

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 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 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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THE EVALUATION OF ORGAN-MAINTAINED SURGERY OF BENIGN TUMORS OF UTERUS AND ADNEXA

Objective: the grounding and optimization of organ-saved surgery in treatment of uterine fibroid and benign ovarian cystadenomas.

Materials and methods. The cohort study of patients with benign ovarian and uterine tumors included all operated women of Department of obstetrics and gynecology of Medical-Military Academy in period of 1991 – 1999 yy and National medical-surgical centre named after N.I. Pirogov in period of 1996 – 2004 yy. The investigations value comprised medical history, bimanual exam, colpocytology and vaginal pH measurement. The laboratory investigations were the following: CBC and urinoscopy, blood biochemistry, FSH, LH, E2, progesterone, testosterone, TSH, T3 and

T4 blood concentrations. Mammography and pelvic ultrasound were performed in all patients. The evaluation of life-quality was carried out with questionnaire SF-36. Also the modified menopausal index was defined which was worked out in Scientific Centre of Obstetrics, Gynecology and Perinatology, RAMS (Kulakov and co., 1996)

Results. Results of our investigations justified the necessity of widening of indications for surgery saved anatomic-functional interrelation in patients with uterine fibroid. It is need to be further evaluated such important criteria as "oncological risk". There was worked out the new classification of organ-saved and conservative operations of uterus and adnexa.

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HOMEOSTASIS IN PATIENTS WITH OVARIAN BENIGN TUMORS AND REPRODUCTIVE FUNCTION DISORDERS

Objective: the elicitation of immune status changes in patients with benign ovarian tumors and reproductive function disorders.

Materials and methods. 53 women with benign ovarian tumors and reproductive function disorders were examined with dynamic pelvic ultrasound, hysterosalpingography, haemostasis investigations, biochemical, endocrine and immunological tests. The latter included the examination of systemic and local immunity, detection of anti-phospholipid, anti-progesterone and antiovarial antibodies. Also laparoscopic surgeries (laparoscopy and hysteroscopy) were carried out as usually.

Results. The primary infertility was marked in 58,9%, the secondary one – in 41,1% of observations. Most patients had history of inflammatory and infectious diseases. Different menstrual function disorders were diagnosed at 50,2% of women, uterine lesions included fibroid (29,1%), endometritis (47,5%); uterine

cervix diseases – 45,2% (chronical cervicitis, leukoplakia, deformation and scarred changes after traumatic delivery). Every 2nd woman was polivalent allergic, that testified indirectly about autoimmune disorders. The ovarian tumors were revealed in 37,4% of patients, tumor-like mass – in 62,6%. Changes of coagulation system (hypercoagulation) were more frequently observed in women with epithelial, herminogenic tumors and endometriomas. The latter was combined with thyroid dysfunction very often. Dishormonal diseases of mammae and galactorrhea were revealed in the most of women. The evaluation of immune system changes in patients with infertility and benign ovarian tumors confirmed the presence of systemic disorders, which were more manifest in combined pathological processes. These patients were characterized by decreasing of T-helper (CD4+) relative content and increasing of B-lymphocytes (CD 19+), NK-cells (CD 16+), T-cells with $\gamma\delta$ -receptors and increased concentration

of IgM and IgA. Also the essential changes of interferonogenesis were found. Higher concentrations of antiphospholipid, antiprogestosterone and antiovarial antibodies were detected in patients with different forms of endometriosis.

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Conclusion. This group of patients has significant homeostatic disorders manifested of polymorphic lesions of different systems that evidences for autoimmune factor role in infertility genesis in ovarian tumors and tumor-like mass.

BENIGN OVARIAN TUMORS AND THEIR ROLE IN REPRODUCTIVE FUNCTION DISORDERS

Objective: to reveal especialities of reproductive function disorders in patients with benign ovarian tumors.

Materials and methods. 2044 women with benign ovarian tumors and tumor-like mass and reproductive function disorders were observed. Endoscopic methods (laparoscopy and hysteroscopy) were carried out in all patients as usually with following pathomorphologic investigation of intraoperative samples.

Results. the primary infertility was marked in 53,2%, the secondary one – at 46,8% of observations. Ovarian tumors were revealed at 40,5% of patients, tumor-like mass – at 59,5%.

Most of ovarian tumors were epithelial. Among tumor-like mass endometriomas prevailed. One third of patients

had combination of benign ovarian tumors, 59,1% of patients had both benign ovarian tumors and different endometrial and myometrial pathology, including multiple fibroid. External genital endometriosis and pelvic adhesions more often accompanied tumor-like mass. The most patients of benign ovarian tumors characterized by metabolic disorders (decreased blood concentration of retinol, carotinoids, albumin, electrolitis), hypothyroidism and dishormonal diseases of mammae. The examination of immune system changes in patients with benign ovarian tumors confirmed the presence of systemic disorders.

Conclusion. These data can be a confirmation of the opinion that benign ovarian tumors are not local process but systemic disease developed as a consequence of metabolic, hormonal and immune disorders.

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LAPAROSCOPY AS A DIAGNOSTIC AND MEDICAL TREATMENT METHOD IN PREGNANT PATIENTS WITH NON- MALIGNANT OVARY GROWTHS

Introductions. Non-malignant ovary growths are the serious problems of reproductive women health. Coming and prolongation of pregnancy are possible in women with ovary tumor.

Material and methods. Laparotomy is a traditional method of treatment. Since 1996 year 262 expectant mothers were medicaly treated in Dp. Endoscopy Moscow Reg. Research Institute.

Results. There were four groups of women: the 1st group is 123 pregnant women in the IIId term (16-18 weeks) who were treated by laparoscopy. Laparotomy was done in 40 patients (16 – 34 weeks) – it was the 2nd group. The 3rd group was 45 women who were moved of ovary

tumors during the Cesarean section. The 4-th group was 54 patients operated by laparoscopy in 6–9 days after delivery.

The 16 – 18 weeks of pregnancy is the optimal period for surgical manipulation because the placenta is organized. Also the uterine size allows to carry out the surgical treatment.

Conclusions. There are some particular qualities of laparoscopy in pregnant women: the “open” method, low level of cavity pressure, “uncommon” places for trocar introduction, using the short-term relaxin. The prolonged therapy is used 2 – 3 days before the operative treatment and in postoperative period. So it reduces the postoperative risk.