my (LSH), 4 operations (7,3%) – vaginal hysterectomy with laparoscopic assistance, one of which was operations with sling IVS (LAVH and LAVH+IVS), 4 operations (7,3%) – total laparoscopic hysterectomy with colpoperineolevatoroplastics (TLH+KPLP), 9 operations (16,4%) – total laparoscopic hysterectomy (TLH) with second vaginal stage – correction of the urine incontinence by sling IVS or TVT-O and colpoperineolevatoroplastics (IVS/TVT-O+KLP).

The main indications for hysterectomy were the following: fibroids accompanied by uterine blleeding and anemia of patients – 44 (80%), in 26 cases of them fibroids combined with adenomyosis (47,3%) and in 8 cases pain syndrome took place – (14,5%). Plural fibroids were found in 24 patients (43,6%), quick growth and large sizes of fibroid – in 10 (18,2%). Adenomyosis manifested by menometrorrhagia and/or pain syndrome was the indication for surgical treatment in 9 patients (16,4%). In 3 patients (5,5%) the indication for hysterectomy was benign ovarian tumor. In one of these three cases it was in combination with fibroid and in another one – with adenomyosis. One patient had reccurent endometrial polyps (1,8%).

Conclusion. Total laparoscopic hysterectomy is the most often intervention in modern fibroids surgery. At the same time Harry Reich (1997) wrote "Laparoscopic hysterectomy is not used in those cases when there is a possibility of vaginal hysterectomy". Vaginal hysterectomy is still the perspective method of operative treatment of benign uterine tumors. It can become a good alternative for laparoscopy methods.

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ENDOVIDEOSURGERY OF BENIGN TUMORS AND TUMOR-LIKE OVARIAN MASS

Background: the questions of operative approach in huge and multi-stage ovarian mass, prevention of reccurence and limited factors for endoscopic surgery remained actual.

Objective. The elaboration of differential tactics of surgery in patient with benign ovarian tumors and tumor-like mass.

Materials and methods. The retrospective analisys of 284 medical histories of operated patients with benign ovarian tumors and tumor-like mass was carried out in Medical Center 122 and Department of obstetrics and gynecology of Medical-Military Academy in 2001-2005 yy.

Results. The real ovarian tumors were revealed in 108 patients (38%). The tumor-like mass took place in 176 (62%) patients. Laparoscopic and open surgeries were performed: resection, cystadenectomy, ovariectomy, adnexectomy, hysterectomy and others.Postoperative period after laparocopic operations passed more favourably.

Conclusion. Endovideosurgery is the "gold standard" of benign ovarian tumors and tumor-like mass surgery both radical and reconstructive.

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EXPERIENCE OF APPLICATION OF DIFFERENT SURGICAL ACCESSES IN CASE OF COMBINED UTERINE PATHOLOGY

Introductions. In the structure of gynecological diseases combined uterine pathology requiring operative treatment comprises up to 20-30%. The advent of minor-invasive technologies in operative gynecology nowadays makes it possible to maximally adapt the administered operative treatment for a patient, to shorten the time of being at in-patient clinic, to improve the course of post-operative period.

Material and methods. We have analyzed the results of treatment of 807 patients with combined uterine pathology for the period from January 2002 to May 2005. Operative treatment was carried out for the following reasons with the presence of uterine pathology: complicated uterine myoma, adenomyosis, recurrent menometrorrhagia. The operations were performed with the usage of different accesses. The average age of the patients was 52 ± 2,1 years, the average uterus size was 11 weeks (from 5 to 22 weeks).

Results. We have performed 86 (10,45%) laparoscopic-assisted hysterectomies, 9 (1,12%) laparoscopic hysterectomies, 45 (5,6%) vaginal hysterectomies, 165 (20,6%) subtotal laparoscopic hysterectomies, 220 (27,5%) laparotomic total histerectomy, 282 (35,2%) laparotomic subtotal histerectomy. The reasons for hysterectomy were cervical pathologies, adenomyosis, the age of a patient. The choice of access was limited by the size of the uterus. In case of enlargement of uterine size of more than 13-14 weeks, laparotomic access