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COMPARATIVE EVALUATION OF THE CLINICAL EFFICACY OF OVARIAN STIMULATION IN PATIENTS RESISTANT TO CLOMIPHENE

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Polycystic ovary syndrome (PCOS) to date takes a leading place in the structure of female infertility. It is an endocrine disorder characterized by pathological changes in the structure and function of the ovaries, which leads to hyperandrogenism and anovulatory infertility. Incidence PCOS women of reproductive age ranges from 5 to 10% and 94% cases lead to infertility. Despite the high prevalence of this disease and the long history of its study, the problem of the etiology, pathogenesis and treatment of the syndrome is not fully resolved. According to modern concepts, the implementation of programs, whose goal is the restoration of natural fertility in the treatment of anovulatory (endocrine), infertility, central place is occupied by the inductors of ovulation. The use of clomiphene citrate in order to stimulate ovulation is the least expensive, relatively simple and relatively safe (by the criterion of the threat of ovarian hyperstimulation syndrome – OHSS) method in patients with anovulatory infertility with no evidence of hypothalamic-pituitary and ovarian failure. However, one disadvantage as the clomiphene citrate inducer of ovulation is clomiphene resistance, i.e. the lack of response of the ovaries.

The aim of the study was to evaluate the clinical efficacy of ovarian stimulation in patients resistant to clomiphene.

Materials and methods. The study included 128 patients who had previously held superovulation the clomiphene citrate and found resistance. All the women were divided into groups according to type of ovarian stimulation protocol conducted: I gr. consisted of 42 women who performed stimulation with the aromatase inhibitor 2.5 mg / day from days 3-5 for 5 days, II gr. consisted of 40 women who performed stimulation Human menopausal gonadotropin (HMG) 75 IU / day starting from days 3-5 for a variable duration depending on the response, a III gr. – 46 women undergoing ovarian stimulation with the aromatase inhibitors combined with HMG 2.5 mg / day starting from days 3-5 for 5 days followed by the addition of 75 IU of HMG for a variable duration depending on the response).

Stimulation was performed under ultrasound monitoring from the first day. As the trigger used human chorionic gonadotropin – 10 thousand units intramuscularly. The drug was administered in the presence of 1-3 follicles 17-19 mm in diameter and endometrium at least 8 mm. After 36-40 hours performed intrauterine insemination.

For processing the survey results used Statistica 5 software package (StatSoft Inc, USA). Statistical significance to assess the differences between the two samples used the method of angular transformation of Fisher (ϕ^* -test).

Results: The average age of patients in I gr. was 27.1 ± 4.5 years. In I gr. pregnancy occurred in 4 (10%) patients.

The average age of women in II gr. was 28.5 ± 4.1 years. In II gr. Pregnancy occurred in 5 (12.8%) cases. One patient has multiple pregnancy – dichorionic diamniotic twin. In 2 patients the stimulation protocol was canceled due to a high risk of developing OHSS.

In III gr., the mean age was 28.8 ± 5.3 years. Pregnancy occurred in 8 (16.6%) patients.

On the basis of the definition of ϕ^*-test it was found that in women, depending on the electrical stimulation protocol were significant [$p<0.05$] differences in the frequency of pregnancy.

Conclusions: Thus, ovarian stimulation protocol using of aromatase inhibitors combined with HMG in 1.3-1.6 times more often results in pregnancy than monotherapy with aromatase inhibitors or HMG. Combined ovarian stimulation protocol is not associated with the risk of OHSS and the need to cancel the cycle.

THE PECULIARITIES OF OPISTHORCHIASIS DISTRIBUTION IN UKRAINE AND INDIA

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Opisthorchiasis – is a parasitic infection, caused by worm species from class Trematoda. According to WHO, 750 million people worldwide are at the risk of infection by worms or flukes. Out of it, 80 million (10.6%) affected by opisthorchiasis, among which 67 million (83.75%) caused by *Opisthorchis viverrini* and the rest 13 million (16.25%) – by *O. felineus*. These species have different geographical distribution: *O. felineus* (cat fluke) – mainly in Ukraine, Russia, Belarus and another European countries, while *O. viverrini* (Southeast Asian fluke) – mainly in India, Thailand, etc. Due to the listed above, the aim of our review was to describe the peculiarities of opisthorchiasis prevalence and incidence.

O. felineus – the most prevalent food borne liver fluke infection in Ukraine. Statistical data from previous years indicate that the opisthorchiasis infected carnivores (mainly cats) in the Dnieper basin and its tributaries (up to 32%), the Southern Bug (up to 28%), the Seversky Donets (up to 25%) and the Dniester (up to 19%). The invasiveness of mollusks by *Opisthorchis* cercariae varies from 0.3 to 1.5% in the basins of these rivers, and by metacercariae – from 3 to 18% in the fishes from *Cyprinidae* family. However, the invasiveness of the population in some regions of Ukraine reaches 30-60%. In Asian countries opisthorchiasis is listed among the most neglected tropical diseases. However, the invasiveness of

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Intermediate-size Population: Allows more than one patient (but generally fewer patients than through a Treatment IND/Protocol) access to a drug or biological product that has not been approved by the FDA. This type of expanded access is used when multiple patients with the same disease or condition seek access to a specific drug or