MINISTRY OF HEALTH OF UKRAINE
ODESSA NATIONAL MEDICAL UNIVERSITY

Faculty of international
Department of Obstetrics and Gynecology

I APPROVE
Vice-rector for scientific and pedagogical work
_____ Eduard BURIACHKIVSYI
"01" September 2023

METHODICAL DEVELOPMENT
to the lecture

Course IV Faculty international

Discipline Obstetrics and gynecology

LECTURE №3 TOPIC. "Acute abdomen" in gynecology. Pelvic inflammatory diseases.

Approved:
Meeting of the Department of Obstetrics and Gynecology of Odesa National Medical University

Protocol №1 dated August 28, 2023.

Head of the department _____ (Ihor GLADCHUK)

Developer: associate professor of the department of Obstetrics and Gynecology _____ Kozhakov V.L.

1.Actuality of the topic.

The clinical experience of medical institutions indicates that the most difficult for the doctor are clinical situations that require emergency care. Very often, while it is primarily about saving the patient's life, as incorrect or untimely actions, errors in the choice of tactics, methods and means of emergency aid rich very serious and tragic consequences. However, properly and timely provided, rationally planned and carried out by methods Lean emergency assistance can not only save the life of the patient but also to preserve reproductive function.

Exceptional value of this provision to women, families and society in general does not need supplementing arguements.In that fact that readiness to provide emergency assistance at any time and in any place, the responsibility for the life and health I have no one who ended up in critical condition, as the main doctor of any specialty, evidence of his professional life.

The etiology and pathogenesis, methods of rational treatment of inflammatory diseases of the genitals (PID), especially in the chronic stage, for a long time is one of the major problems of gynecology, which has not only clinical but also social value. The number of patients is, according to different authors, from 60 to 82 percent of all women seeking about diseases of the genital organs. This means that out of 100 women in need prenatal doctor, 82 women suffering from STI. Should pay attention to another important feature PID: suffering by women of childbearing age. Inflammatory diseases and their complications are very adversely affect the reproductive function of women, causing the causes of infertility, miscarriage. The most adversely affected by inflammatory diseases in fruit-system mother-placenta-fetus - the risk of intrauterine infection, hypoplasia, intrauterine growth retardation, stillbirth. Children with the effects of intrauterine infections constitute a group at high risk of early childhood mortality. Inflammatory diseases are the cause of cervical cancer, menstrual tsyklu.Sotsialna and medical importance of inflammatory diseases requires very careful attention to this large group of patients, timely, complete phased treatment, prevention PID and prevention of complications.

2.Tsili classes.

- Training:

1.Get in touch with relevance of the topic, research areas developed by the department of Obstetrics and Gynecology # 1 on this issue

2.Student should be able to:

Properly gather medical history in patients with "acute" abdomen.
Identify complaint, describing the basics of the disease.
Determine, based on history of the disease, these subjective and objective research features and characteristics needed to identify the causes that led to "acute" abdomen in gynecology.
Correctly interpret data of laboratory and instrumental methods.
Make a plan examination of patients with "acute" abdomen.
To conduct differential diagnosis of "acute" abdomen.
Diagnosis and plan treatment means the patient with "acute" abdomen.

3. Get in touch:
- with medical and social value problem of infertility in marriage. Etiopathogenetical factors of infertility. Survey couple with infertility marriage. Modern principles and methods of treatment of female infertility. The indication for use of reproductive technologies.
- causes of female and male infertility. The survey of infertility in the couple's marriage. Modern principles and methods of treatment of female infertility (hormonal, surgical, new reproductive technologies.

- Educational:

- To develop in students a sense of responsibility for the timeliness and fidelity to professional activities.

- To master the ability to survey a plan, given the invasiveness methods, the need for these studies. To conduct advanced research methods that allow to find and consider all the small details that contribute to the recognition of the disease and allow correct diagnosis for subsequent appointment of adequate therapy
- Formulate ethical principles of patients with "acute" abdomen in gynecology in extreme shortage of time.
- Develop a sense of responsibility for adequately and efficiently provided to patients with "acute" abdomen that is particularly decisive importance in critical situations.

Master (a = II):

- Determination of etiologic and pathogenetic factors of major diseases of the female reproductive system, leading to infertility.
- Basic principles of inspection infertility when the couple married.
- Definitions previous clinical diagnosis based on the interpretation of the special examination barren couple.
- Modern principles and methods of treatment of female infertility (hormonal, surgical, new reproductive technologies).
- Master and upgrade the skills (a = III):
- Select from history are typical for male and female infertility information.
- Examine patients with infertility, to evaluate the degree of importance.
- Evaluate your clinical and laboratory examination of patients with infertility.
- Based on history, the clinic conducted differential diagnosis to be able to make the correct diagnosis in thematic patient.
- Assign adequate treatment of infertility.
- Determine the extent of prevention of male and female infertility.

- To be able to (a = IV):
- Collect and evaluate history in infertile couples.
- To conduct a comprehensive survey of bereaved couples.
- Interpret research results.
- Prepare inspection plan barren couples.

Ectopic pregnancy.

All cases of the ovum outside the uterine cavity is called ectopic pregnancy, depending on the location of the ovum implantation of ectopic pregnancy is divided into pipe, ovarian, in rudimentary horn of the uterus and abdominal.

Etiology and pathogenesis. Ovum implants outside the uterus is due to violation of the transport function of the fallopian tubes, changing properties of the ovum.

Violation of pipes connected:

– with inflammation of any etiology;

– hormonal status of the organism;

– surgical intervention on the pipes.

Clinic and diagnostics. In urgent gynecology broken more common tubal pregnancy - pipe rupture or tubal abortion.

Pregnancy, broken by type pipe rupture, acute onset, which in some women delay preceding the next menstruation, pain below the belly spread to the anus, sub, supraclavicular area, the shoulder or the shoulder, accompanied by nausea or vomiting, dizziness until loss of consciousness, sometimes diarrhea.

Patients often inhibited, rarely shows signs of anxiety, skin and mucous pale, cold extremities, frequent superficial breath. Tachycardia, pulse weak filling, blood pressure is lowered. Tongue moist, not coated. Belly slightly swollen, tense muscles of the abdominal wall is missing. On palpation - pain below the abdomen, more on the affected side, and severe symptoms of irritation of the peritoneum. For percussion-blunting in shallow areas of the abdomen.

When viewed using mirrors, cyanosis and pallor of the mucous vagina and ekzotserviksu. Bimanual examination (very painful) reveals flattening or bulging rear or one side of the arch. The uterus is easily displaced, as it "floats" in a free fluid.

If you doubt the correctness of the diagnosis made puncture the abdominal cavity through the posterior vaginal vault.

Interruption of tubal pregnancy by type of tubal abortion presents diagnostic difficulties, as characterized by slow flow and no appreciable effect on the overall condition of the patient. It should be stressed that carefully collected history provides invaluable aid in the diagnosis of tubal abortion. The basic triad of symptoms of tubal abortion, delayed menstruation, abdominal pain, bleeding from the vagina.

Abdomen soft, painless on palpation. When viewed in the mirror, and cyanosis loosening mucous membranes and bleeding from the cervical canal. During bimanual examination: slightly enlarged uterus, increasing the unilateral appendages (often kovbasopodibnoyi or retertovydnoyi form); vaginal codes may remain high or flattened.

Additional methods:

1. Determination in serum and urine horialnoho gonadotropin (hCG).
2. Ultrasound.
3. Laparoscopy.
4. Histological examination of scraping the endometrium.

Treatment can be surgical and conservative. Surgical treatment of ectopic pregnancy in most cases - salpynhektomiya. The aim of this treatment is to preserve the woman's life. In simple cases, severe bleeding can be performed organ surgery, some of them- laparoscopy: salpinhotomiya, segmental resection and anastomosis, fimbrial evacuation. In connection with some risk of trophoblastic disease recommend the study of hepatitis 2-3 weeks after surgery compared to the previous level. If persistent or elevated levels of hCG perform repeated conduct research or therapy with methotrexate.

Conservative treatment with methotrexate is rarely used as an independent method.

Laparotomy performed in the diagnosis of ectopic pregnancy interrupted. The delay in the operation could lead to catastrophic consequences. The first measures to be patient withdrawal from the shock, bleeding stop and support the cardiovascular system.

Algorithm for treatment of ectopic pregnancy.*Principles of patients* of ectopic pregnancy: 1. Suspicion of ectopic pregnancy is an indication for urgent hospitalization. 2. Early diagnosis will help reduce complications and allows you to use alternative therapies. 3. In the diagnosis of ectopic pregnancy is necessary to make urgent surgery (laparoscopy, laparotomy).

Surgical treatment of ectopic pregnancy is optimal. In modern practice may use conservative treatment of ectopic pregnancy. 4. In case of severe clinical picture excited ectopic pregnancy, presence of hemodynamic disorders, hypovolemia patient hospitalized immediately for immediate surgery as soon as possible laparotomichnym access. If the clinical picture is erased, no signs of internal bleeding and hypovolemia conduct pelvic ultrasound and / or laparoscopy. 5. prehospital when excited ectopic pregnancy emergency room volume is determined, the patient and the amount of blood loss. Infusion therapy (volume, speed of solution) depends on the stage of hemorrhagic shock (see. Protocol - "hemorrhagic shock"). 6. Severe condition of the patient, presence of severe hemodynamic disturbances (hypotension, hypovolemia, hematocrit less than 30%) -absolyutni indications for surgery laparotomy access of pregnant fallopian tube removal and holding antishock therapy. 7. Apply an integrated approach to the treatment of women with ectopic pregnancy, including: a) surgery; b) the fight bleeding, hemorrhagic shock, blood loss; c) postoperative care; d) the rehabilitation of reproductive function. 8. Surgical treatment is carried out as laparotomy and laparoscopic access. The advantages of laparoscopic techniques include: -reduction length transaction; -reduction duration of postoperative period; -reduction length of hospital stay; -zmenshennya number scarring of the anterior abdominal wall; the presence of severe hemodynamic disturbances (hypotension, hypovolemia, hematocrit less than 30%) -absolyutni indications for surgery laparotomy access of pregnant fallopian tube removal and holding antishock therapy. 7. Apply an integrated approach to the treatment of women with ectopic pregnancy, including: a) surgery; b) the fight bleeding, hemorrhagic shock, blood loss; c) postoperative care; d) the rehabilitation of reproductive function. 8. Surgical treatment is carried out as laparotomy and laparoscopic access. The advantages of laparoscopic techniques include: -reduction length transaction; -reduction duration of postoperative period; -reduction length of hospital stay; -zmenshennya number scarring of the anterior abdominal wall; the presence of severe hemodynamic disturbances (hypotension, hypovolemia, hematocrit less than 30%) -absolyutni indications for surgery laparotomy access of pregnant fallopian tube removal and holding antishock therapy. 7. Apply an integrated approach to the treatment of women with ectopic pregnancy, including: a) surgery; b) the fight bleeding, hemorrhagic shock, blood loss; c) postoperative care; d) the rehabilitation of reproductive function. 8. Surgical treatment is carried out as laparotomy and laparoscopic access. The advantages of laparoscopic techniques include: -reduction length transaction; -reduction duration of postoperative period; -reduction length of hospital stay; -zmenshennya number scarring of the anterior abdominal wall; hypovolemia, hematocrit less than 30%) -absolyutni indications for surgery laparotomy access of pregnant fallopian tube removal and holding antishock therapy. 7. Apply an integrated approach to the treatment of women with ectopic pregnancy, including: a) surgery; b) the fight bleeding, hemorrhagic shock, blood loss; c) postoperative care; d) the rehabilitation of reproductive function. 8. Surgical treatment is carried out as laparotomy and laparoscopic access. The advantages of laparoscopic techniques include: -reduction length transaction; -reduction duration of postoperative period; -reduction length of hospital stay; -zmenshennya number scarring of the anterior abdominal wall; hypovolemia, hematocrit less than 30%) -absolyutni indications for surgery laparotomy access of pregnant fallopian tube removal and holding antishock therapy. 7. Apply an integrated approach to the treatment of women with ectopic pregnancy, including: a) surgery; b) the fight bleeding, hemorrhagic shock, blood loss; c) postoperative care; d) the rehabilitation of reproductive function. 8. Surgical treatment is carried out as laparotomy and laparoscopic access. The advantages of laparoscopic techniques include: -reduction length transaction; -reduction duration of postoperative period; -reduction length of hospital stay; -zmenshennya number scarring of the anterior abdominal wall; hematocrit less than 30%) -absolyutni indications for surgery laparotomy access of pregnant fallopian tube removal and holding antishock therapy. 7. Apply an integrated approach to the treatment of women with ectopic pregnancy, including: a) surgery; b) the fight bleeding, hemorrhagic shock, blood loss; c) postoperative care; d) the rehabilitation of reproductive function. 8. Surgical treatment is carried out as laparotomy and

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cosmetic effect. 9. Implementation of organ operations for ectopic pregnancy provodzhuyetsya the accompanying risk of postoperative persistence of trophoblast resulting from its incomplete removal of the fallopian tubes and abdominal cavity. The most effective method of prevention of complications is closely toilet abdominal 2 to 3 liters of saline and single administration of methotrexate in doses of 75 -100 mg vnutrishnom'yazovou first, second days after surgery.

Opepatsii that apply in the case of ectopic pregnancy:

1. Salpinhostomiya (tubotomiya). Running longitudinal salpinhostomiya. After removal of the ovum salpinhostomu certainly not ushyvayut. Where no chorionic villi grow into the muscle membrane of the fallopian tube limited curettage. 2. Segmental resection of the uterine tube. Remove segment of the fallopian tube where the egg is fertilized and then perform the anastomosis at both ends of the pipe. If impossibility of performance-salpinho salpinho anastomosis can tie both ends and impose anastomosis later .. Z. Salpinhektomiya. This operation is performed in case of violations of tubal pregnancy, accompanied by massive bleeding. Surgery and blood transfusion in this case is carried out simultaneously.

ovarian apoplexy(Rupture of the ovary). By predisposed factors vidnosyatsya- moved inflammation localized in the pelvis that led to sclerotic changes in ovarian tissue and blood vessels to congestive congestion and varicose ven.Ne exclude the role of endocrine factors. Bleeding from the ovary can promote blood diseases in violation of its collapse.

Ovarian rupture can occur in different phases of the menstrual cycle, but in most cases - in the second phase.

There are three clinical forms of the disease: anemic, sickly and mixed.

The clinical picture is dominated by symptoms of anemic form intraperitoneal bleeding. Getting the disease may be associated with physical injuries, physical stress, sexual intercourse, and can begin for no apparent reason. Acute intense abdominal pain appears in the second half or in the middle of the cycle. Often the pain spreads to the anus, external genitals, sacrum; there may be symptom-frenikus.

Painful attack is accompanied by weakness, dizziness, nausea, sometimes vomiting, cold sweats, fainting. When viewed noteworthy pale skin and mucous membranes, tachycardia at normal body temperature. Depending on the amount of blood loss reduces blood pressure. The abdomen is soft, slightly swollen .. Power muscles of the abdominal wall is missing. On palpation abdominal pain appears spilled across its lower half. Symptoms of peritoneal irritation expressed in varying degrees. Percussion of the abdomen may reveal the presence of abdominal free liquid.

During bimanual (quite painful) studies define normal size uterus, sometimes - painful enlarged spherical ovary. When significant bleeding and pain are overhanging rear and / or lateral vaginal vault.

In a clinical blood test pattern prevails anemia.

Painful form of ovarian apoplexy observed in cases of bleeding into the tissue of the follicle or yellow body without bleeding or slight bleeding into the abdominal cavity.

The disease begins with acute episode of pain below the abdomen, accompanied by nausea and vomiting in the background temperature. No signs of internal bleeding. The abdomen is often mild, but some can be detected muscle tension of the abdominal wall in the iliac areas. Palpation of the abdomen is painful in the lower divisions, there are defined moderate symptoms of peritoneal irritation. Free fluid in the abdomen can not be found. Bleeding from the genital tract there.

In an internal gynecological examination determine normal size uterus, displacement of which causes pain and increased slightly painful round ovary. Vaginal vault remain high.

Clinical analysis of blood shows no significant deviations from the norm.

Treatment of ovarian apoplexy depends on the degree of intra bleeding. Anemic form of the disease requires surgery, which amounts may vary. If there was a gap corpus luteum, it should take in the T-hemostatic sutures. The most typical operation is resection of the ovary. Spay well only when all its cloth soaked with blood.

In recent years, the opportunity to conduct operations that spared using laparoscopy, during which the evacuation of blood that poured into the abdominal cavity and coagulation areas ovarian bleeding.

Painful form of ovarian apoplexy without clinical signs of growing internal bleeding can be treated conservatively. Assign calm, cold on the lower abdomen, the drugs hemostatic action vitamins. Conservative treatment is performed in a hospital under the supervision of medical staff.

Tilting legs ovarian tumor. Torsion legs can be subjected to tumors of different histological structure, not welded to adjacent organs and that have a strong leg. This usually benign and borderline neoplasms, but can meet and malignant.

Torsion stem tumor may be associated with changes in posture, physical stress, enhanced intestinal motility, bladder overflow, long movable leg cysts.

Anatomical stem tumor has stretched ties that hung ovary, ovarian ligament and own mezoovariya. In the surgical leg is part of the fallopian tubes.

Torsion legs can occur suddenly or gradually, sometimes full and partial. Pathological changes in the tumor when twisting her legs depend on the speed with which rotates on the axis of the tumor and the degree of torsion. Torsion stem tumor, accompanied perezhattyam arteries, leading to changes in necrotic tissue tumors.

The clinical picture. The disease usually begins with severe pain in nyzi .zhyvota accompanied by nausea and vomiting. Body temperature in the early hours of the disease remains normal leukocyte reaction is not expressed.

The patient takes a forced situation arisen in bed because of sharp pain. On palpation - stress the anterior abdominal wall, positive symptom SHCHetkina-Blumberg, enteroplegia, delayed stool, rarely, diarrhea. Body temperature may rise, rapid pulse, pale skin, cold sweat. When an internal gynecological examination showed the tumor in the region of the uterus, the attempt to shift causes a sharp pain. Such patients need urgent surgery.

Violation of the power unit of uterine fibroids. Violation of the blood supply to the myoma nodes is explained mainly by mechanical factors (torsion, bend, compression tumors). It is necessary to take into account the peculiarities hemodinamyky during pregnancy when there is a significant decrease in blood flow in the uterus, especially pronounced in the area mizhmyshechnoho unit, increased vascular tone in vessels of small caliber, difficulty of venous outflow, reducing blood flow velocity and venous blood. The cause of eating disorders unit may be different degenerative processes in myoma nodes (swelling, necrosis, hemorrhage, hyaline degeneration, degeneration) that develop as a result of ischemia, venous stasis, thrombosis in multiple tumor nodes mizhmyshechnyh.

There are dry and wet necrosis types of cancer. When dry necrosis is a gradual shrinkage of necrotic tissue sections, thus formed a kind of cavernous cavity with remains of dead tissue. When wet necrosis observed softening and wet tissue necrosis with subsequent formation kistepodibnyh cavities. The so-called red tumor necrosis often exposed, intramural are:

Macroscopically these tumors are painted red or brownish-red color, with soft texture, microscopic - and their veins thrombosis. Reason: toning surrounding the hub, with the subsequent development of the myometrium circulatory disorder in the capsule of the tumor and the periphery. Before joining aseptic necrosis often infection that gets the node or hematogenous lymphogenous way.

Clinical eating disorders unit depends on the degree of blood supply to the site.

Necrosis of uterine fibroids is accompanied by acute pain in the abdomen, tension anterior abdominal wall, possible fever and leukocytosis.

During bimanual examination to determine the presence of uterine myoma nodes, one of which is sharply painful on palpation.

Ultrasound facilitates detection of inaccessible sites. Clarify the diagnosis by using laparoscopy.

Treatment - operative. In some cases, conservative treatment is acceptable, the rheological active agents (reopolyglukine, trental), antispasmodics (papaverine, no-spa) in combination with antibacterial and desensitizing agents.

Pelvioperitonit and peritonitis - acute inflammation of the peritoneum.

Causes: - melting piosalpinks wall, purulent tubovarialnoho formation;

- various gynecological surgery;
- criminal abortion, including perforation of the uterus;
- ovarian tumor necrosis.

Depending on the prevalence of isolated forms of inflammation peritonitis:

1. Local (restricted and unrestricted).
2. Distributed (diffuse, diffuse and total).

Pelvioperitonit may be the result of infection to the peritoneum pelvic with serous and purulent salpingitis always accompanies development piosalpinks, piovaru and tubovarialnoho abscess.

Views: serous, fibrinous, purulent.

Clinic acute stage pelvioperitonit: abdominal pain, fever, nausea and sometimes - vomiting. An objective study, rapid pulse, advancing reaction temperature. The tongue is moist, sometimes coated with white bloom. The abdomen is inflated in the lower divisions, and muscle tension of the abdominal wall, positive symptoms of peritoneal irritation. Sluggish peristalsis, abdominal wall involved in the act of breathing. Bimanual examination zatrudnene through sharp pain and lower abdominal strain. Severe pain occurs already at the slightest shift of the cervix. Sometimes flattening or vaginal overhanging arches that indicates the presence of fluid in the pelvis.

Clinical analysis of blood at pelvioperitonit should be done repeatedly during the day. For pelvioperitonit typical moderate leukocytosis, blurred Rally leukocyte formula to the left, a small reduction in the number of lymphocytes and increased ESR.

In unclear cases, laparoscopy is performed.

Pelvioperitonit Treatment is usually conservative.

Calm, complete diet, gentle. On the lower abdomen - periodic ice pack application. Antibiotic therapy. Detoxification (infusion-transfusion therapy). Desensitizing, nonspecific anti-inflammatory drugs znebolyuyut vitamins. It is advisable sessions ultraviolet blood irradiation.

Surgical treatment requires pelvioperitonit occurring against the backdrop piosalpinks, piovaru and tubovarialnoho abscess.

Characterized by widespread peritonitis early stemming endogenous intoxication.

Classification of peritonitis in K.S.Symonyanu:

I phase - reactive; Phase II - toxic; Phase III - terminal.

Clinic: pain, muscle tension defending abdominal symptoms of peritoneal irritation positive, persistent paresis of the intestine.

High fever, shallow hekannya, vomiting, restless behavior and euphoria, tachycardia, cold sweat. Marked leukocytosis with a shift to the left leukocyte and toxic granularity of neutrophils, increased alkaline phosphatase, a sharp decline in the number of platelets

Treatment in 3 stages: preoperative preparation, surgery, intensive therapy in the postoperative period

Preoperative preparation: decompression of the stomach, catheterization subclavian vein (held infusion therapy aimed at eliminating hypovolemia and metabolic acidosis, correction of water, electrolyte and protein balance, detoxification of the body), the introduction of cardiac drugs, adequate oxygenation, in / in the introduction of antibiotics in the highest possible dose .

Volume surgery purely individual, special requirements - complete removal of the source of infection, followed by drainage of the abdominal cavity.

The duration of infusion therapy in the postoperative period should pursue the following objectives:

– elimination of hypovolemia by introducing colloidal solutions and protein products;
– filling losses and potassium chloride;
– correction of acidosis;
– the energy needs of the body;
– antyfermentna and anticoagulation;
– ensuring forced diuresis;
– fight against infection by the use of broad-spectrum antibiotics;
– Treatment of functional failure of the cardiovascular system;
– prevention and elimination of vitamin deficiencies.

It is important to restore motor-evacuation function of the stomach and intestines. Sessions UFOAK. Hyperbarichna oxygenation. Extracorporeal hemosorbtion.

Classification of inflammatory diseases of genitals

I. For the clinical course:
1. Acute processes;
2. Chronic processes;
a) In remission;
b) In the acute stage,
• With the advantage of infectious and toxic effects of characteristics inherent in acute inflammation (temperature, changes in blood picture) - rare (5%);
• With the advantage of changes in the nervous system in the form of "trace" the former reaction of inflammation - chronic adnexitis with pelvic hanhlionevrytom.
II. For localization:
1. Inflammation of the vulva:
• Vulva - vulvitis,
• Genital warts (warty skin formation viral etiology)
• Bartolynova gland - Bartolini;

2. Inflammation of organs:

- Vagina - vaginitis, vaginitis;
- Cervix - endocervicitis (inflammation of the vaginal cervix coated multilayered squamous epithelium);
- Endotservitsitah (inflammation of the lining facing into the cervical canal and covered with columnar epithelium);
- Tservikoz (defeat all layers of the cervix);
- Erosion (pseudo - cylindrical epithelium ectopia in multilayer, real erosion - multilayered epithelium defect, erosion being supported by insufficient ovarian hormonal function);
- The body of the uterus - endometritis (inflammation of the lining of the uterus body);
- Metroendometritis (inflammation of mucous and uterine muscle layer);
- Panmetryt (inflammation of all layers of the uterine wall);
- Perimetrity (inflammation of the peritoneum that covers the body of the uterus);
- Uterus - salpingitis (inflammation of the fallopian tubes);
- Oophoritis (ovarian inflammation);
- Salpingo (inflammation of the fallopian tubes and ovaries) or adnexitis;
- Adnekstumor (inflammatory swelling fallopian tubes and ovaries);
- Gidrosalpinks (inflammatory tumor of the fallopian tube accumulation of serous fluid in the lumen);
- Piosalpinks (inflammatory Bursiform fallopian tube tumor accumulation of pus in the lumen);
- Piovarum (inflammatory tumor of the ovary with its suppurative melting tissues);
- Perisalpinhit (inflammation of the fallopian tube retroperitoneal cover);
- Fiber pelvis - parametrit (inflammation of the tissue surrounding the uterus) - side, front and rear;
- Peritoneum pelvis - pelvioperitonit (pelvic peritonitis);
- Total peritonitis (diffuse or diffuse)

Properly formulated diagnosis must be clinical indications of flow, the localization process to determine the same principle of treatment duration, diagnostic features, the following tactics. Example:

- acute adnexitis;
- chronic salpingitis in remission;
- chronic salpingitis exacerbation trace the type of reaction;
- chronic adnexitis in toxic-infectious type.

Sometimes diagnosis is rendered next to the disease some of its symptoms due to their importance because they determine the clinical picture and treatment policy. Example;

- chronic adnexitis in remission. Sterility.

Etiology and pathogenesis of acute inflammatory diseases of genitals

The last decades are characterized by defined PID evolution of knowledge. This refers to the etiological factor and response of the patient woman.

Inflammation of the genitals of women is primarily infectious process in the origin of which can play the role of various microorganisms. Proved an overwhelming role in pathogenic staphylococci resistant to many antibiotics. Their etiological role installed when bacteriological tests in 53-56% of cases. Now etiology PID increased value of conditional pathogens (Escherichia coli, Mycoplasma hominis), which occur in isolation or in association with other organisms. Mycoplasma occur in 10-15% of patients with inflammation of the uterus, mixed aerobic and anaerobic flora - 26% aerobic - 27%. anaerobic - 18%. Significantly increased the role of anaerobes, including more frequent peptokokky, streptococci (33%), Clostridium (17%). Inflammatory diseases of the uterus caused by pathogenic anaerobes, occur most difficult tuboovarialnogo to form abscesses. There is also a tendency to increase the number of viral diseases. Inflammatory processes are caused by the herpes virus, cytomegalovirus, urogenital infection, only one percent of patients with severe acute course, there is other chronic diseases.

The increased possibility of bacteriological methods of research made available identification of microorganisms such as Chlamydia. The incidence of chlamydia secretions from the cervix is 5-40% of

acute PID. Inflammation caused by chlamydia, clinically characterized by severe and less severe symptoms than other inflammatory etiology.

At the causative factor in the development of inflammation plays a significant role state microorganism and the set of conditions that act on the body simultaneously with the etiological factor. For example, E. coli, which under normal conditions does not cause inflammation, can cause severe peritonitis in patients with ectopic pregnancy, weakened large blood loss.

According to modern representations inflammation is primarily a defensive reaction in response to irritation and tissue damage (alteration), in the form of changes in tissue metabolism, cardiovascular reactions, phagocytosis, reproduction and formation of tissue cells.

At one time IV Davydovskyy formulated the thesis that there should be an epigraph to the entire medical practice: "Treatment can be successful only if it is etiopathogenetic." Excluding the medical complex etiology and pathogenesis of the highlights of the pathological process of treatment is symptomatic and therefore will not be successful.

It should always be remembered that the inflammatory process is not only the local process in the affected organ - the uterus, fallopian tube or other body of the reproductive system. Irritation and tissue damage related primarily to the most dynamic structure - the nervous system receptor cells. Pathogenic stimuli has an impact not only in the localization of the inflammatory process, and remotely from it.

Highlights of the pathogenesis of acute inflammation are as follows: changes in the inflammation consisting primarily of carbohydrate metabolism, increase anaerobic glycolysis to form in the tissues of intermediate oxidized products (pyrovinohradnoyi, malic, succinic acid), the accumulation of fatty acids, ketone bodies in result of incomplete splitting of fats and proteins. Reducing the potential respiratory cells, reducing the buffer capacity are beginning to develop compensated and decompensated then ketoacidosis. Remembering that moment pathogenesis, the complex treatment drugs should be administered with detoxification and alkaline properties.

The second important point - changes in blood flow in the inflammation. Vasospasm, emerged first, further expansion of small arteries varies with increasing pressure in the capillaries - and the first development of arterial and venous blood pressure after standing boundary of leukocytes. Increased vascular permeability. Processes damage caused by the inflammatory agent apply to subcellular structures (mitochondria, lysosomes), which is damaging, emits large amounts of hydrolytic enzymes, the enzymes of glycolysis. With the destruction of lysosomes associated emergence of another group of biological compounds - prostaglandins. These biologically active substances improve vascular permeability for microbes and their toxins. Understanding the pathogenesis of inflammation that point requires the use in the treatment of patients in the acute phase inflammatory drugs that constrict blood vessels, reducing their permeability. Pathogenetically be caused by the use of inhibitors of proteolysis.

In the center stands a lot of inflammation kininov, together with prostaglandins responsible for the occurrence of pain in the affected organ. Pathogenetically conditioned anesthetic drugs are inhibitors of kinins and prostaglandins, which include preparations of acetylsalicylic acid (aspirin, indomethacin).

Violation of vascular permeability, vascular destabilization of membranes contribute to the fact that tissue out electrolytes (potassium, calcium, magnesium), so the correction of water-salt metabolism imperative.

Violation microcirculation standing boundary of leukocytes, increased aggregation formed elements transform the center of inflammation in chronic disseminated vnutrysudynnoho Center collapse. This point requires pathogenesis Antiplatelet agents used in the treatment.

The etiology and pathogenesis of chronic inflammation of genitals

If acute inflammation is the main factor microbial and definite etiological role that chronic inflammation that it does not matter. Etiological aspect of chronic inflammation can be any non-specific factors: aggravation of inflammation can be triggered by hypothermia, physical or psycho-emotional stress. But microbial factor. Knowledge of these features etiology of chronic inflammation radically changed approaches to the treatment of a large number of women suffering from this disease, and led primarily to the failure of antibiotic therapy in chronic inflammation. However, in spite of the uniqueness of the relationship to the location microbial factors in the pathogenesis of chronic inflammation that characterizes today's level of knowledge, we must remember the possibility of the formation of inflammation in the heart of L-form bacteria,

Chronic PID to the fore the complex changes in the body that gradually get multisystem nature. Chronic inflammation of the genitals should be understood as a multisystem disease. There are changes in the nervous, endocrine, cardiovascular, immune, enzyme and other body systems.

Changes in the central and peripheral nervous system belongs to a leading role in the pathogenesis of common reactions inherent dovhodiyuchym inflammation of the uterus. Center inflammation in the genitals are the source of pathological impulses in the cerebral cortex, subcortical structures in the form of their painful dominant. Clinical manifestations of disorders of the nervous system doctor sees primarily in astenonevrotychnomu syndrome, emotional disorders. Changes function peripheral nervous system manifest themselves neuralgia, especially pelvic nerves steady hanhlionevrytamy that underlie sustainable pelvic pain syndrome.

It is important for the understanding and knowledge of proper treatment changes facing the vascular system. These changes relate to general and local, local reactions. There are significant regional circulation infringement in the form of shortage of blood supply and vascular dystonia small pelvis, are more pronounced in areas where a connective tissue, ie adhesions, scars. Vienna tubo ovarian plexus with irregular diameter, are convoluted, narrow, sklerozovani, varicose. If acute inflammation in vascular permeability centers increased inflammation, the process is chronic, by contrast, is reduced. This feature chronic inflammation explain the ineffectiveness of drug therapy in these diseases that are associated with the difficulty of penetration of therapeutic agents into the center of inflammation through a modified vessel wall. Changes in regional circulation accompanied by a slowing of blood flow, the formation of thrombosis that can cause sustained pelvic pain syndrome. Violation of venous outflow promotes varices small pelvis. On the other hand microcirculatory disorders contributes to the progression of disseminated intravascular coagulation syndrome. Deficiency of blood supply to the development of chronic hypoxic tissue eventually turns chronic inflammation center in the center of a potential cancer disadvantage. Understanding this point pathogenesis of chronic PID forced to abandon the tactics of prolonged conservative treatment of patients with inflammatory tumors. Common vascular reactions identified in vascular dystonia, vascular spasm with headache, pain in the heart. which can cause sustained pelvic pain syndrome. Violation of venous outflow promotes varices small pelvis. On the other hand microcirculatory disorders contributes to the progression of disseminated intravascular coagulation syndrome. Deficiency of blood supply to the development of chronic hypoxic tissue eventually turns chronic inflammation center in the center of a potential cancer disadvantage. Understanding this point pathogenesis of chronic PID forced to abandon the tactics of prolonged conservative treatment of patients with inflammatory tumors. Common vascular reactions identified in vascular dystonia, vascular spasm with headache, pain in the heart. which can cause sustained pelvic pain syndrome. Violation of venous outflow promotes varices small pelvis. On the other hand microcirculatory disorders contributes to the progression of disseminated intravascular coagulation syndrome. Deficiency of blood supply to the development of chronic hypoxic tissue eventually turns chronic inflammation center in the center of a potential cancer disadvantage. Understanding this point pathogenesis of chronic PID forced to abandon the tactics of prolonged conservative treatment of patients with inflammatory tumors. Common vascular reactions identified in vascular dystonia, vascular spasm with headache, pain in the heart. On the other hand microcirculatory disorders syndrome contributes to progression of disseminated intravascular coagulation. Deficiency of blood supply to the development of chronic hypoxic tissue eventually turns chronic inflammation center in the center of a potential cancer disadvantage. Understanding this point pathogenesis of chronic PID forced to abandon the tactics of prolonged conservative treatment of patients with inflammatory tumors. Common vascular reactions identified in vascular dystonia, vascular spasm with headache, pain in the heart. On the other hand microcirculatory disorders contributes to the progression of disseminated intravascular coagulation syndrome. Deficiency of blood supply to the development of chronic hypoxic tissue eventually turns chronic inflammation center in the center of a potential cancer disadvantage. Understanding this point pathogenesis of chronic PID forced to abandon the tactics of prolonged conservative treatment of patients with inflammatory tumors. Common vascular reactions identified in vascular dystonia, vascular spasm with headache, pain in the heart. Understanding this point pathogenesis of chronic PID forced to abandon the tactics of prolonged conservative treatment of patients with inflammatory tumors. Common vascular reactions identified in vascular dystonia, vascular spasm with headache, pain in the heart. Understanding this point pathogenesis of chronic PID forced to abandon the tactics of prolonged conservative treatment of patients with inflammatory tumors. Common vascular reactions identified in vascular dystonia, vascular spasm with headache, pain in the heart.

Severe violations observed in the system of regulation of menstrual function, ie the system ovary, hypothalamus-pituitary-ovary. Dysfunction of this system is to change the production of gonadotropin hormone (follikulostymuyulyuyuchoho, LH), increased basal secretion, causing reduced production of sex hormones (estradiol and progesterone). Depressed function of the adrenal cortex.

In recent years, a great place in the pathogenesis of chronic diseases paid dysfunction of immune systems. Inhibition of T and B lymphocytes and their functional activity, the development of incomplete phagocytosis contribute to relapse process. Gaining importance not only of oppression reactivity, and her injury - develops autoalerhiyi phenomenon: the body ceases to recognize its own protein, modified microbial toxins and produces autoantibodies organic him. Organic circulating autoantibodies to tissue of the fallopian tubes, ovaries to respond antibody-antigen-antibody, which contributes to further destruction of the cells affected organ (tubes, uterus, etc.).

Much of set points in the pathogenesis of chronic inflammation is the result of research in recent years. This is largely changed attitude to the treatment of patients with chronic PID, namely one of the most common of them - chronic adnexitis. It became clear unreasonableness and even harmful antibiotics, calcium supplements, the need to stimulate or regulate the function of immune system, harm polypharmacy, especially against chronic autoalerhiyi PID.

The clinical picture of inflammatory diseases of the genitalia

In modern conditions PID have some features that significantly distinguish them from the clinical picture of disease 20 years ago. They are characterized by:

- erased clinical symptoms of the acute stage of the disease;
- advantage chronic processes, and in recent years the emergence of primary chronic diseases;
- resistant chronic relapsing course of processes;
- The most frequent localization of inflammation in the uterus;
- rare defeat parametrial tissue;
- purulent liquid development processes.

For classical picture of acute inflammation characterized by five classic signs of inflammation: calor, dolor, tumor, rubor, described Galen and funktia laesa, described Celsius. For inflammation of the uterus, the most frequent localization of genital inflammation characteristic temperature rise to 38-39 C below the belly pain radiating to the inner thighs, the waist. When vaginal study determined appendages enlarged, painful, swollen.

The presence of these signs of an acute inflammatory process pathognomonic, but no one of them should make the doctor think about the possibility of other pathologies and more carefully make a differential diagnosis.

However, in practice gynecologist dominated patients with chronic inflammatory diseases, the most frequent lesion of the uterus, vaginal mucosa, cervix. These patients make up 85% of all patients with genital inflammation. In this complaint often do not meet the changes that are an objective study of the reproductive system. If there malovyraznyh changes (slight compaction, minor pain, minor limitations in mobility with no increase organ) patients complain of significant deterioration, impaired sexual, menstrual, generative function. This feature consists of a clinical picture of chronic inflammation of the genitals. Patients suffering poliskarhiyeyu often by patients and many specialists, neurologists, gastroenterologists and surgeons.

If acute inflammation characteristic identified five signs of inflammation, it manifests a chronic process itself persistent painful syndrome and dysfunction of the affected organ and other regulatory systems. Of pain is the leading symptom of chronic inflammation, regardless of its location. Its morphological basis - it fybrotyzatsiya, sclerosis tissue involvement in the process of development of pelvic ganglia hanhlionevrytiv and the same experiences in distant organs (solarium and others.). Pain is a different character, dull, aching, pulling, increasing, constant or intermittent.

For chronic inflammation characterized by pain reflex (reperkusyvni) arising on the mechanism and vistserosensornyh viscero-kutannyh reflexes. Pain below the belly is diffuse, often localized in the right lion or groin area in iradiyuye sacrum, vagina, rectum, in the back, in the lower limbs. There are areas of increased skin sensitivity (zone Zaharyina-Ged) in inflammation of the genitals. They spread from the breast to X IV lumbosacral (lumbar) vertebrae (ovary - chest X, fallopian tubes - XI chest, uterus - IV lumbar).

There is a frequent headache (fronto-temporal lobe, neck), sometimes diffuse as migraine (in the second half of the menstrual cycle). Sometimes it bothers pain in the cervical spine, arms, between the shoulder blades, hands, feet. For patients PID characteristically unstable mood, tendency to depression.

Functional disorders confined to specific changes in sexual function disorders of the central and peripheral nervous system dysfunction of vital organs (liver, kidney).

Menstrual dysfunction appears hypermenstrual, less hypomenstrual, premenstrual syndromes. Menstrual dysfunction can occur without clinical manifestations, but the special survey (functional diagnostic tests, quantification of the hormones that are required for these patients) often luteal phase deficiency, frequent anovulatory cycles. Chronic anovulation in modern gynecology regarded as a precancerous condition, hence understandable bound onkonastorozhenosti out for patients with chronic PID.

Inflammatory diseases of the genital organs are the most common causes of abuse generative function, resulting in infertility, miscarriage, advancing threat of interruption of pregnancy. The main cause of infertility - a violation of tubal patency due process of adhesion, breach of morphological and functional properties and motility of epithelial tube. The cause of infertility can be peritubarnyh development of compounds with the formation of bends, deformation tube that extends and complicates the transportation of a fertilized egg and can cause ectopic pregnancy. The development process of adhesive around the ovary prevents its further progress towards the fallopian tube. The cause endocrine infertility (often it is accompanied by anatomical changes fallopian tubes) for inflammation of the genitals is anovulation, LPD. Considerable importance in breach of generative function play cervicitis, vaginitis, changing physical and chemical properties of cervical mucus. It should be remembered when examining women with infertility nekrotoksychnyy impact on vaginal microflora during its inflammation in the sperm.

There is a violation of sexual function in patients with chronic adnexitis. There are often situations where the patient is not able to express complaints taught, and whether the doctor forgets or does not add to this disease since neglected, leaving the patient alone with their suffering. And often these abnormalities cause sexual function disorders and family tragedies. Fryhydnist, sexual dissatisfaction should be taken into account when compiling the history and patients should be consulted relevant experts.

For chronic adnexitis characteristic lesion of neighboring organs, the most frequent are organs of the gastrointestinal tract. It should be remembered that these diseases often accompany each other, with bowel disease (colitis) may be primary, or vice versa. Regulation impaired bowel function, which manifests itself especially constipation if the bowel wall becomes easy to penetrate bacteria and their toxins are particularly necessary for people with genital inflammation.

Diagnosis PID in the acute stage arranged on the anamnesis and objective research (five classical features, characteristic changes in blood: increased erythrocyte sedimentation rate, left shift formula of white blood cells), non-specific biochemical changes characteristic of blood (CRP increase seromucoid, syalovyh acids) rapid regression of clinical manifestations during antibiotic therapy.

Differential diagnosis in the acute stage is carried out with an ectopic pregnancy, acute abdominal disease voids (acute appendicitis), sometimes cancer patients.

Many problems can arise when diagnosing inflammatory diseases in a chronic stage that flows by type of trace reaction. The absence of pathognomonic manifestations characteristic changes in blood biochemical indicators of demand from the doctor is very thorough examination, differential diagnosis and shift the bulk of the auxiliary paraclinical diagnosis methods (methods of functional testing, laparoscopy, metrosalpynhohrafiya, virological and bacteriological methods of research). Constant pelvic pain syndrome may be exposed colitis proktosyhmoiditam (proctology offer a diagnosis of "irritable bowel syndrome") for varicose veins ovarian, uterine plexus (remember varicose veins, revealing a sense of weight, intense pain) with endometriosis (constant pain amplified with the beginning of menstruation), which may exist independently, but often develops in chronic inflammation centers and supported by some of its pathogenetic moments (autoalerhiya). Chronic adnexitis should be differentiated from chronic cystitis, chronic appendicitis, Alain-Masters syndrome (wide gap rear leaf uterine binding), specific inflammation (tuberculosis genitals). Availability complaints of pain below the belly still gives cause for the diagnosis of "chronic adnexitis." Alain-Masters syndrome (wide gap rear leaf uterine binding), specific inflammation (tuberculosis genitals). Availability complaints of pain below the belly still gives cause for the diagnosis of "chronic adnexitis." Alain-Masters syndrome (wide gap rear leaf uterine binding), specific inflammation

(tuberculosis genitals). Availability complaints of pain below the belly still gives cause for the diagnosis of "chronic adnexitis."

Modern principles of treatment of inflammatory diseases of genitals

Modern PID treatment strategy should be based on all of the following principles:

1. Accurate diagnosis stages of disease (acute and chronic), its type (acute toxic on the type of infection or illness, the type of trace reaction);

2. Targeting a turnover of changes in inflammation and centers of decision-making on conservative treatment (non-operational) in turnover and surgery with irreversible structural changes. The latter include processes such as piosalpinks, piovarum, Gidrosalpinks in the absence of positive clinical dynamics after a rational long-term treatment and long existing presence of inflammatory tumors of the uterus, which can be benign or malignant ovarian tumors. Lack of objective or subjective surround speakers with the existence of the formation in the pelvis, which is regarded as inflammatory tumor, should be an indication for surgery. The presence of such formation in women over 40 years should be an absolute indication for surgery.

3. Strict clinical studies, rational antibiotic therapy. Etiological justified in acute inflammation is the use of drugs with antibacterial action. In the chronic stage (during remission and exacerbation with no signs of acute inflammation) antibiotics are not used. Exceptions to chronic process are two clinical situations where antibiotics are used all the same:

a) if this patient is not used or if used inefficiently (insufficient dose, wrong selection of antibiotic irrational route of administration);

b) an exacerbation of the inflammatory process that occurs on the type of toxic-infectious inflammation if accompanied by objective signs of subjective symptoms (exudation, pain in the two-handed study, increased body temperature, increased sends, the number of white blood cells).

4. Priority eliminate chronic pelvic pain that accompanies chronic inflammation. This pain pathogenesis is very complex, negatively affects many aspects of life of the organism, directly on the centers of inflammation, prevents defibrotyzuyuchiy of drugs. Leading role in addressing chronic pelvic pain are playing non-drug therapies.

5. Treatment oligosymptomatic forms of inflammation of the uterus and appendages. It is important for the prevention of infertility, miscarriage and other disorders specific functions and preventing the transition process in local multisystem disease.

6. The base role of non-drug methods of treatment of chronic inflammatory diseases.

7. Destabilization pathological homeostasis by chronic activation process to enhance clinical efficacy of treatment (bacterial polysaccharides: prodigiozan, pirogenal in conjunction with antibiotics, especially in the presence of extra-inflammation).

8. The need to evaluate the initial hormonal ovarian function. This principle is common in the treatment of any pathology genitals. Genitals are the target organs for their actions. In identifying the relative hiperestrohenemiyi should abandon the medicines that increase steroidogenesis (production of estrogen and progesterone). In carrying out the treatment without considering this factor is possible to optimize the conditions for hormone-dependent diseases - uterine fibroids, endometriosis, endometrial hyperplasia, mastitis. Recovery of ovarian function in its decline, with a disabled luteal phase, anovulation when appropriate to implement without hormones. It is easier to manage in younger women, with little duration of inflammation (up to 5 years), or the absence of infantilism initial endocrine disorders.

9. Compulsory union practices overall impact on the body in order to correct altered function of therapeutic agents with local authorities on the reproductive system.

10. Treatment of chronic inflammation centers extragenital localization.

11. Mandatory compliance phasing treatment, hospital (acute inflammation of chronic treatment process should be at least 3 weeks) - antenatal clinic (patient continues undertaken in hospital physiotherapy) - Resort (for rehabilitation of affected systems in 4-6 months acute stage of the disease).

The main treatments for inflammatory diseases of genitals

Based on the basic provisions of the etiology and pathogenesis of basic principles and approaches to the treatment of acute inflammation, treatment is performed as follows:

1. Treatment is required in a hospital. Daily bed. The patient - in bed with raised head end (to prevent the spread of per continuitatem). Local dosed hypothermia (hardware or lead to 10 after 10 minutes for 2 hours three times a day).

2. Antibiotic therapy is antibiotic group nitrofuranovogo drugs (furadonin, furazolidone) sulfanilamides (short, medium and prolonged duration of action) that have self-importance - and a number of drugs metronidazole (metronidazole, Metrogyl, trihopol). Antibiotics will take place in major medical complex. At the onset, if laboratory data on the nature of the pathogen and its sensitivity absent recommended to prescribe antibiotics prescribed focusing on the etiology of the disease. Assign semisynthetic penicillins (methicillin - 6.12 g / day, oxacillin - 3-6 g / day, Ampicillin - 4-6 g / day, ampioks - 2-4 g / day); cephalosporins (tsefaloridyn, fefalozolin, kefzol - up to 4.6 g / day); aminoglycosides (kanamycin - up to 2 g / day gentamicin - 1,60-2,40 g / day). Ways input: internally ' muscle, intravenous, directly through the rear appendages vaginal vault. The duration of a course of antibiotics - at least 7 days.

Given the high frequency of association of aerobic and anaerobic flora is recommended prescribe metronidazole series (trihopol 4 tablets a day for 5 days in Metrogyl / 100ml tively) hyperbarooksyhenatsiyu (HBO).

Some principles antibiotic contradictory. For example, in practice the doctor often assign multiple antibiotics, given associativity flora - the causative agent. However, there is opinion - his defending microbiologists - the more appropriate and justified logically combining antibiotics in time: after 4 days if the flora begins to get used to the antibiotic should be replaced with another. It is advisable to combine antibiotics with sulfonamides, especially when administered penicillin, sulfonamides inhibit penicillinase, thus enhancing the effect these antibiotics. It also makes it possible to reduce the dose of penicillin.

Remember that antibiotics being necessary preparations, caring for the body. Along should definitely prescribe vitamin B, vitamin With prolonged use of antibiotics, antifungal drugs (Nystatin, levorin, multivitamins).

3. Detoxification therapy is carried low molecular weight plasma substitutes: reopolyglukine, gemodez, neokompensan, 5% sodium bicarbonate district 200 ml district of glucose 5% - 500 ml saline. The total volume of fluid introduced into the body, depending on the weight and position is defined by 40-45 ml per 1 kg of the patient.

4. Mandatory use of drugs that improve blood rheology. This action is inherent in the group of low plasma substitutes. Suitable heparin at a dose of 2,5-5,0 thousand. From 2-4 times, aspirin.

5. Protease inhibitors (hordoks, kontrikal, zymofren, aminocaproic acid).

6. Immunomodulators (timalin, timohen, splenin, levamisole), plasma preparations (dry, native, hiperimunizovana, antistaphylococcal, antykoli-plasma antyesherihiyi - plasma - at 100-150 ml / 3-5 times daily or every other day range - 3 doses of globulin within 3 days 3 times.

7. Analgesic effect is intended aspirin dosage hypothermia, laser therapy.

8. Local treatment is performed by assigning baths, washing, douching disinfectant solution (furatsillina, dimeksid, dyoksydin, chlorophyllipt) Herbal decoctions (celandine, marigold, rose petals, chamomile, sage, yarrow, and others.).

9. With the stabilization of inflammation and no signs of festering 10-12 days can assign physiotherapy treatment: eritemoterapiya ultraviolet, magnetic, dynamic currents.

Treatment of chronic inflammation

Recall again: not prescribe antibiotics, drugs 10% solution of calcium. Drug therapy should be minimized.

1. Elimination of pain: micro enema with warm 0.25% novocaine solution for 6-7 days; micro enema with a 5% solution of potassium iodide, especially when the adhesive process in the pelvis, presakralna novocaine blockade; analgesic tablets, prostaglandin inhibitors (aspirin, indomethacin and other non-steroidal anti-inflammatory drugs).

2. Extensive physical therapy appointments (preformed physical factors):

- galvanization (electrophoresis KJ, Ag, vaginal, intrauterine, cervical);
- HF (darsonvalization, diathermy, inductothermy); UHF and microwave;
- Ultrasound, phonophoresis, peloyidofonoforez;
- magnet;
- phototherapy;
- acupuncture;
- natural physical factors (climate balneotherapy).

3. Sedatives.

4. Correction of hormonal background, electrical cervical 5 to 23 day menstrual cycle, endonasal electrophoresis with vitamin B1, laser stimulation, vitamin (vitamin U1-1 ml per day in the cycle and phase of vitamin C - in the second phase), non-hormonal therapy after failure appointed by sex and gonadotrophin depending on the type of menstrual dysfunction.

5. Desensitizing therapy: diphenhydramine on 1 tab., Tavegil on 1 tab., Suprastin on 1 tab., 2 times a day for 7-10 days.

6. Antiplatelet agents - drugs that improve the microcirculation in the vessels of the pelvis and the whole body (gemodez 100-200 ml / v, reomakrodeks 100-200 ml / v, 3-5 times a year; aspirin on 1 tab. 3 times 7 days).

7. Protein drugs, amino acids and mixtures (alvezin, polyamine, aminosterol); to destabilize the pathological center - bacterial polysaccharides (prodigiozan 0.5 ml / m at intervals of 3-5 days pirogenal / m ranging from 25-50 MPD 1 time in 2-3 days, increasing the dose at each input of at 25- 50 MTD depending on the response, the course of 10-15 injections. when the temperature is accompanied by changes in the blood picture, prescribe antibiotics. in the absence of changes in the blood picture, fever should be regarded as inflammatory reaction center, the patient does not require appointments antibiotic therapy can assign etc. intolerance hyperthermia and fever-reducing drugs (aspirin tablets or injections aspizol in.).

8. Remediation Center inflammation vaginal phonophoresis dimexide - 6 ml, chlorophyllipt - 2 ml, novocaine - 2 ml; intrauterine electrophoresis aloe, magnesium sulfate, zinc sulfate.

9. Immunotherapy (plasma / v, autovaccine, stimulators - aloe torfot, vitreous, mabistin, peloyidodistilat a month).

10. When infertility associated with obstruction of the fallopian tubes - enzymes (32-64 lidasa from, himotrypsin 5-10 mg injections, ronidaza using phonophoresis on the lower abdomen). Given the fact that enzymes are in direct contact with tissue, optimal way of administration of these drugs are injected through the back or set their input into the void uterus using hidrotubatsiy.

11. Spa treatment (with obligatory accounting hormonal background) that combines the performance of many factors: health regime (with the exception of daily life and work environment, peace, good food), climate (climatotherapy), a ray of sunlight (heliotherapy) mud with thermal factors (natural or artificial heat mud), vaginal irrigation mineral bath (carbonate, chloride, sodium, which are composed of arsenic, brackish), which broadly act on the body, destabilizing the pathological center polipshuyut b circulation rates, increase ovarian estrogen activity. Wide use is made of hydrogen sulphide and radon baths. Mud combined with physiotherapy, potentsiyuyuchy each other.

In addition to the treatment of acute and chronic inflammation of the genitals, belonging to the conservative and surgical methods used.

Indications for emergency surgery for acute genital inflammation are:

- diffuse peritonitis;
- piosalpinks gap;
- No effect 24 hours after abdominal drainage voids by laparoscopy.

Routinely is done in the presence of purulent inflammation appendages, Bursiform inflammatory tumors. The optimum time for the operation is the remission process. The volume of transactions depends on the nature and spread of the destructive process, the patient's age, medical history, potential onkonastorozhenosti. When performing the operation should be most carefully treat ovarian in all ages of women, observing parallel onkonastorozhenosti maximum. At a young age the operation is limited to the

removal of the affected organ (usually fallopian tubes), and after the age of 45 years - expanding the volume of transactions (removal of the uterus, ovary possible).

Prevention of genital inflammation

Prevention consists primarily:

- of personal hygiene, sexual health;
- detection and treatment of chronic inflammatory extra-centers of origin, especially bowel disease;
- preventing unwanted pregnancies, which interrupts the body inflicts irreparable harm women because it leads to reproductive tract infection, menstrual dysfunction, infertility;
- rational organization of work and life with the exception of hypothermia, physical or mental overstrain;
- balanced diet that will prevent vitamin deficiencies, hypoproteinemia.

Inflammatory diseases of the genitals is one of the most common diseases of the genital organs. The most common form of the clinical flow is chronic, and localization - chronic adnexitis. The disease pathogenesis is very complex, requiring timely, well-reasoned, pathogenetic due treatment to prevent serious complications (infertility, malignancy, menstrual dysfunction) and invalydizatsiyi women.

Students who have received the data for independent work, supervise patients, dismantle and analyze history data, interpret the data.

Materials of student activization during lecture:

Questions:

1. What classification of ectopic pregnancy do you know?
2. What causes of ovarian apoplexy do you know?
3. What diagnostic methods are used to diagnose an ectopic pregnancy?
4. What is pelvioperitonitis?
5. What differences do you know between trichomoniasis and gardnerellosis?
6. What laboratory tests should be used to diagnose chlamydia?
7. What general methods of treatment of inflammatory diseases in gynecology do you know?

Information Resources:

inventory -The literature;

-metodical recommendations develop practical lessons;

- metodical recommendations of lectures; Multimedia presentation lectures.

-Modern technical training (see Annex)

-normatyvni documents MOH Ukraine of Obstetrics and Gynecology.

LIST recommended educational and methodical literature

I obstetrics Gynecology

Basic

1. Gynecology: Textbook (ed. B.M.Ventskivskoho, H.K.Stepankivskoyi, ME Yarotskiy) .- K .: NE Medicine, 2012.- 352 p.
2. Obstetrics and Gynecology: nat. textbook for medical schools IV accreditation in 4t ..// Nat. tutorial in 4 volumes / Zaporozhan VM Tatarchuk TF, Hladchuk IZ, Dubinin, VG, Podolsky VV Rozhkovska NM, Marichereda VG Wolanska A. H.- NE K .: "Medicine", 2014.
3. Gynecology: English tutorial (edit by IB Ventskivska) .- K .: Medicine, 2010.-160 p.
4. Zaporozhan VM Seagull VK Markin LB Obstetrics and Gynecology (4 volumes): National tutorial 2013
5. Textbook of Obstetrics (ed. BM Ventskivskoyi, VP Lakatos, V. Bush). - K., 2018. - RA-HARMONY - 210 p.

More

1. VM Zaporozhan Operative Gynecology: Textbook. - Odessa: Odessa Medical University, 2006.- 292 p.
2. Methods of contraception according to periods of life: learning posibnyk.- K., 2013.- 255 pp
3. Modern aspects of family planning, training posibnyk.- K., 2012.-307s.
4. Situational tasks of Gynecology: Textbook. / I.Z.Hladchuk, AG Wolanska, GB Shcherbyna and others; Ed. I.Z.Hladchuka. - Ball: OOO "Nilan-Ltd", 2018.-164s.
5. Dubossarskaya ZM, Yu Dubossarskaya Reproduktyvnaya эndokrynolohyya: Training-metodycheskoe posobye.- DA: Lyra LTD, 2008.-416 with.
6. Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice. WHO, Geneva, 2006.
7. The Clinical Protocol "" approved by the Ministry of Health of Ukraine Obstetrics and Gynecology