

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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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

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

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 medically treated in Dp. Endoscopy Moscow Reg. Research Institute.

Results. There were four groups of women: the 1st group is 123 pregnant women in the II^d 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.