

SPECIFIC FEATURES OF CESAREAN SECTION AT THE PERINATAL CENTRE OF THE THIRD LEVEL

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Introduction. Cesarean section is an operative procedure whereby the fetuses after the end of 22th weeks are deliver through an incision on the abdominal and uterine walls. Cesarean delivery is done when labor is contraindicated (central placenta previa) and/or vaginal delivery is found unsafe for the fetus and/or mother.

The indications are broadly divided into two categories: absolute (central placenta previa, contracted pelvis or cephalopelvic disproportion, pelvic mass causing obstruction (cervical or broad ligament fibroid), advanced carcinoma cervix, vaginal obstruction (atresia, stenosis) and relative (cephalopelvic disproportion, previous cesarean delivery, fetal distress, dystocia may be due to relatively large fetus, contracted pelvis or inefficient uterine contractions, antepartum hemorrhage (placenta previa and abruptio placenta), malpresentation, failed surgical induction of labor, failure to progress in labor, bad obstetric history with recurrent fetal loss, hypertensive disorders, severe preeclampsia and eclampsia [1-2].

Also we have some complications during or after operation. That is, why we have to perform it very carefully and don't forget about postoperative care.

Aim of the study. Analysis of the women with cesarean section, indications course and complications.

Materials and methods. We have analyzed about 1244 cases of delivery by cesarean section performed at the perinatal centre of the third level during 2023 year. We studied indications, course of operation, postoperative care.

Results and discussion. We have analyzed about 1244 cases of delivery by cesarean section. It was 44.3% among all cases of delivery. We studed that 925 operations were planned (74.4%). The most common indications were: 455 cases of scar on the uterus after previous cesarean section, 113 cases of premature labor, 93 cases of infertility, 37 cases of myoma of uterus, 31 cases of multiply pregnancy, 17 cases of placenta previa, 13 cases of placental insufficiency etc. The average duration of the operation was 55 minutes. Among emergency situations the most common were: premature labor (35.4%), fetal hypoxia (15.9%), premature separation of placenta (9.7%), contracted pelvis (7.5%), placental insufficiency (6.8%). All the newborns of the studied patients were with an Apgar score of 7/8 up to 8/9. All the complications were compensated with conservative treatment.

Conclusion. The perinatal centre of the third level has rather high frequency of cesarean section, among 44.3%. But all cases of operative delivery were performed

according severe indications. In the result all newborns of the studied patients were healthy.

ЛІТЕРАТУРА

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USING BEVACIZUMAB IN MANAGEMENT OF OVARIAN CANCER

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Introduction. Ovarian cancer (OC) derived from the epithelium of the reproductive tract, fallopian tube cancer and primary peritoneal carcinoma. Eastern Europe stands with the highest incidence 11 ASR per 100000 and a mortality 6 ASR per 100000 according to WHO 2022 GLOBOCAN reports. Bevacizumab is used as a target therapy (TT) in combination with other chemotherapy drugs to treat OC of different stages. It targets a cancer cell protein – vascular endothelial growth factor and blocks it so the blood vessels to cancer are starved and can't grow [1].

Aim of the study. To assess the first progression (FP), compliance and efficacy of Bevacizumab when used as target therapy with standard chemotherapy (SCT), analysis of OC patients using Bevacizumab.

Materials and methods. Data of patients with OC was taken from Grodno University Clinic database. A total of 41 patients were discovered who have started Bevacizumab and have been continuing their previous chemotherapy regime from 2018 to 2024. Their chemotherapy reports, instrumental diagnostic methods such as CT, MRI, Ultrasound, histological and laboratory reports were reviewed and analyzed. Using the extracted data, the time for the FP to appear was calculated for SCT and Bevacizumab. Average chemotherapy cycles were calculated for the FP to occur.

Results and discussion. The standard management for ovarian cancer begins with cytoreduction surgery then followed by SCT. If there is no improvement in treatment and the cancer shows resistance, target therapy with Bevacizumab is indicated.