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 sings 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 ± 2,4 days in group I and 8,4 ± 1,4 days in group I (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 sings of pain. The singular laboratory index, correlating with destruction, was the Erythrocyte Sedimentation Rate (ESR). The average ESR was 19,1 ± 1,7 mm/h in group I (n=52) and 11,8 ± 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 ± 0,5 points in group I and 15,3 ± 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 ± 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 sanation of destructed area.

Liatoshinskaja P.V.[1], Kira E.F.,3 Bezhenar V.F.[1], Tzhemchizhina T.Iu.[2]

[1] Department of obstetrics and gynaecology of Military-medical academy, Saint-Petersburg;
[2] City's Center of laparoscopic surgery of St.Elisabeth Hospital, Saint-Petersburg;
[3] 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 patients was 28,6 ± 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 ± 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-

tion in past history, 11 (40,7%) – acute adnexitis and 4 (14,8%) – acute endometritis. The condition of the uterine tubes was investigated by hysterosalpingography which helped to determine the fact of their impassability and also to reveal a level of occlusion. According to the examination, 11 patients had bilateral obstruction of intramural part of the uterine tubes, 9 – unilateral, 6 – one tube was impassable at the intramural part while the other was affected by hydrosalpinx, and 1 patient has revealed proximal occlusion of single uterine tube.

As a result of the transcervical recanalization of the intramural occlused uterine tubes the given method allowed us to restore the patency of even one uterine tube at 25 patients (92,6%) during the operation. In total the patency of 31 uterine tubes (81,6%) of 38 recanalized tubes was restored. The laparoscopic control has allowed to find out a pathology of the distal parts of the uterine tubes and peritubal area in 12 patients (57,1%), which were not revealed prior to the operation. 6 patients from this group had hydrosalpinx with a diameter from 1 up to 3 cm, and 9 – adhesive process of small pelvis bodies (1-II stage – 6, III-IV stage – 3 cases, classification by J.Hulka). At revealing of the given pathological changes we performed salpingo-ovariolysis, fimbriolysis or neosalpingostomy accordingly in each concrete case. During diagnostic hysteroscopy which was carried out before recanalization of the uterine tubes at 7 patients (29,6%) we revealed intrauterine pathology. 4 patients had endometrial polyps, obliterating orifices of uterine tubes that has required hysteroscopic polypectomy; 1 patient had submucous myomatous node with diameter of 1,5 cm in this connection we made its resection; and 3 patients have revealed intrauterine synechiae. One time the transcervical recanalization has become complicated by uterine tube perforation in it isthmic part, that at once was revealed by a parallel laparoscopy. The further movement of catheter has been stopped, and a proceeding bleeding was not observed after its extraction. The postoperative period was normal. Among 25 patients, who had even one uterine tube patent with the help of hysteroscopic transcervical recanalization with laparoscopy control, during postoperative supervision (not less than 6 months) 12 patients became pregnant (48,0%), among them 9 cases – uterine pregnancy, and 3 cases – extrauterine pregnancy in the recanalized tube. Four pregnancies have resulted in term labor, 2 patients are observed at the early gestation and in 3 cases there was a spontaneous abortion at the terms of pregnancy from 6 up to 12 weeks. Frequency of the reocclusion of the operated uterine tubes according to the hysterosalpingography in 1 year after the operation has made 46,2%.

Conclusions. Thus, transcervical recanalization of the uterine tubes is low invasive and effective method of treatment of the tubal occlusion at the intramural part, which helps to restore the patency of uterine tubes in 81,6% of cases. The given method is preferable at patients with possible combined affection of the distal and proximal parts of the uterine tubes and also with intrauterine pathology. Results of research show, that frequency of pregnancy at use of the given technique (48%) is comparable to frequency of pregnancy after microsurgical operations (20-50,8%), and also auxiliary reproductive technologies (19,2-65,4%) which economic expenses are many times higher than the cost of the given surgical method. The adverse factors lowering a reproductive outcome at the transcervical recanalization of the uterine tubes, in our opinion, is a presence of accompanying distal pathology of the uterine tubes, adhesive process in the peritubal area and also one uterine tube.

Markova E.A., Kuznetsova T.A., Vostricov V.V., Salfetkina S.V.

No.1 Department of Obstetrics and Gynecology, Siberian Institute of Human Reproduction and Genetics, Barnaul, Russia

THE EXPEDIENCY OF MANDATORY COMBINED ENDOSCOPY IN INCREASING OF ASSITED REPRODUCTIVE TECHNOLOGY EFFICIENCY

Introduction. Evaluation of 168 patients participating in IVF programs was performed depending on the results of combined endoscopic examination and subsequent treatment. The pathology of endometrium was detected in more than half of the cases, while hydrosalpinx was revealed in 20% of the patients, and every tenth patient suffered from endometriosis. The expediency of the approach under the study for preparing the patients for IVF programs has been confirmed. The present study was aimed an evaluation of expediency and efficacy of combined endoscopic examination in preparing for subsequent participation of female patients in IVF programs.

Material and methods. The study involved 168 patients participating in IVF programs in accordance with a standard long-term protocol of ovulation induction from 21st day of 28 days cycle. Depending on ovulation time, volume of preliminary research and correction of detected pathology, the patient population was divided in three groups. Group I consisted of 40 (23,8%) patients, who had undergone a combined endoscopic examination prior to a subsequent IVF cycle. Group II comprised 61 (41,0%) patient with a history of various kinds of endoscopic and surgical treatment directed at correction of the reproductive function. 59 patients from Group III did not have an endoscopic examination.

Results. Besides previous faulty attempts at admin-

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