

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.

Karaeva K.U., Kochreidze N.A., Kutusheva G.F.

SPPMA, S-Petersburg, Russia

## 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 valued 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.

Liatoshinskaja P.V.<sup>1</sup>, Kira E.F.,<sup>3</sup> Bezhenar V.F.<sup>1</sup>, Tzhemchizhina T.Iu.<sup>2</sup>

<sup>1</sup> Department of obstetrics and gynaecology of Military-medical academy, Saint-Petersburg;

<sup>2</sup> City's Center of laparoscopic surgery of St.Elisabeth Hospital, Saint-Petersburg;

<sup>3</sup> National medical-surgical centre named after N.I. Pirogov of the Ministry of Health of the Russian Federation, Moscow, Russia

## 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-