

**DEVELOPMENT OF ENDOTHELIAL  
DYSFUNCTION IN SYSTEM MOTHER-  
PLACENTA-FETUS AT HYPERTENSIVE  
DISEASE IN GRAVIDAE**

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The hypertensive disease takes one of the leading places among the diseases of gravidae. The frequency of this pathology during pregnancy makes 4-9%. The hypertensive disease as a systemic vascular pathology reflects negatively on the state of uterine-placental circulation, that, in its turn, results in the placental insufficiency and prenatal trouble of the fetus. It conditions the high indexes of perinatal disease incidence and death rate. The purpose of our investigation has been the study and comparison of functional parameters' states with the state of uterine muscle and placenta vascular layer at the hypertensive disease using innovation research methods.

There were 53 gravidae suffering from cardiovascular hypertension examined under the auspice of the Regional Labor House of Belgorod (2005-2008). 20 persons made the control group. Together with the conventional research methods a system monitoring of the arterial tension was carried out. The sampling of the material for photo- and electronic (scanning and transmission) microscopical investigation of myometrium and endometrium and placenta was carried out post partum. The samples were scanned and photographed in the optical microscope "TOPIC-T" CETI, scanning microscope FE-1 Quata 200 3D, transmission microscope JKM.

We testified that in 47% the gravidae had been aged 18-25 years old, in 54% - from 25 to 35 years old. 46% of the women were going to have the first baby. The genetic burden was detected in 28 gravidae. 20 women were overweight. The development of late toxicosis occurred in 37 women, among who the I degree nephropathy was registered in 15, II degree – in 2, III degree – in 3 women. The diagnosis of cardiovascular hypertension was established before the

pregnancy in 36 and during the pregnancy – in 17 of them.

The vascular affections developed at the hypertensive disease find their sequel in changing the blood stream in the endometrium and placenta, that is most acutely manifested in the combination with gestosis. The given changes are detected in the form of sclerosis, fibrinoid necrosis, disturbed circulation (repletion, stasis, hemorrhages, thrombosis) development and fine structures destruction. All this leads to the development of uterine-fetoplacental circulatory collapse and is attended by extremely stressful state of the fetus homeostasis.

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**ANALYSIS OF RELAPSES AND RE-  
OPERATIONS LASER  
DACRYOCYSTORHINOSTOMY**

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**Topicality**

An unsuccessful outcome of dacryocystorhinostomy (DCRS) is usually conditioned by cicatrization of the newly formed lacrimal outflow tract. A variety of causes, such as an underestimate of examination data, wrong choice of surgical approach, surgical interference technique defects, nonobservance of recommended treatment by patients and their wrong aftercare, promotes it. However, the prime causes of ill lucks, in the estimation of most dacryo-surgeons, are the operation technology imperfection and adverse action of the concomitant rhino-pathology. An active practical application of new DCRS methods, including the transcanalicular approach and use of laser-endoscopic technology for the formation of inosculation, is going on. Compared to the external DCRS it provided certain advantages: traumatism and complications number reduction, operation technique simplification, cutaneous scar absence. However, according to our data, purulent dacryocystitis relapses often requiring reintervention occur in long terms after the transcanalicular laser endoscopic dacryocystorhinostomy (TLED) in 20% of the cases.

The investigation purpose – is to evaluate the efficiency of TLED reoperations at chronic purulent dacryocystitis, to carry out the disease relapses analysis and study the influence of the concomitant rhino-pathology on their development.