out special equipment. During treatment they had an effect on 3-4 zones with the frequency of 50-80 Hz during 5 min on each zone.

The courses of treatment were performed during 6-8 days beginning from the second day of postoperative period. Clinical observations showed that laser affection performed anti-inflammatory, antioedematic, regenerative, analgesic and immunomodifing action. It was expressed in the reduction of exudation in wound and in favorable duration of wound process.

When using synthetic prosthesis wound complications were marked in 6 patients four of them had seroma and two patients had haematoma; purulent complications were not observed. Relapse of hernia was marked in three patients.

Thus, the usage of unintention ways in plastic operation of anterior abdominal wall and dermolipectomia in combination with laser affection allowed to improve the results of treatment of patients with postoperative ventral herniae and morbid overweight.

DOI: 10.22448/AMJ.2016.15-16.103

UDC 618.2

THE COURSE OF PREGNANCY IN WOMEN WITH HYSTEROMYOMA

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Hysteromyoma is one of the most actual gynecological problems because of the high prevalence and the "rejuvenation" of the disease, as well as of the negative influence that this pathology exerts on female reproductive functions particularly on the pregnancy and childbirth. The increase of the number of patients of fertile age with hysteromyoma, a growing modern tendency to planning the first pregnancy in the late reproductive age after the education and formation of a professional career are increasingly considered gynecologists as a problem of conducting the pregnancy with hysteromyoma. The frequency of uterine myoma ranges from 24 up to 50% according to different authors. The tendency to increasing hysteromyoma frequency can be caused, on the one hand, by diagnostic improvement, and on the other - by the prevalence of "aggressive" obstetric and gynecologic surgery (caesarean section, abortion, hysteroscopy, laparoscopy, hysterosalpingography, biopsy and cervical coagulation, diagnostic curettage and removing of the intrauterine device, etc.), and inflammatory diseases of the genitals transmitted sexually. The aim of our work is to investigate clinical and anamnestic characteristics of the course of pregnancy and childbirth for women with hysteromyoma.

We conducted an analysis of the 64 childbirth case histories of women with hysteromyoma. The median age was 33 ± 4,4 years old. 21.7% of women suffers from this disease at the age of 20-29 years old, 79.7% of women - at the age of 30 years old or more, that confirms a high risk of hysteromyoma in this age group. We have found that hysteromyoma occur quite frequently in nulliparous 42.2%, 57.8% in multiparous. 87.5% of women had concomitant extragenital pathology. Quite often pregnancy of women with hysteromyoma is accompanied by anemia. In our research in 35.9% of the cases mild anemia was revealed.

In evaluation of the forecast of pregnancy an importance is given to complicated gynecological anamnesis that 65.6% of women had. In 45.3% of cases of cervical erosion is detected, 9.4% of women had ovarian cysts, 7.8% of women had an endometritis. 6.3% of women had infertility which is a frequent complication of uterine myoma. Threat of miscarriage in the different stages of gestation refers to features of pregnancy when it is combined with a hysteromyoma. In the first trimester, it occurs in 35.9%, in the second trimester - 41% and in the third trimester - 23% of women.

Sizes of the myoma nodes have a direct impact on fetal growth and development. Thus in the literature there are described the cases of children birth with torticollis and cranial deformation apparently caused by the pressure of myoma. In our research the sizes of myoma nodes were from 8 to 93 mm in diameter. As a rule the larger the sizes of myoma are, the higher the probability of premature birth is. Myoma's location and the presence of its contact with the placenta are important. The large size of myoma node, its low localization, the presence of multiple nodes of the uterus and the attachment of the placenta in the projection of myoma are the main risk factors for placental insufficiency. One of the leading causes of placental insufficiency among women with hysteromyoma are hemodynamic disturbances in the system of "mother-placenta-fetus", in which placental blood flow is reduced by almost half due to inadequate intake of blood and difficulty of its outflow from intervillous space. It was found that for every second pregnant the chronic placental insufficiency was diagnosed, which was spent in the form of compensated and was most often seen with chronic fetal hypoxia, in 3.7% of cases intrauterine fetal growth retardation has been diagnosed.

According to the literature childbirth among pregnant women with hysteromyoma occur with complications. One of the most important factors that affect the outcome of pregnancy is the period of delivery, and the higher it is, the more favorable the prognosis is for a newborn, as well as for women. Delivery in time was among 92% of women. However, there is quite a high incidence of premature birth -7.8%. Complications of pregnancy and childbirth require strictly differentiated approach to the management of pregnant women with

hysteromyoma and define individual obstetric tactics in each particular case. Also all risk factors from hysteromyoma are taken into account. As a rule among women with a hysteromyoma with low risk childbirth conducted by vaginal route. In patients with high risk factors delivery by Caesarean section is preferable.

Maintaining of vaginal delivery is noted in 52% of cases. Uncomplicated delivery, no bleeding, hemodynamic stability of puerperal allows to limit the observation of the course of the postpartum period. The average blood loss was 179,7ml. The pathological blood loss (400 mL) was observed in 1 case, it cause was the defect of placenta and manual control of the uterine cavity with subsequent breach of contractile uterine fibroids on the background of hysteromyoma.

In complicated pregnancy delivery was carried out by Caesarean section. The indications were the mother causes: multiple uterine myoma - 11.1%, the scar on the uterus -52%, placenta previa - 11.1%, cephalopelvic disproportion - 7.4%, the pathological preliminary period -3.7%. The causes on the part of the fetus were: acute fetal hypoxia - in 3 cases and the situs transversus of the fetus - in 1 case.

Caesarean section in the presence of hysteromyoma in some cases ends by extending the scope of surgical intervention. First of all it concerns the decision on the need for myomectomy. With relatively the apparent simplicity of execution myomectomy may be accompanied by severe complications. Myoma node is well vascularized and myomectomy may be accompanied by bleeding and difficulty of hemostasis. In our research conservative myomectomy was performed only in one case in finding the site in the section on the uterus. At a birth the average birth weight was 3334 ± 243g. Most of the newborns were born in a satisfactory condition.

Summarizing the research we made the following conclusions:

1. Women with hysteromyoma need pregravid preparation, and further upon the occurrence of pregnancy should be of high risk group for a differentiated approach in the management of pregnancy and childbirth.

2.Monitoring of pregnancy from early terms, the survey with using of modern methods, timely correction of violations contribute to reducing of the incidence of complications during pregnancy and childbirth, as well as the reduction of maternal and perinatal morbidity.

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DOI: 10.22448/AMJ.2016.15-16.104-106

UDC 615.451:612.014

CORRECTION OF LIPID PEROXIDATION PROCESSES OF BIOMEMBRANES BY NATURAL ANTIOXIDANTS

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Abstract The increase of adaptation capabilities of a person to the damaging effect of environmentally unfavorable factors with the help of pharmacological medicine is important at prophylaxis of different diseases and pathologies development. In experimental conditions the possibility to correct free radical lipid oxidation