

STUDENT'S MENSTRUAL CYCLE DISORDERS

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Introduction. The menstrual cycle refers to rhythmically repeating complex changes in the reproductive system. The duration of the menstrual cycle is calculated as the interval between the first days of two subsequent periods. Menstrual irregularities include violations of the duration of the menstrual cycle (amenorrhea, oligomenorrhea, polymenorrhea) and pathology of menstrual bleeding (abnormal uterine bleeding and dysmenorrhea). Menstrual cycle disorders are one of the important problems in modern obstetrics and gynecology. They have a lot of reasons. Diagnostics is usually not so difficult. After the complete examining of the patients it is possible to administer the best type of treatment.

Aim of the study. The aim of the study was to examine students in menstrual cycle problems and try to treat and help.

Materials and methods. We have analyzed cases of menstrual cycle problems in 53 cases.

Results and discussion. We have examined 53 patients with menstrual cycle disorders. The average age is about 36 years. Ethnicity: asian nationalities (88.67%), african (7.54%). The duration of menstrual cycle was 28 days in 64.15% cases, around 29-35 days in 35.85% cases. The duration of the bleeding during menstrual cycle was 3-5 days (86.8%), 5-7 days (11.3%), more than 7 days (1.9%). In 24.5% cases there were previous pregnancies. In 9.4% cases patients suffered from inflammation diseases. Among extragenital pathology the leader were thyroid diseases (15%), respiratory problems (11%), cardiovascular diseases (8%). What about the pain during menstruation in 77.4% cases the patients used drugs (paracetamol, ibuprofen) to avoid the pain. All the patients indicated some symptoms before beginning of the periods: abdominal cramps – 53 (100%), mood swings – 53 (100%), tender breast – 43 (81.13%), abnormal vaginal discharge – 38 (71.69%), acne – 31 (58.49%), backache – 24 (45.28%). More than that most of the patients had the symptoms during menstruation: tender breasts – 36 (67.92 %), bloating – 47 (88.67%), muscle aches – 25 (47.16%), joint pain – 6 (11.32%), headaches – 21 (39.62%), acne – 42 (79.24%), abdominal cramps – 49 (92.45%), diarrhea – 11 (20.75%), constipation – 2 (3.77%).

Conclusion. Regular menstrual cycle is very important to save the health of every woman. But as a result of our examination we have high level of menstrual cycle disorders. So we have to think about the examination of diseases and about correct treatment.

ЛІТЕРАТУРА

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INTEGRATING ADVANCED IMAGING TECHNIQUES IN THE DIAGNOSIS AND TREATMENT OF MIRIZZI SYNDROME

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Introduction. Mirizzi syndrome is a rare but serious complication of gallstone disease, which causes the compression of the common hepatic duct, potentially leads to strictures or Cholecystobiliary fistulas. The results shows that incidence of MS has increased due to rising prevalence of gallstone disease and also due to delay in surgical intervention. It occurs in 1-5% of patients post cholecystectomy, with having a mortality rate of 11-14%. Preoperative diagnosis is often missed in this case but with only 12-22% correctly identified.

Aim of the study. Analysis of the results of treatment of patients with Mirizzi Syndrome.

Materials and methods. We present our clinical observation. Patient a 66-year-old woman, was admitted to the surgical department of GRCH with a diagnosis of "Gallstone disease: chronic calculous cholecystitis, choledocholithiasis" for further examination and surgical treatment. Ultrasound examination revealed the "Gallbladder: wrinkled, with a 15 mm calculus in its projection; intrahepatic ducts are not dilated", magnetic resonance imaging MRI was performed.

Results and discussion. A decision was made to initiate surgical intervention with laparoscopy to clarify the diagnosis. The intraoperative diagnosis was "Cholelithiasis: chronic calculous cholecystitis. Sclerotic (Wrinkled) gallbladder. Mirizzi syndrome type I." After laparotomy, the gallbladder was detached from the duodenum, revealing a stone in its neck and an ulcer between Hartmann's pouch and the common hepatic duct. The ulcer defect exceeded 2/3 of the hepatic duct circumference, with a 1.5 x 1 cm stone