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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use of McCoy cell culture and polymerase chain reaction (PCR) (AmpliSens *Chlamydia trachomatis*, Research Institute of Epidemiology, Russia).

Results. Anti-*C. trachomatis* antibodies were detected in 12 of 13 women (92,3%) with EP: IgG – in all the 12 women, IgA – in 3 of them (23,1%). In 8 women (66,7%) IgG were found at high titre (≥1:64). In two patients (15,4%) with EP *C. trachomatis* was detected in the cervix using PCR: in both sera from those women there were anti-*C. trachomatis* IgG at high titre (1:64), and in one of them IgA were also found. In none of the women was *C. trachomatis* detected in biopsy specimens: chlamydial infection occurring in the past may account for this fact.

In control subjects, anti-*C. trachomatis* IgG were detected in 10 of 38 women (26,3%), with only two of them (20%) – at high titre (≥1:64). IgA were found in one woman (2,6%): the cervical swab from that woman was shown to be positive for *C. trachomatis*.

Conclusions. The high rate of detection of anti-*C. trachomatis* antibodies in women with EP underlines the importance of this microorganism in the development of this condition. Presence of anti-*C. trachomatis* antibodies, particularly at high titre, may be suggestive of *C. trachomatis* infection of the upper genital tract, current or previous, therefore screening for *C. trachomatis* specific antibodies may be valuable diagnostic and prognostic tool in the management of PID.

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