



LAPOROSCOPY-ASSISTED TREATMENT OF OVARIAN TUMORS AND TUMOR-LIKE OVARIAN NODES

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Introduction. 67 patients admitted during 2004 year with the urgent surgical diagnosis (complication of benign neoplasm) were operated with using of laparoscopic surgery.

Material and methods. On the basis of morphologic and functional structure of diagnosed pathology all patients were put into two groups. The 1st group comprised the patents with verified diagnosis of the benign ovarian neoplasm (n=28). Most often we found serous cystadenomas – 64,3%, papillary cystadenomas – 21,4%, and mature teratomas – 14,3%. Most often benign ovarian neoplasms were identified in women older than 40 years and every 10th of them had had menopause for 4-8 years. The mean age of patient in the 1st group was $41,4 \pm 1,2$ years. The 2nd group comprised 39 patients with tumor-like formations. Morphologic patterns were: corpus luteum cysts – 53,9%, follicular

THE USING OF EMERGENCY LAPAROSCOPIC SURGERY IN MANAGEMENT OF BENIGN OVARIAL NEOPLASM

cysts – 23,1%, endometrial cysts – 15,3%, paraovarial cysts – 7,7%. The mean age of patient in the 2nd group was $26,5 \pm 1,4$ years.

Results. Depending on the extension of the performed surgical operations in the 1st group we had hemi-ovariectomy – about 40%, cystectomy – in every fifth case; ovariectomy with complete removal of another ovary – 16,2%. In the 2nd group laparoscopic surgical operations were directed to preservation of organs – in 75% of cases cystectomy only were performed. Complete excision of ovary was performed only in every 5th case.

Conclusions. So, high potential of laparoscopic surgery in preservation of reproductive organs allows us to consider this method to be the best option in management of benign ovarian neoplasms in women of reproductive age.

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Objective: to investigate the relationships between ovarian blood flow, folliculogenesis and sex-steroids production during normal menstrual cycle and in women with ovarian failure

Materials and methods. 10 healthy women and 24 patients with luteal phase defect were underwent hormonal assays (estradiol, progesterone) and ultrasound examination of the uterus and ovaries with color Doppler ultrasonography of the ovarian vessels on 3 – 5, 11 – 13, 17 – 19 and 21 – 23 days of menstrual cycle. Also was done laparoscopy and hysteroscopy with ovary and endometrial biopsy.

OVARIAN BLOOD FLOW IN HEALTHY WOMEN AND PATIENTS WITH OVARIAN FAILURE

Results. It was determined that in healthy women intraovarian blood flow of the ovary carrying dominant follicle was more active then one in patients with the ovarian failure throw the follicular phase. On the 21 – 23th days of menstrual cycle there was registered reduced blood supply of the corpus luteum and decreased progesterone levels in women with luteal phase defect.

Conclusions. Ovarian blood flow in patients with the ovarian failure was less than in healthy women in early follicular and luteal phases of menstrual cycle. Unsufficient blood supply of the corpus luteum is accompanied by reduced progesterone level in the serum.

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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.