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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

25 (12,3%) were women between 16 and 20 y/o, 55 (26,4%) – from 21 to 25 y/o,79 (34,9%) – from 26 to 30 y/o, 29 (14,1%) – from 31 to 35 y/o, 15 (7,5%) – from 36 to 40 y/o and 9 (4,7%) – from 41 to 46 y/o. 96 (45,3%) patients had no previous deliveries, but 83 (87%) of them had one or more abortions, 100 (47,1%) – one previous delivery and 16 (7,5%) – two previous deliveries. Therefore, 75% of women operated on fallopian pregnancy were under 30 y/o and 45,3% had no previous deliveries. 10 (4,7%) patients suffered fallopian pregnancy after extracorporeal fertilization, 15 (7%) – after artificial insemination and 27 (12,7%) – after microsurgical operations on fallopian tubes. Tubectomy was performed in 193 (91%) patients, linear tubotomy – in 19 (9%) patients. 26 (13,7%) patients were undergone salpingostomy in contralateral tube or on pregnant one. Besides, 65 (31%) patients were undergone the releasing of tubes from comissures with ovaries, uterus or intestinal loops (salpingolysis). Total blood loss in each case did not exceed 500 ml. Changes of ovaries, varication in small pelvis and small forms of endometriosis found in process of endoscopic examination were taken into account for further conservative therapy aimed at recovery of reproductive function. The average bed-day was 4.0.

Resume. If we take into account the age and reproductive system condition of patients who usually require treatment of tubal pregnancy, such well-known advantages of laparoscopic surgery as microinvasiveness, short postoperative rehabilitation period and excellen.

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DYNAMIC LAPARASCOPY AS A STAGE OF HOSPITAL REHABILITATION IN PATIENTS WITH TUBAL PREGNANCY

Objective: to study possibilities of dynamic laparoscopy in prevention and treatment of adhesions after surgical treatment of extrauterine pregnancy.

Materials and methods. Dynamic laparoscopy was performed in 70 patients in early postoperative period after extrauterine pregnancy surgery. 15 patients was operated twice (3d and 5th, 3d and 7th days after surgery). Alone dynamic laparoscopy was performed on 3d day after surgery. The laparoscopic approach was made in 30 patients (42,9%) and laparotomic one – in 40 patients (57,1%). The volume of surgery was defined by pregnant uterine tube condition: tubectomy was performed in 32 patients (45,7%), salpingotomy with fetal sac aquadissection – in 22 patients (31,4%), fetal sac stamping – in 16 patients (22,9%). Adhesions were revealed intraoperatively in 40 patients with extrauterine pregnancy (57%). In these patients adhesiolysis was performed besides the basic surgery. To perform dynamic laparoscopy the special titan sleeves (trocar) were used. They were placed in paraumbilical area in case of laparotomy and instead of laparoscopic trocar in laparoscopy. After operation the sleeve was closed by cap. During dynamic laparoscopy the cap was removed and trocar was input through the sleeve. Dynamic laparoscopy allowed to remove peritoneal exudate, to perform abdominal cavity sanation and chromhydrotubation.

Results. In dynamic laparoscopy adhesions were revealed in 45 patients (64,2%). Repeated dynamic laparoscopy showed the absense of adhesions reorganization. Uterine tube or tubes patency was saved in 51 patients (72,9%). In three months after surgery repeated hysterosalpyngoscopy revealed the same rate of tubes patency. It is significantly higher than in population of patients operated for tubal pregnancy.

Conclusion. Dynamic laparoscopy in early postoperative period is effective method of adhesion diagnostics and prevention in patients after surgery for tubal pregnancy, it contributes to save the reproductive function.

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DYNAMIC LAPARASCOPY AS A STAGE OF HOSPITAL REHABILITATION IN PATIENTS WITH TUBAL PREGNANCY

Objectives: *Chlamydia trachomatis* infection of the upper genital tract often results in pelvic inflammatory disease (PID), and its sequels include ectopic pregnancy (EP), miscarriage and tubal infertility. This study was aimed to evaluate the rate of *C. trachomatis* detection as well as anti-*C. trachomatis* antibodies in women with EP.

Material and methods. A total of 13 women with EP were examined. Control subjects (n=38) were drawn from pregnant women with uneventful reproductive history. Sera were analysed for anti-*C. trachomatis* IgG and IgA with the use of indirect solid-phase enzyme immunoassay (ImmunoComb® *Chlamydia trachomatis*, Orgenics, Israel). Cervical swabs from all the women, as well as biopsies taken from women with EP during surgery, were investigated for *C. trachomatis* making

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