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LAPAROSCOPY IN DIAGNOSTICS AND TREATMENT OF HORMONAL INFERTILITY

Introduction. In Russia the frequency of fruitless marriages exceeds the established WHO 15% critical level and reaches 17% from total of married couples. Since 1992 the negative yearly accretion of population in Russia is equal of 1,3%. Among the reasons of infertility the female infertility caused by hormonal insufficiency of ovaries occurs in 35-40% of cases. Hormonal infertility is consequence of various diseases of reproductive system and the common element of these diseases is an ovarian insufficiency. Earlier it has been established by us, that normogonadotropic anovulation, as a rule, is not connected with damage of the positive feedback mechanism between ovaries and a hypophysis and it is caused by insufficient secretion of estrogens by a dominant follicle. Finding-out and elimination of ovarian and extragonadal factors leading infringed folliculogenesis in ovaries, have great value for overcoming of hormonal ovarian insufficiency.

Material and methods. For 10 years the laparoscopy was performed in 1423 women of reproductive age with normogonadotropic ovarian insufficiency. Primary infertility took place in 43,4%, secondary – in 56,6% of patients. Duration of infertility varied from one year till 15 years.

Results. Besides hormonal inspection histological, ultrasonic, immunologic methods of research were used. Minor forms of extra genital endometriosis have been found out in 53,1%, extra genital endometriosis of III – IV stages – at 15,8%, chronic adnexitis – at 22,0%, polycystic ovary syndrome – at 9,1% of patients. Autoimmune oophoritis has been diagnosed at 30,1% of patients by means of a method of a straight-line immunofluorescence. At 45,5% of patients the reason normogonadotropic ovarian insufficiency has been established for the first time. Laparoscopic electrocoagulation of endometrioidal heterotopies has led to restoration of ovulatory menstrual cycle at 34,3% of patients with an extragenital endometriosis. Electrocauterisation of ovaries has promoted the restoration of ovulatory menstrual cycle at 54,9% of patients with a polycystic ovary syndrome. In other cases the laparoscopy has helped to choose the optimal therapy of normogonadotropic ovarian insufficiency.

Conclusions. Thus, the laparoscopy is the important part in diagnostics and therapy of hormonal infertility.

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LAPAROSCOPIC SURGERY IN DIAGNOSTICS AND TREATMENT OF SHARP INFLAMMATORY DISEASES OF APPENDAGES OF THE UTERUS

Introduction. Acute inflammatory diseases of uterine appendages are today medical problem that significantly affect the health of women of child-bearing age. In recent years the number of diseases of this group has increased.

Material and methods. We have analyzed the outcomes of treatment of women at the child-bearing age with the acute inflammatory pathology of uterine appendages that underwent urgent laparoscopic surgery during 1995-2004 years. During this period we performed 528 laparoscopic operations in patients with these pathologic conditions. Most often diagnosis analyzed in our trial were acute salpingo-oophoritis and pyosalpingo-oophoritis complicated by a pelvioperitonitis (342) and formation of encystments of uterine appendages (pyosalpings, pyo-ovarium) (186 cases).

Results. In our trial we observed such laparoscopic

operations as: adhesiolysis -127, salpingo-oophoriolysis – 196, salpingostomy – 14, salpingoectomy – 86, evacuation of pus from ovary -15, oophorectomy – 34, evacuation of salpingo-ovarian abscesses – 24, hemi-oophor- and hemi-salpingectomy – 56. 16 operated patients that had been operated for salpingo-ovarian tumors needed to be operated laparoscopically for elective sanitations of abdominal cavity and monitoring of recovery process.

Conclusions. Our experience have shown that application of laparoscopic surgery in management of patients with acute inflammatory diseases of uterine appendages (salpingitis, adnexitis etc.) provides the adequate operative management and thorough sanitation of abdominal cavity. During the postoperative period it is the method of choice for elective (repeated) sanitations of abdominal cavity as well as for prevention of severe postoperative complications.