



## INFLUENCE OF THE METHOD OF INTERRUPTION OF DEAD PREGNANCY ON THE FORMATION OF ENDOMETRIAL PATHOLOGY IN THE FUTURE

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The purpose: the establishment of a minimally traumatic method of emptying the uterus in a dead pregnancy in saving the reproductive potential of the endometrium.

Methods: office hysteroscopy, ultrasound examination of the endometrium

Patient (s): Group I: 90 women with a history of a history of a dead pregnancy, mean age  $29.2 \pm 0.34$  years: Group I - 60 women, where the termination of pregnancy is caused by vacuum / curettage of the uterine cavity; I-B group: abortion is due to hysteroscopic quality control of the intervention. II group: 40 women at the stage of pregnancy planning. The average age of  $26,34 \pm 1,4$  years  $\pm 20$  women in the anamnesis indicating an interruption of unplanned pregnancy through vacuum / curettage, IIb - 20 women in the planning of the first pregnancy. The term of all interrupted pregnancies is 7-8 weeks gestation.

Intervention (s): office hysteroscopy in the 1-st phase of the menstrual cycle, ultrasound of the pelvic organs, endometrial biopsy, immunohistochemical study of the endometrium.

Main results (s) The study of the ultrasonic structure of the endometrium made it possible to diagnose chronic endometritis in group I in 36 (90%) women, in group Ib in 12 (40%) women, in group II a - in 7 (35%), in group IIb - pathologists are not pronounced

According to the data of office hysteroscopy, confirmation of endometrial pathology (Chronic endometritis) in group II in 52 (86.6%) women, in group Ib in 18 (60%) women, in group II a - in 9 (45%), in group II - hysteroscopic the picture corresponded to the norm. According to the results of immunohistochemical studies of the endometrial biopsy, CD 138 marker (marker of chronic endometritis) was detected in group I in 59 (98.3%) women, in group Ib in 18 (60%) women, in group II a - 1 (5%) , In the group IIb - not pronounced.

Result (s): the pathology of the endometrium is a complex diagnosis, the exact formulation of which requires a comprehensive study. Office hysteroscopy with aspirate-biopsy of the endometrium is the "golden" standard in the diagnosis of chronic endometritis. Chronic endometritis is formed even in women after mechanical interruption of unplanned pregnancy.

Conclusions: a more expedient method of interrupting a dead pregnancy in predicting the formation of chronic endometritis was the method of vacuum aspiration of the fetal egg followed by hysteroscopic quality control of the procedure.

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