

and the choice of procedure depends on many factors, including patients' wishes.

Objectives. To present a case of successful colpopoiesis using full-thickness skin graft.

Case report. An 18-year-old woman with the Mayer-Rokitansky-Kuster syndrome attended to the hospital wishing to get able to have a sexual life. She was informed about most of the current methods used for neovagina reconstruction, including conservative treatment options, and was asked to choose the most appropriate for her. She preferred the full-thickness skin graft technique. The U-shaped incision of vulvar skin was made in the area of the future introitus. After performing a recto-vesical dissection, three skin grafts were obtained from abdomen and left inner thigh and properly prepared. Then skin grafts were folded around the vaginal mold and the graft edges were sewn together with

4-0 absorbable sutures. The mold was then inserted into the prepared recto-vesical space. The edges of the skin graft were attached to the vulvar skin. The U-shaped flap of excised vulvar skin was used to create a posterior furshette. This trick is aimed to diminish dyspareunia in the future life. The mold was left in the neovagina for 10 days, then it was got out and new vagina was revised, showing good engraftment. The patient was instructed to keep the vaginal dilator in her neovagina constantly for 2 months. Now, 3 months after the operation, the patient feels good. Sexual life will be permitted after a half-year postoperatively. The size and elastic qualities of neovagina are sufficient.

Conclusions. The results of colpopoiesis with full-thickness skin graft are good in this case, showing that there is a good alternative to a more invasive colon colpopoiesis.

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THE ROLE OF CYTOMEGALOVIRAL INFECTION IN YOUNG FEMALES WITH OVARIAN RESISTANCE

Introduction. The study is aimed at the evaluation of the effects of cytomegaloviruses (CMV) on the development of ovarian resistance (OR) and at the development of a package of diagnostic and therapeutic measures in patients with such pathology.

Material and Methods. Thirty two female patients of 17 to 23 years old with hypomenstrual syndrome and amenorrhea were examined. The group of patients was homogeneous with respect to the level and quality of life. Thorough examination of the medical histories and data of USI (poorly developed follicular structures, follicles of 1, 2 or 3 mm in diameter) and hormonal investigations (high levels of FSH and LH hormones and low levels of E2 were found in all patients, E2 to FSH ratio less than 20) made it possible to suggest a lack of activation of ovarian estrogen receptors. In order to make a final diagnosis, laparoscopy was made in, and gonadal biopsy was taken from, 24 patients. The laparoscopy revealed that the shape of the ovaries was almost rounded and the follicular apparatus was poorly developed. Primordial and preantral follicles were detected in the samples of ovarian biopsy during a pathological investigation. Polymerase Chain Reaction (PCR) was employed during laparoscopy to test the peritoneal fluid and samples of ovarian biopsy and urogenital discharge for DNA of CMV, and enzyme-linked immune assay was employed to detect Ig M and IgG antibodies against CMV. DNA of CMV was found in the samples of ovarian biopsy of 7 patients (21,8%), in the peritoneal fluid of 5 patients (15,6%), and IgM against CMV was found in 4 patients (12,5%) and diagnostic IgG titre – in 28 patients (87,5%). IgG titre fluctuated in the range from 1,47 to 10,9 with the reference values of IgG titre of 0,9. We have noticed that patients showing

detected levels of DNA of CMV in the studied material and diagnostic titres of IgG against CMV or IgM had also more marked clinical signs of hypomenstrual syndrome and changes in the hormone levels. All patients in the group received the following therapy: human immunoglobulin against cytomegaloviruses – 1,5 ml, i/m, 5 times every fifth day, Laferon – 2 million IU, i/m, 10 times, Thiotriazoline, 2,5% – 2 ml i/m, vitamin E – 100 mg, 10 times, tincture of *Echinacea Purpurea* – 2,75 ml triple daily, Solco Trichovac – 1 dose, Viferon – 3 x 2 suppositories (every 12 hours) per rectum, 10 times, UV irradiation of the blood 5 times. Three sessions of therapy were administered with an interval of 15 days. In the studied group of patients, the use of active estrogen – estradiol – was pathogenetically reasonable for the purposes of estrone competition in order to achieve an adequate reaction of the target organs. Transdermal Divigel preparation was preferred. The dose of 1 mg daily was used. The duration of administration was 21 days, and the minimal therapeutic doses of gestagens were added to the scheme of treatment on the 15th day of administration of Divigel; gestagen therapy continued for 10 to 12 days.

Results. Upon one month of treatment, a monitoring examination was performed in the group of the studied patients. During such examination, DNA of CMV was found in 2 patients (6,2%), IgM antibodies against CMV were not detected, IgG antibodies against CMV were found in 11 patients (34,3%). IgG titre was ranging 1,34 to 4,47. Hormonal investigation showed a reduction of the levels of FSH and LH in 23 patients, and the level of E2 came close to the lower limit of the normal values, and the E2 to FSH ratio increased to 22-34 (in phase 1 of the cycle). A repeated monitoring

examination was performed in three months following the completion of therapy: DNA of CMV was found in none of the patients of the studied group, IgM antibodies against CMV were not detected, IgG antibodies against CMV were found in 2 patients (6,2%). IgG titre was ranging 0,4 to 0,9 in 30 patients (93,7%).

Hormonal investigation showed normal levels of FSH and LH and E2 in 25 patients, and the E2 to FSH ratio increased to 27-40 (in phase 1 of the cycle). USI showed that the structure of the ovaries was within the age-related normal margins.

Conclusions. The obtained results make it possible to conclude:

- CMV has negative impact on the reproductive system;
- CMV is a factor causing ovarian resistance;

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Introduction. Pelvic varicose is associated with different gynecologic diseases (myoma, ovarian tumors, endometriosis and others). Also it may be the independent disorder and cause chronic pelvic pain, sterility. The role of connective tissue disorders in varicose progressing is studied actively.

Objective: to evaluate markers of connective tissue displasia in female patients with pelvic varicose.

Materials and methods: The laparoscopy and physical exam were performed in 25 female patients (mean age range 32 ± 5,5 years) with symptoms of chronic pelvic pain. Physical examination was done to asses sixty five markers of connective tissue displasia by author's algorithm.

Results: Unilateral or bilateral varicose parametrial veins were found in all patients during laparoscopy. Nine patients (36%) had thinness or defects of uter-

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Material and methods. To assess the psychological reaction to the stress connected to the laparoscopic intervention Spilberg – Hanyin scale have been used. Comparative analysis was used in two groups of patients with fallopian tube rupture (as a result of tubal gestation). In the Ist group there were 15 patients who had undergone laparoscopic surgery. In the IIInd group there were 15 patients who had undergone laparotomy. In both groups average age of patients was 28 ± 3,1 and 30 ± 2,3 respectively. We estimated correlation be-

- Patients with hypomenstrual syndrome shall be tested for CMV infection by using PCR and enzyme-linked immune assay methods in order to confirm the diagnosis of ovarian resistance;
- For the purposes of making a final diagnosis, laparoscopy and gonadal biopsy and withdrawal of material from the abdomen for PCR (CMV diagnosis) are required;
- Estrogen-gestagen therapy as a certain phase of treatment of patients with developing ovarian resistance if pathogenetically justified; in such cases, administration of transdermal Divigel is preferred;
- We have offered a method of treatment of ovarian resistance in patients with CMV infection showing very high efficacy.

MARKERS OF CONNECTIVE TISSUE DYSPLASIA IN PATIENTS WITH CHRONIC VENOUSE INSUFFICIENCY

ine wide ligaments. Another diseases of reproductive system were not found. Twenty four patients (96%) had any markers of connective tissue displasia, such as migraine (91%), asthenic somatotype (74%), easy haemorrhage formation (65%), vegetative disfunction (63%), constipation (55%), joint hypermobility (49%), thorax and spine deformation (36%), vaginal prolaps I – II (25%). Combination of 6-10 markers were found in 78% cases, 10-15 markers – in 22% cases. Any disembriogenesis stigms such as – the distorted little finger, epicanthus, teeth anomaly, deformation of external ear, sandal shaped foot were found in 85% patients.

Conclusion: Markers of connective tissue system disorder were revealed in the most of patients with pelvic varicose. It is necessary take into account for risk groups formation and choice of treatment methods for patients with this disease.

PSYCHOLOGICAL FEATURES OF PATIENTS REACTION ON THE STRESS CONNECTED WITH LAPAROSCOPIC BY INTERVENTION

tween degree of anxiety and risk appraisal for surgical treatment of patients with ectopic pregnancy in both groups.

Results. Most patients, who displayed high level of anxiety (75%) were found within IIInd group, i.e. there was revealed correlation between level of anxiety and risk appraisal for forthcoming laparotomy ($r > 0,7$). In both groups assessment of patients reaction to specific situation (hospitalization), has displayed that level of anxiety, that was estimated by Spilberg