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ENDOVIDEOSURGERY IN TREATMENT OF FEMALE STERILITY

Actuality. Sterility in marriage is a special problem of the contemporary medicine. Variety of factors causing sterility and difficulty of pathological mechanisms revealing create necessity of search and improvement of new, more effective methods of diagnostics and treatment for this group of patients. Fallopian and peritoneal factors of sterility are found in about 30% of women suffering from sterility.

Objectives of study. Estimation of advantages of endovideosurgical examination in patients with tubular-peritoneal factor of sterility

Material and methods. We have examined and treated 210 women with sterility using endovideosurgical technologies. Endosurgical operations were performed at the second phase of menstrual cycle and comprised two stages – the diagnostic one and treatment itself. In order to determine uterine tubes patency, intraoperative chromosalpingography was performed. The operation was completed by leaving the microirrigator in small pelvis for subsequent injections of antibacterial and anti-inflammatory medications.

Results of study. As a result of performed study, 35 (16,6%) patients showed irreversible anatomical changes of uterine and appendages and diffused comissures. There were performed comissures removal with mobilization of uterine tubes and ovaries. These patients were prepared for extracorporeal fertilization. In 56 (26,7%) patients, uterine tubes patency was intact, of those 30 (53,5%) had sclerocystosis of ovaries, 11 (19,6%) – small forms of external endometriosis; varication in small pelvis was found in 7 (12,6%) patients, subserous hysteromyoma – in 8 (14,3%). In case of sclerocystosis of ovaries, both ovaries were exsected, in case of endometriosis, coagulation of focuses and adhesiotomy were performed and in case of subserous hysteromyoma enucleation of nodes with bed coagulation was carried out. In 119 (56,7%) of examined patients, tubular factor of sterility was diagnosed, of those 45 (37,8%) had significant obstruction of either one or both fallopian tubes, in 48 (40,3%) the tubes were obstructed in ampullar part (hydrosalpinx) and in 26 (21,8%) of women the combination of tubular factor with pathological changes of ovaries and adhesions in small pelvis was observed. Depending on revealed changes, either lysis of peritubal and periovarial comissures or mobilization of fallopian tubes, or their bougienage, or biopsy of ovaries, or their resection or decortication was performed. Besides, comparison chromosalpingography was performed allowing controlling the passage of contrast through uterine tubes. Intraoperative biopsy of ovaries allowed studying their morphological condition and hormonal status.

Resume. Development and implementation of laparoscopic surgery into medical practice has significantly improved identification of causes and underlying mechanisms of female sterility as well as made routine everyday usage of microinvasive surgery for treatment of pathology of reproductive system.

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PARTICULARITIES OF ENDOVIDEOSURGICAL TREATMENT OF FALLOPIAN PREGNANCY

Actuality: optimization of operative methods is one of trends of the modern surgery. This trend is continued by endovideosurgery, the new technology, which provides not only diagnostics, but also treatment of gynecological diseases. This matter becomes especially urgent in emergency gynecological cases, such as fallopian pregnancy. In last 20 years its frequency became 3.7 times higher; 40% of women after surgical treatment of fallopian pregnancy suffers from secondary sterility, 20% – from habitual abortion and 15% – from repeated fallopian pregnancy.

Objectives of study. Estimation of advantages of endovideosurgical treatment of women with fallopian pregnancy.

Materials and methods. The present study is based upon 212 clinical observations of patients, which emergently underwent laparoscopic operation of fallopian pregnancy in St. Elisabeth Hospital.

The operation of choice was tubectomy using bipolar coagulation of mesosalpinx or with endoligation, or linear tubotomy with thorough aquadistillation of ovum bed (providing that the latter was not more than 25 mm in diameter) and subsequent control of blood level of HCG. The operation is completed by abdominal cavity sanation with antiseptic solutions, intraabdominal injection of 125 mg of hydrocortisone in 400 ml of physiological solution and diary dose of cephalosporins (in case of comissures in small pelvis) and control drainage of small pelvis.

Results of study. Among the observed patients