

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 bleeding 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 fi-

broid – in 10 (18,2%). Adenomyosis manifested by menorrhagia 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 recurrent 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 recurrence 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 analysis 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 gy-

necology 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 laparoscopic 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

menorrhagia. The operations were performed with the usage of different accesses. The average age of the patients was  $52 \pm 2,1$  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 hysterectomy, 282 (35,2%) laparotomic subtotal hysterectomy. 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

was chosen and the fact that a patient had previous operations did not influence the criteria of the choice of access in most cases. The average operation time after learning to handle endoscopic method was as follows: in case of laparoscopic method –  $60 \pm 21$  mins, vaginal access –  $70 \pm 20$  mins, laparotomic access –  $60 \pm 31$  mins. Thus, time criterion nowadays is not the main factor in the choice of operative treatment access. The average loss of blood was  $120 \pm 25$  ml (from 50 to 900 ml). The main factor in the choice of approach to operative treatment in our case was the obvious advantage of the course of post-operative period in patients who had laparoscopic and vaginal hysterectomies. The average time of being at hospital after endoscopic operations was  $6 \pm 2$  days, after vaginal operation –  $6 \pm 0,5$  days, after laparotomy –  $11 \pm 3$  days. The structure of post-operative complications showed obvious advantage of endoscopic operative methods. In case of laparoscopic

access at the stage of learning there were 3 (1,15%) cases of ureter thermic lesion, with no other severe complications. In case of laparotomic operations there were 2 (0,4%) cases of ureter lesion, 12 (2,4%), complications of the wound (seroma, suppuration, stitches), post-operative ventral hernia – 2 cases (0,4%), pelvic hematoma – 15 cases (3%), uterine artery bleeding – 1 case (0,2%), thrombembolia of pulmonary artery – 1 case (0,2%).

Post-operative restoring treatment required more intensive therapy in case of laparotomy.

**Conclusions.** Thus, nowadays we tend to prefer endoscopic and vaginal methods in operative treatment of combined uterine pathology. The limiting factors are the size of the uterus, sometimes presence of accompanying pathology, previous multiple operations in the abdominal cavity, especially peritonitis, and the experience of the surgeon.

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## AN ESTIMATION OF ORGANS PRESERVED SURGICAL TREATMENT OF BENIGN UTERINE AND OVARIAN TUMORS

**The purpose of research:** an estimation and optimization of organs preserved surgery of benign tumors of uterus and ovary at present time.

**Objective and methods.** The cohort investigation included all operated patients who had benign tumors of uterus and ovary and was treated in department of obstetrics and gynecology of MMA in 1991 – 1999 and in department of women diseases of NMSC by name of N.I. Pirogov in 1996 – 2004.

A volume of research consisted of anamnesis, bimanual investigation, clinical and biochemistry analysis of blood; also hormones of blood were determined. Qual-

ity of life was determined according to a test SF-36.

**Results of research.** The results of our researches testify the necessity of expansion of the indications for operations keeping anatomic-functional mutual relations at the patients with uterine fibroid, ensuring menstrual and reproductive functions, and also the necessity of development of new conservative method of treatment of this disease. An importance of "oncological risk" needs for additional estimation in choosing of a operation volume. The new classification was done for preserved organs and conservative operations for uterus and ovaries.

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## EVALUATION OF FREE RADICAL PROCESSES IN METABOLISM IN COMBINED HYPERPLASIAS OF THE FEMALE REPRODUCTIVE SYSTEM

**Introduction.** Free radical metabolic reactions are known to play a major role in the progression of a variety of destructive and hyperplastic processes in living tissues. The goal of the current study was the comparison of function of pro- and antioxidant systems in solitary and multiple benign tumors of female reproductive system organs.

**Material and Methods.** 56 patients, age 40-45, mean age  $41 \pm 0.8$  years were examined. In 18 patients solitary myomatous intramural nodes, mean diameter  $12 \pm 4$  cm, were found. In other 38 women intramural hysteromyoma was combined with: in 18 patients

(47,4%) with adenomatous and/or adenoid cystic endometrial hyperplasia, in 12 patients (31,6%) with adenomyosis and endometrial hyperplasias, and in 8 (21%) with genital endometriosis (endometrioid ovarian cysts). Infrared spectroscopy studies with FMEL-1 apparatus (Russia) were carried out to evaluate the changes in metabolism. A batch of lyophilized tissue was grinded in agate pounder with 250 mg of KBr monocrystal and molded into tablets. Infrared absorption spectra were evaluated compared to the standard KBr tablet in the comparison channel in spectral range of 400-4000 cm<sup>-1</sup>.