11,6 \pm 0,6$ in the both groups. The revealed peculiarities of the purulent PID in adolescent girls demonstrate the efficacy of diagnosing of this pathology according to the minimal and additional criteria. Seeing the necessity of the performing the postponed laparoscopy in 23,5% cases we consider to be the most efficient its performance during the first 3 days that afford not only to definite the diagnoses but to perform the adequate sanitation of destructed area.

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SURGICAL TREATMENT OF PATIENTS WITH PROXIMAL UTERINE TUBES OCCLUSION

Introduction. Uterine tubes occlusion at the proximal part is one of the causes of the tubal-peritoneal sterility at women. Frequency of proximal tubal occlusion according to various authors averages about 20%.

Material and methods. With the purpose of recanalization of the proximal part uterine tubes we used a set of coaxial catheters, offered by Novy in 1988 (J-NCS-503570, COOK, USA). We operated 27 patients concerning tubal-peritoneal sterility with uterine tubes occlusion at the intramural part. Average age of the pa-

tients was $28,6 \pm 5,7$ years (from 21 up to 42 years). 9 patients (33,3%) was with primary and 18 (66,7%) – with secondary sterility.

Results. Duration of sterility at the moment of the operation was on the average $4,2 \pm 2,03$ years. 2 patients with secondary sterility have had labor in past history, 12 – induced abortions, and 4 – extrauterine pregnancy. 4 patients after induced interruption of pregnancy have developed acute endometritis or salpingo-oophoritis. 15 patients (55,6%) have had the Chlamydia infec-