

arithmetic average of the maternal age 30 ± 0.611 . Mode (maternal age) is 28 years. According to the trimester of termination, in the first trimester it's 6,0%, in the second trimester 94,0%. The arithmetic average of the week of termination is 17 ± 0.311 . Mode (week of termination) is 20 weeks.

The mode of blood loss during the surgical procedure is 150ml. Blood loss in the first trimester minimum 150 ml, maximum 375 ml. Blood loss in the first trimester minimum 150 ml, maximum 375 ml.

Conclusion. According to the data which was analyzed, we concluded that the most of termination of pregnancy was carried out at 17 weeks of gestation (during second trimester) by maternal age 30. It mainly causes chromosomal diseases such as Downs Syndrome, Trisomy form and congenital malformations in the fetus. This study demonstrates that surgical termination of pregnancy can be used as a safe and effective method of termination due to medical issues.

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SUCCESSFUL DELIVERY IN A PATIENT WITH LARGE SUBMUCOSAL LEIOMYOMA

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Introduction. Uterine Leiomyomas (also called myomas or fibroids) are benign smooth muscle growth with unclear etiology. These tumors are estrogen dependent which may cause an increase in size of the tumor during pregnancy thereby posing a risk for the indwelling fetus and the pregnancy itself [1, 2]. Depending on the location of the tumor they can be classified into fibroids of the body of the uterus and of the cervix. Fibroids of the body can be further classified into interstitial, subserosal and submucosal fibroids amongst which submucosal fibroids pose the biggest risk for pregnancy as they can intervene with implantation, placental growth and growth and position of the fetus itself [3, 4].

Aim of the study. To describe a case of successful delivery in a patient with large sized sub-mucosal leiomyoma.

Materials and methods. A 38 year old female patient gravida 4, para 3 was admitted to the hospital when leiomyoma was revealed in 11th week of pregnancy.

Her first pregnancy was in 2009 operated CS due to cephalopelvic disproportion, weight of fetus was 4600g. Second pregnancy was in 2013 which was also delivery by CS, fetal weight was 3800g. On USS, the size of myoma was 4 cm, localized in left side of uterus and it was submucosal type. Myoma size increased up to 10-12 cm.

Results and discussion. During the pregnancy, it was revealed that the myoma was the reason for the transverse position of fetus. The baby was delivered by CS due to malpresentation, scars on uterus and big submucosal leiomyoma. After delivery of fetus of 4100 g and manual detachment of placenta submucosal leiomyoma at left part of uterus was revealed. Incision of myoma capsule and gradual step by step detachment of leiomyoma from the uterine wall was performed. Severe edema of myoma was noted. The uterine wall was repaired successfully and the removed myoma was sent for histopathological studies. Postoperative course was uneventful.

This case outlines the complex interaction between submucosal leiomyoma and pregnancy. The various hormonal and vascular changes observed during gestation play a complex and multifaceted role in the accelerated growth of fibroids during pregnancy. This case portrays a 38-year-old multigravida woman presenting a submucosal leiomyoma detected during a prenatal ultrasound screening. The best time to measure and detect leiomyomas is the 1st trimester. This is because later in pregnancy, the growing fetus and the enlarging uterus can make it more difficult to see the lesions. Usually, myomas itself are never an indication for cesarean delivery unless there is a complication imposed by the fibroid on the delivery of the fetus and the individual maternal risk factors. In this case, the transverse malposition of the fetus was caused by the presence of an additional mass.

Additionally, the cut section of the leiomyoma revealed edema and cystic changes which is characteristic of a subtype of leiomyoma called hydropic leiomyoma. Extensive hydropic degeneration doesn't commonly occur among patients although focal fluid accumulation may be seen quite commonly. The exact reason for this extensive fluid accumulation is quite unclear, but a few reports claim to correlate it's presence to pregnancy-induced venous outflow obstruction which could predispose to edematous changes within the leiomyoma. However extensive hydropic degeneration can pose a diagnostic dilemma, due to its rapid growth which may mimic malignancy. Therefore, histological investigations is useful in further differentiation of these edematous changes from questionable malignant changes. It is also important to conduct monthly ultrasound examinations, to ensure early identification of the number, size, and location of myomas at pregnancy, which proves beneficial in achieving a successful pregnancy outcome as illustrated by this case.

Conclusion. In spite of a large sized submucosal myoma, we observed no complications at pregnancy. The presence of myoma was a reason for malpresentation. The surgeons managed to perform myomectomy successfully and avoid hysterectomy.

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THE WAYS TO OVERCOME INFERTILITY

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Introduction. Infertility is the inability to conceive for about a year with unprotected sex. This is common in most couples in reproductive age. It has many different causes which can lead to this condition. Men, women or both factors can cause infertility. Some of the major causes are age (especially late 30s and 40s), eating and metabolic disorders, disorders of hormone producing organs, smoking, sexually transmitted infections, obesity, excessive alcohol intake and other disorders or diseases of the female (polycystic ovarian syndrome, uterine fibroids or polyps) reproductive organs. Treatment usually depends on the many factors and includes normalization of hormonal status and different surgical methods [1-3].

Aim of the study. Analysis of the women with infertility to find the major cause or the most common factor that affects the ability to conceive. Analysis of the effectiveness of different ways of treatment.

Materials and methods. We have analyzed about 35 cases of women with infertility and their case histories, analysis results, hormonal status, courses of infertility, gynecological and extragenital pathology.

Results and discussion. The average age of the analysed patients was 33 years. According to the literature the most common causes were advanced age of women, obesity, metabolic and eating disorders, other chronic diseases and disorders of the reproductive organs. Based on our study, the causes were uterine diseases (17.14%),