tion in past history, 11 (40.7%) - acute adenexitis and 4 (14.8%) - acute endometritis. The condition of the uterine tubes was investigated by hysterosalphingography which helped to determine the fact of their impassability and also to reveal a level of occlusion. According to the examination, 11 patients had bilateral obstruction of intramural part of the uterine tubes, 9 - unilateral, 6 - one tube was impassable at the intramural part while the other was affected by hydrosalpinx, and 1 patient has revealed proximal occlusion of single uterine tube.

As a result of the transcervical recanalization of the intramural occluded uterine tubes the given method allowed us to restore the patency of even one uterine tube at 25 patients (92.6%) during the operation. In total the patency of 31 uterine tubes (81.6%) of 38 recanalized tubes was restored. The laparoscopic control has allowed to find out a pathology of the distal parts of the uterine tubes and peritubal area in 12 patients (57.1%), which were not revealed prior to the operation. 6 patients from this group had hydroalpinx with a diameter from 1 up to 3 cm, and 9 - adhesive process of small pelvis bodies (1-11 stage - 6, III-IV stage - 3 cases, classification by J. Hulka). At revealing of the given pathological changes we performed salpingo-oovarolysis, fimbrilysis or neosalpingostomy accordingly in each concrete case. During diagnostic hysteroscopy which was carried out before recanalization of the uterine tubes at 7 patients (29.6%) we revealed intrauterine pathology. 4 patients had endometrial polyps, obliterated orifices of uterine tubes that has required hysteroscopic polypectomy; 1 patient had submucous myomatous node with diameter of 1.5 cm in this connection we made its resection; and 3 patients have revealed intrauterine synchiae. One time the transcervical recanalization has become complicated by uterine tube perforation in its isthmic part, that at once was revealed by a parallel laparoscopy. The further movement of catheter has been stopped, and a proceeding bleeding was not observed after its extraction. The postoperative period was normal. Among 25 patients, who had even one uterine tube patent with the help of hysteroscopic transcervical recanalization with laparoscopy control, during postoperative supervision (not less than 6 months) 12 patients became pregnant (48.0%), among them 9 cases - uterine pregnancy, and 3 cases - extrauterine pregnancy in the recanalized tube. Four pregnancies have resulted in term labor, 2 patients are observed at the early gestation and in 3 cases there was a spontaneous abortion at the terms of pregnancy from 6 up to 12 weeks. Frequency of the reoccurrence of the operated uterine tubes according to the hysterosalphingography in 1 year after the operation has made 46.2%.

Conclusions. Thus, transcervical recanalization of the uterine tubes is low invasive and effective method of treatment of the tubal occlusion at the intramural part, which helps to restore the patency of uterine tubes in 81.6% of cases. The given method is preferable at patients with possible combined affection of the distal and proximal parts of the uterine tubes and also with intrauterine pathology. Results of research show, that frequency of pregnancy at use of the given technique (48%) is comparable to frequency of pregnancy after microsurgical operations (20-50.8%), and also auxiliary reproductive technologies (19.2-65.4%) which economic expenses are many times higher than the cost of the given surgical method. The adverse factors lowering a reproductive outcome at the transcervical recanalization of the uterine tubes, in our opinion, is a presence of accompanying distal pathology of the uterine tubes, adhesive process in the peritubal area and also one uterine tube.

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THE EXPEDIENCY OF MANDATORY COMBINED ENDOSCOPY IN INCREASING OF ASSISTED REPRODUCTIVE TECHNOLOGY EFFICIENCY

Introduction. Evaluation of 168 patients participating in IVF programs was performed depending on the results of combined endoscopic examination and subsequent treatment. The pathology of endometrium was detected in more than half of the cases, while hydrosalpinx was revealed in 20% of the patients, and every tenth patient suffered from endometriosis. The expediency of the approach under the study for preparing the patients for IVF programs has been confirmed. The present study was aimed an evaluation of expediency and efficacy of combined endoscopic examination in preparing for subsequent participation of female patients in IVF programs.

Material and methods. The study involved 168 patients participating in IVF programs in accordance with a standard long-term protocol of ovulation induction from 21st day of 28 days cycle. Depending on ovulation time, volume of preliminary research and correction of detected pathology, the patient population was divided in three groups. Group I consisted of 40 (23.8%) patients, who had undergone a combined endoscopic examination prior to a subsequent IVF cycle. Group II comprised 61 (41.0%) patient with a history of various kinds of endoscopic and surgical treatment directed at correction of the reproductive function. 59 patients from Group III did not have an endoscopic examination.

Results. Besides previous faulty attempts at admin-
istering IVF, the indication for performing a combined endoscopic examination (including hysteroscopy and manipulative laparoscopy) were clinical and ultrasound
sings of pathology in endometrium, a suspicion for the
presence of hydrosalphinx or genital endometriosis. During endoscopy, hysteroscopy revealed pathology of
endometrium in more than half of the patients (65%),
hydrosalphinx – in 20% of cases, and external genital
endometriosis in every tenth patient (12.5% of cases).
Corrected therapy was given and preparatory prepara
dory measures were taken considering the revealed
pathology. As a result of subsequent IVF procedures,
gestation occurred in 37.5%, 30.4% and 30.5% of the
patients from Group I, II and III, respectively.

Conclusions. Thus, combined endoscopic exami
nation and subsequent correction of pathology are
the mandatory stages in preparing of female patients
for participation in the IVF programs in the event of
preceding gestational failures and revealing of clinical
and paraclinical evidences of gynecological pathology.
Implementation of this particular approach promotes
for an increase in efficacy of infertility overcoming
through administration of supplementary reproductive
technologies (IVF).

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TRANSVAGINAL ENDOSCOPY:
NEW POSSIBILITIES IN OPERATIVE
GYNAECOLOGY

Authors have applied the method of transvaginal
hydrolaparoscopy (THL) in 108 patients with previ
ous history of tubal surgery and 4 patients with benign
ovarian masses and severe postoperative adhesions of
peritoneal cavity. THL allows to evaluate the effect of
reconstructive reproductive surgery and determine the
tactics of the further treatment of women infertility. Vi
sual control and biopsy of inner surface of ovarian cyst
is the informative tool of differential diagnosis of ovar
ian masses.

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ADHESION PREVENTION IN
REPRODUCTIVE SURGERY

Introduction. Adhesion formation in abdominal
cavity is one of the leading disease. Adhesion forma
tion after pelvic surgery is the cause of ileus, sterility
and chronic pelvic pain. There is no foolproof method
to prevent the adhesion constitution. There are some
recommendations in the literature to prevent this pro
cess: to use crystalloids and colloid after basic opera
tive stage, dosing irrigation the cavity with isotonic so
lution sodium chloride with heparin, administration of
the glucocorticoid.

Design & Methods. The aim of our research is to
make the protocol of application and valuation of ad
hesion barrier INTERCEED and gel INTERGEL ef
fectiveness. The membrane INTERCEED was used
after dissection of deep retrocervical endometriosis
by laparoscopy in 11 patients, after myomectomy by
laparoscopy in 35 cases, and in patients with sterility
- in 18 cases. It’s known that these types of operations
have the high risk of postoperative adhesion constitu
tion. INTERGEL was performed after laparoscopic
adhesiolyis in 10 patients who had 2-4 open surgery
before. We have done second-look laparoscopy in 34
cases after 4-6 months.

Results. Adhesion have been found in 6 cases but
the intensive of adhesions was lower (number, quality,
vascularisation etc.). 1 patient after 2 surgeries and la
paroscopic adhesiolyis + INTERGEL was reoperated
on 7-th day urgently (ileus). The gel and adhesion were
not found.

There were 3 pregnant women after laparoscopic
treatment of deep endometriosis + INTERCEED. There
were 5 pregnancies after total laparoscopic adhesiolyis
+ INTERGEL in the patients with peritoneal infertility
and 10 pregnancies after laparoscopic myomectomy.

Conclusion. Adhesion barrier is more important in
the reproductive surgery. Now there are two kinds of
barriers – membrane and gel. These data show the ef
fectiveness and safety of both of them.