ISGE
GYNECOLOGICAL ENDOCRINOLOGY
THE 18TH WORLD CONGRESS
7-10 MARCH 2018 FLORENCE, ITALY

P96. The state of the system of neuroendocrine regulation in women with reproductive disorders and genital tuberculosis

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Violation of cyclic processes in the hypothalamic-pituitary-ovarian system against tuberculous intoxication is characterized by a significant decrease in the content of FSH, LH, estradiol, progesterone against functional hyperprolactinemia, clinically manifested by luteal phase insufficiency, chronic anovulation. Genital tuberculosis causes a decrease in the function of the ovaries and the ovarian reserve on the background of a violation of blood flow in the ovaries.

Tuberculosis of genital organs was diagnosed in 92 women (14.2%), the average age of 32.7 ± 4.8 years from 648 patients with reproductive disorders. A comparison group of 115 people (mean age 31.4 ± 7.1 years) was formed from 556 women without genital tuberculosis by random sampling. The main reason for the treatment of patients of both groups was infertility - 82%

We found a statistically significant decrease in the level of free testosterone: 0.85 (0.37, 2.2) pg/ml in patients with genital tuberculosis (n = 92) versus the comparison group without genital tuberculosis (n = 115): 1.85 (1.2, 2.75) pg/ml, (U-test, pu = 0.01).

We found a significant decrease in the serum estradiol level in women with genital tuberculosis in comparison with the control group: 45 (24.5, 66.4) pg / ml versus 58 (45, 69.3) pg / ml, (U-test , pu=0.04).

The serum progesterone level in women with genital tuberculosis was statistically significantly lower in comparison with the group of women without tuberculosis 21.8 (14.2, 42.0) nmol / L, versus 39.2 (23.0, 54.3) , (U-test, pu = 0.01).

FSH indices in 91% of patients were within reference values; higher than the normative indicators in 5.88% of women, without statistical differences in the groups.

Thus, the revealed features of hormonal status in women with reproductive disorders and genital tuberculosis are characterized by a statically significant decrease in the level of estradiol, progesterone and free testosterone in the serum compared to women in whom genital tuberculosis was not verified. These changes are the basis for menstrual dysfunction in 89.1% of patients with genital tuberculosis (dysmenorrhea was diagnosed in 46.7%, oligomenorrhoea in 11.9%, menorrhagia in 20.7%, hypomenstrual syndrome was recorded in 9.8%), anovulatory cycles and luteal phase insufficiency in 57%.

Timely detection of a decrease in the level of ovarian hormones in women with reproductive disorders and genital tuberculosis will allow rational and effective correction of hypogonadism.

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