

than patients of Group 1.

According to the results of ECG, patients of both groups didn't have significant differences in heart rate (65 [58; 72] vs 62 [56; 69] b.p.m., $p>0.05$), duration of P wave (96 [80; 115] vs 95 [80; 120] ms, $p>0.05$) and PQ interval (169 [140; 180] vs 170 [140; 180] ms, $p>0.05$). However, QT interval duration was longer in patients of Group 2 compared with Group 1 (405 [380; 420] vs 384 [360; 400] ms, $p=0.049$), as well as Tpeak-end interval duration (98 [80; 110] vs 86 [80; 100] ms, $p=0.019$).

Conclusion. Patients with significant obstructive CAD were predominantly male, more often suffered from prior MI, had higher values of QT interval and T peak-end interval ($p<0.05$) in comparison with patients without coronary atherosclerosis.

INFLUENCE OF LAPAROSCOPIC CYSTECTOMY DUE TO OVARIAN ENDOMETRIOMA ON THE FERTILE PROFILE OF PATIENTS

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Introduction. Endometriosis has become one of the most common gynaecological diseases in females of reproductive age. It has become a leading cause of morbidity and low quality of life in women due to pronounced disorders of reproduction and pain syndrome. Endometriosis is found in up to 25-50% of women with infertility and up to 50% of women who have endometriosis have infertility. Ovarian endometriomas are benign ovarian cysts that occur in 17-44% of patients with endometriosis. Endometriomas compress the blood circulation to the ovarian cortex which leads to follicular loss. Further follicular damage happens due to the inflammation in the cyst wall. These factors lead to the reduction of ovarian reserve. 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 minimal in this approach, it is associated with reduction of the ovarian reserve and causes infertility. It is mainly due to the healthy ovarian tissue removal and incidental damage to the

surrounding ovarian tissue or the blood supply during surgery. Inflammation and scar tissue formation also affects the ovarian function. Overall laparoscopic cystectomy although minimally invasive, leads to reduction of ovarian reserve and overall fertility of women. So, it is crucial for early detection and treatment of endometriomas to preserve the maximum ovarian function and low occurrence of complications.

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 were 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 has reduced by 0%-24.99%, in 3% of patients the AMH level has reduced by 25-49.99%, in 30% of patients the AMH level has reduced by 50-74.99% and in 30% of patients the AMH level has reduced by more than 75% after the surgery. In 30% of patients the AMH level has increased after the surgery.

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

Conclusion.

- Laparoscopic cystectomy led to the decrease in the AMH level in 70% of the total 30 patients.

- Laparoscopic cystectomy led to the increase in the FSH level in 97% of the total 30 patients.

- Therefore, laparoscopic cystectomy for ovarian endometriomas caused reduction in the ovarian reserve of patients.

ON THE ORIGIN OF CATACROTS (EXPERIMENTAL STUDY)

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Introduction. There are currently several methods available for investigating the state of the reflected wave occurring in the vascular system.