ABSTRACTS

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Russian obstetric-gynecologic school in elaboration of the endometriosis problem

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Cure tactics of patients with infertility on suspicion to external genital endometriosis

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Role of the processes of angiogenesis, proteolysis, iron transport and changes of morphofunctional status of immunocompetent cells in the pathogenesis of infiltrative endometriosis

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Genetic determinants in hyperplasic illnesses of the reproductive system

A. N. Strizhakov, A. I. Davydov, V. M. Pashkov

Adenomyosis: opportunities and perspectives of endosurgical treatment with consideration of morfological structure of myometry, endometry and ovaries

G. M. Savelieva, S. V. Shtyrov, Yu. A. Golova, R. S. Karapetyan, O. Yu. Pivovarova

External endometriosis, effectiveness of laparoscopic surgery

E. L. larotskaia, L. V. Adamyan

Special cure tactics of patients with endometriosis suffering from pelvic pain The problem of endometriosis has been widely discussed over the past century in the medical literature, at conferences, congresses and symposia. She still worries doctors and patients. It should be noted that there has been a noticeable increase in interest in endometriosis not only among obstetricians-gynecologists, but also among surgeons, oncologists, urologists, radiologists, pediatricians and other doctors.

The role of laparoscopy in diagnostics of the outside genital endometriosis at infertility is indicated on the base of 548 clinical observations. It was made an assessment concerning dependences on clinical appearing the outside genital endometriosis in respect of the grade of process extension. The article contains the algorithm of female patients with infertility treatment on suspicion to the outside genital endometriosis.

The paper reports of the activation of the callikrein – kinine system, increased levels of vascular-endothelial growth factor, disturbances in the system of transport and exchange of iron and specific changes of morpho-functional status of immune-competent cells in peritoneal fluid in cases of infiltrative endometriosis, possibly responsible for aggressive course of this severe form of the disease and resistance to treatment.

It were studied some aspects, detecting the role of genetic factors in the genesis of hyperplasic illnesses of reproductive system organs (uterus myoma, inside endometriosis, ovaries endometriosis) on the base of complex investigation of 145 patients with such diseases.

Obtained data allow consider the absence in allele PL-AII of women the gene GPIII is a risk factor in origin and development of hyperplasic illnesses in reproductive system.

Approaches to the treatment of painful genital endometriosis have been discussed for many years and to this day represent the most urgent aspect of this problem. With the development of endosurgery, a new method for treating internal endometriosis of the uterine body was proposed - laparoscopic electro-destruction of the affected myometrium followed by hysteroresectoscopic ablation of the endometrium. For the first time this technique was applied by C. Wood in 1994.

In this article, the analysis of laparoscopic curing 64 patients with external endometriosis is presented. For the assessment of internal genitalia state in the late after-operational period in 41 female patients one performed second-look laparoscopy when that disease recidivating has been revealed in 36% observations. It was marked that the anti-recidive therapy in the after-operational period allows decrease the recidivating quantity from 46.8% (intervention only) up to 25% (combined cure).

The authors elaborated and formulated indications for performing secondlook laparoscopy in female patients with endometriosis.

The paper reports the results of complex examination and combined treatment of 542 patients with endometriosis and pelvic pain. The authors stress upon the necessity of integral evaluation of the patients status, including psychometrics, neuro-physiologic examination and quality of life determination. Minimally invasive but adequate removal of endometriosis by laparoscopy appears to be the key to effective treatment of pelvic pain caused by endometriosis. V. I. Kulakov, A. S. Gasparov, T. A. Nazarenko

Comparative effectiveness of endometriosis-associated infertility therapy

A. A. Popov, T. N. Manannikova, G. G. Shaginyan, O. V. Machanskite

Laparoscopy in the treatment of retro-cervical endometriosis

> A. I. Ishchenko, E. A. Kudrina, D. Ozgen, A. A. Bakhvalova

Surgical treatment of widespread forms of genital endometriosis with affection of next organs

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Diagnostics, treatment and prophylactics of the urine-issue ways trauma in endometriosis laparosurgery

S. A. Selkov, N. L. Kramareva, O. V. Pavlov, M. I. Yarmolinskaya

Local cytokine production in patients with external genital endometriosis

N. N. Rukhliada, Yu. V. Tsveliov

Influance of the manifest adenomyosis surgical treatment on woman life quality

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Peritoneal endometriosis and infertility

Endometnosis is not a disease of individual organs and systems, but of the whole organism, the treatment of which requires complex action. The effect of all drugs used to treat endometriosis is to suppress growth factors and the development of pathological implants at different levels of the system - from the hypothalamus to target organs. The problem of restoring reproductive function in patients with endometriosis-associated infertility remains very urgent at the present time. This is due to the prevalence of this pathological process - in the structure of female infertility, endometriosis is about 50%.

Original approaches to the endometriosis complex treatment by authors are presented in this article. The experience of laparoscopic intrusions in 232 patients is united. The authors prove the necessity of active surgical (conservative or radical) tactics in patients with widespread endometriosis forms. The use of agonists Gn-RG is recommended for preparation before the intrusion and as anti-recidive treatment, especially in patients with combination of genital endometriosis and uterus myoma.

Methodics of the operational treatment of patients with widespread endometriosis forms were elaborated. The surgical conception for curing patients with widespread forms of genital endometriosis consist in need to detect and then to remove radically all endometriosis seats, thoroughly perform stages and sequences of surgical techniques on genital and next organs, also to correct intraoperational operations and to make their prophylactics.

United literature data and original authors' observations concerning the problem of the urine-issue ways trauma in laparoscopic surgery in gynecology are presented in this article. Matters of intra- and after-operational diagnostics of such affections are considered. Concrete recommendations concerning prophylactics are given and own experience in treatment of urethra and urinary bladder injuries while laparoscopic curing in endometriosis patients is indicated.

The article presents the results of the investigation of cytokine production by endometrioid heterotopias in organotypic cultivation in comparison with the cell secretory activity of peritoneal fluid and endometrial tissue in women with external genital endometriosis.

The obtained results show systemic changes of regulation of cytokine production in the process of external genital endometriosis development.

This article is dedicated to matters of studying life quality in patients with manifest adenomyosis forms. For the first time authors have proposed the original questionnaire for assessment of patient life quality, authors performed the check of obtained data sensibility and reliability. Such life quality assessment use on different stages of surgical treatment of adenomyosis allowed make conclusions about the advantage one or another type of intrusion, evaluate the treatment efficiency and results from the point of view of normalizing female patient life quality.

Peritoneal endometriosis and infertility in most of patients (in 80%) are pathogenetically conjugated. Both peritoneal endometriosis and infertility are based in ovarian failure. These women have a low endometrial receptivity for blastocyst's implantation (retardation development of glands, vessels, and stroma; changes in the microrelief of the epithelium). Even at the beginning of the menstruation patients with peritoneal endometriosis and infertility have cells with a great adhesive and proliferative potential in the endometrium. This kind of cells have an ability for long autonomous existence. Ovarian failure in these women is a promotion factor for development of the «retrograde menstruation». In these conditions the endometrial cells with adhesive potential are frequently bringing in the abdominal cavity. Active endometrium heterotopias support the ovarian failure and create conditions for «uterine infertility» (implantation disorders). L. M. Kappusheva, V. G. Breusenko

Effichiency of contemporary methods of internal endometriosis (adenomyosis) treatment

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Transdermal hormonosubstitute therapy – the selection method in treatment of aftersurgical estrogen deficit

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Antiphospholipid antibodies and combined pathology of small pelvis in women with tumors and tumoroid ovary formations, who suffer with infertility, and correction of revealed disorders

S. V. Beskrovny, Yu. V. Tsveliov, V. F. Bezhenar, J. M. Karpishchenko

Femoston in the substitute hormonotherapy of early and late climacteric disorders in patients with postovariectonomical syndrome, which were subjected to surgical intervations in their transitional age

N. V. Startseva, M. V. Shvetsow, Yu. V. Beda

Contemporary aspects of pain syndrome in endometriosis

N. M. Magzumova, F. H. Inoyatova

Glutathione detoxication processes in females suffering from sterility The main treatment method of the internal endometriosis nowadays is still surgical method – hysterectomy by laparoscopic or laparotomic way. The histeroscopic endometrial resection (ablation) is an alternative with regard of hysterectomy in female patients with surface adenomyosis forms in absence of pain syndrome. According to available information on our investigation, the endometrial resection (ablation) is very effective in 72% of female patients with adenomyosis combined with recidive endometrial hyperplasia.

The data about efficiency of various types of trans-dermal HST of aged and after-surgical deficit estrogen syndrome are given in this article. The advantage of intra-dermal way estradiol input at necessity of the longtime use HST and especially in persons with accompanying external genital pathology. The comparing specifications of ointment trans-dermal form input (Divigel) and put in plaster (Estraderm), modes and indications for their use are presented.

It is given in an article the obtained investigation results in studying antiphospholipid antibodies contains and combined pathology of small pelvis organs in 32 women with tumors and timorous ovary formations, who suffered with inf ertility. Analysis of anamnesis and clinic-laboratorial data, echography, operative laparoscopy and histological investigation is presented.

The results of clinical f emoston use, which is the choose preparation in the late climacteric disorder therapy are presented in this article. This preparation occupies according to extent o f gestagen charge the intermediate site between cycle-progine (divine) and climin. The increased gestagenic component of f emoston provides this preparation advantage in therapy o f early PO ES symptoms, especially in patients being subjected to the intervention in connection with hyperplasic processes in genitalia.

The present investigation is devoted to the development of the pain syndrome in endometriosis patients. 150 women with a genital endometriosis of the reproductive age were investigated. On the base of the correlative analysis a high level of dependence between the pain syndrome severances, level of peroxidation (malonic dialdehyde) and level immune depression was revealed. Inflammation reaction (DTH) takes a significant role in the pain syndrome in endometriosis. Severance of the endometriosis development is not defined by the spreading stage, it is defined by the pain syndrome severance, which correlates with the anxiety level and depression and has extra-organic features.

Thirty f emales suff ering from sterility were examined. Fertility disorders were accompanied by hyperandrogeny. Hormones FSH, LH, testosterone and progesterone in blood were studied. Besides, an activity of enzymes GPO, GTD, GST, G-6-PD in washed erythrocytes and tissue homogenate of ovary was investigated.

Findings obtained demonstrate noticeable disorders in glutathione detoxication processes in females with infertility and they are related to hormones' level, in particular androgens. An increase of GPO in f emales with hyperandrogeny showed deep updates in metabolism processes of steroid hormones in ovary. It manifests beforehand for development of follicle that is predictive sign of unovulation in the beginning of menstrual cycle. E. F. Kira, I. A. Simchera, T. K.Tikhonova

Use of betadine for the treatment of disbiotic and candidus vaginal diseases in pregnancy women

L.V. Adamyan, E. L. larotskaia

Genital endometriosis: Debatable questions and alternative aprroaches to the diagnosis and treatment

V. I. Krasnopolsky, S. N. Buianova

Conservative-surgical treatment of the external-internal endometriosis

Yu. V. Tsveliov, E. L. Neishtadt, N. N. Rukhliada, R. V. Vashetko

Improvments of biopsic technologies in histologic practics of uterus adenomyosis

A. A. Semendiaiev, A. S. Kogan

New technologies of the little invasive treatment of small pelvis abscesses

E. F. Kira, A. A. Bezmenko

Modification of the sling operation with the use of tubing vaginal scrap due to urine incontinence in women

Yu. V. Tsveliov, T. K. Tikhonova

Well-deserved professor – Ivan Fiodorovich Lazarevich Betadine may be recommended f or use during virginities treatment in pregnancy women with purpose to improve the microbiocenosus before labors and f or prophy lactics of f a f ter-labor in f ectious complications.

Being based on the authors' experience of examination and treatment of 1234 patients with endometriosis the paper reflects to-date concepts of etiological pathogenesis of the disease and the main classifications applied in clinical practice. Special attention is paid to description of clinical signs and novel laboratory-diagnostic f eatures o/ the endometriosis. Technical aspects of modem surgical modalities and new principles o f hormonal treatment are discussed.

Endometriosis as a gynecological disease is becoming a problem of the century, occupying the third place in the structure of gynecological pathology after inflammatory diseases and uterine fibroids. Insufficient effectiveness of treatment, disability and neurotization of women suffering from genital endometriosis, infertility as an important family and state problem. - a short list of troubles. caused by this disease.

In this article, the basic existent methodics Ps/ myometrium biopsy f or adenometriosis identification are considered. The authors say their opinion with regard to these methodic def ects and advantages. Perspective directions f or biopsy technology improvement are discussed.

Comparative results of abscessed keen purulent processes treatment of the small pelvis in women by means of longtime proteolysis with immobilizing ferment imozimaza and sanative processing the abscess cavity with antiseptic chlorhexidine bigluconate. The advantages of imozimaza use are marked. These kinds of treatment were performed by laparoscopic way; its efficiency was assessed according to trans-draining abscessoscopy.

It is given in an article the description of the new modification technique for the sling operation with stipulating use of the tubing scrap from the front vaginal wall mucosa fixed in an ureterovesical segment zone. This intervention, in our opinion, especially convenient if II type of urine incontinence takes place where dislocation of the invariable urethra is combined with cystocele and there is "excess" of the vaginal wall, which may be easy used as plastic material. This operation elaborated by authors is performed exclusively by vaginal way, that allows decrease the traumas and complications number, increase the cosmetic effect, simplify the surgical intervention. Recent results of treatment according to this methodics permit to hope on its efficiency also in days that are more far-off.

Ivan Pavlovich Lazarevich, a professor at Kharkov University, was a prominent representative of the distinctive Russian obstetric school, a brilliant teacher and a progressive public figure. The heyday of the scientific work of I.P. Lazarevich falls on the 70s - 80s of the 19th century. His works contributed to the development and progress of domestic obstetrics and gynecology. It is generally accepted that in the second half of the 19th century in Russia there were two outstanding obstetricians: A. Ya. Krassovsky and I. P. Lazarevich, who created independent schools. What do we know about his activities, what is still of value in his writings?