FERTILE PROFILE IN PATIENTS UNDERGOING LAPAROSCOPIC CYSTECTOMY DUE TO OVARIAN ENDOMETRIOMAS

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Introduction. Endometriosis is one of the most common gynecological diseases in females of reproductive age. The most significant problem of genital endometriosis is not only medically related but also in a social aspect since this disease accompanies pronounced disorders of reproduction, pain syndrome and changes to the quality of life of women[1]. Endometriosis is found in up to 25-50% of women with infertility and up to 50% of women who has endometriosis have infertility. Ovarian endometriomas are benign ovarian cysts that occurs in 17-44% of patients with endometriosis. Endometriomas causes the loss of ovarian reserve and is one of the main factors leading to infertility. The ovarian reserve is the number of remaining oocytes in the ovary. The ovarian reserve is measured by serum follicle stimulating hormone (FSH), anti-Mullerian hormone (AMH), estradiol and inhibin B. An elevated level of FSh is observed in decreased ovarian reserve because a higher FSh stimulus is needed for folliculogenesis. AMH is produced by granulosa cells in women of reproductive age. AMH is the best indicator of ovarian reserve. Laparoscopic cystectomy using the strip method is the standard approach for treatment of ovarian endometrioma. Although the rate of recurrence of cysts is minimum in this approach it is associated with reduction of the ovarian reserve and causes infertility [2, 3].

Aim of the study. To analyze the fertile profile in patients with ovarian endometriomas before and after laparoscopic cystectomy.

Materials and methods. For this statistical research details of 30 patients who were consulted at the consultation center of Women's Health Clinic in Grodno, Belarus was selected. The data was obtained from a computerized database in the clinic.

The inclusion criteria were: women aged between 18-40 years, who have undergone laparoscopic cystectomy for ovarian endometrioma.

The absolute values of AMH and FSH were calculated before and after laparoscopic cystectomy.

Results and discussion. From the 30 patients the percentage variation of AMH after the surgery was analyzed. We revealed the decreasing of AMh after surgery. In 7% of the patients the AMH level have reduced by 0%-24.99%, 3% of patients the AMH level is reduced by 25-49.99%, in 30% of patients the AMH level is reduced by

50-74.99% and in 30% of patients the AMH level have reduced by more than 75% after the surgery. In 30% of patients the AMH level have increased after the surgery.

The percentage variation of the FSH levels demonstrate the next results. In 3% of patients the FSH level is reduced after the surgery. In 30% of patients the FSH level is increased by 0-24.99% after the surgery, in 33% of patients the FSH level is increased by 25-49.99% after the surgery, in 17% of the patients the FSH level is increased by 50-74.99% after the surgery and in 17% percent of the patients the FSH level is increased by more than 75%.

Conclusion.

1. Laparoscopic cystectomy lead to decreasing of AMh level in 70% of the total 30 patients/

2. Laparoscopic cystectomy lead to decreasing of FSh level in 97%.

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MOEBIUS SYNDROME : CASE REPORT ON AN RARE CONGENITAL SYNDROME

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Introduction. Moebius syndrome is defined as a congenital neurological disorder characterized by paralysis or weakness of the abducens (6th) nerve and facial (7th) nerve [1, 2]. Understandably, the condition deteriorates the patient's quality of life and treatment measures have also been outlined. It has a similar incidence in both males and females, accounting for about a ratio of 1 in every 250,000 estimated live births [3, 4]. Although 2% of the individuals affected represent a familial etiology, most of the reported cases so far are sporadic. Pathogenesis of the disease still remains unclear but genetics and intrauterine