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## **BENIGN AND MALIGNANT OVARIAL TUMORS: MODERN EVALUATION CRITERIA AND TREATMENT TACTICS IN THE WOMAN OF THE REPRODUCTIVE AGE**

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In recent years, the incidence of ovarian benign tumors has increased, especially in women of reproductive age. These patients require proper diagnostic and modern treatment. Ultrasound diagnostic with use of vaginal access and Doppler ultrasound allow well-timed detection of benign and malignant tumors in the ovary. In Ukraine, as in the entire world, surgical interventions on uterine appendages are mostly performed with minimum invasiveness, due to laparoscopic interventions.

Goals: To analyze the right approach to detection of benign ovarian tumors in women of reproductive age and to analyze therapeutic tactics and morphological findings.

Materials and methods: We have analyzed 38 case of histories of patients of reproductive age at the Zaporizhzhia OPC for the years 2016-2017, whose benign tumors and tumors of the ovaries were identified and underwent surgical treatment.

Results: We have been analyzing women in age of 15-38 years, with an average age of  $26.7 \pm 7.0$  years. Half of the surveyed were not employed. All patients were hospitalized as scheduled, 24 (36.8%) of them had complaints of pain (31.6%), weakness and menstrual disorders – 2.6%. Patients are advised to control tumor markers (CA-125, NOT 4). According to clinical standards, at the preoperative stage, patients were assigned to examination of the gastrointestinal tract (FGS, colonoscopy, X-ray diagnosis of the gastrointestinal tract). One pregnant patient was consulted by a gynecologist at ZROHC. All women underwent a transvaginal ultrasound, in some cases not once. We have analyzed the ultrasound findings of the examined women: cystadenoma – 3, papillary cystadenoma – 3. Cystoma – 3. Dermoid cyst – 5. Endometriotic cyst – 5. Follicular cyst – 1. Cystic yellow cyst - 1. Paraovarian cyst - 4. Myoma in 1 case. Hydrosalpinx - 1. Ovarian torsion – diagnosed – in one case. Diagnosis at hospitalization: ovarian cyst – in 25 patients (65.8%), cystoma – in 2 patients (5.3%), benign tumor – in 2 patients (5.3%), infertility – in 4 patients (10.5%), teratoma – in 3 patients ( 7,9%), torsion of the brush – in 3 patients (7,9%), polyp – in 3 cases (7,9%), uterine fibroids – 1 was revealed once( 2,6%), hydrosalpinx – also once (2,6%). Four women were hospitalized with signs of uterine pregnancy, one case of ectopic pregnancy was revealed. All women underwent laparoscopy and cystectomy. Additionally bilateral salpingectomy were performed. The hysteroscopy was performed to five women. Three cases hypersectomy and removing of uterine polyps were performed. The endometrial biopsy was performed in one woman. Contrastive hysterosalpingography was also performed in one patient. Analyzing pathohistological findings we have found that the diagnosis of cystadenoma was established – to 11 patients, coarse-papillary cystadenoma in – 1 case. Paraovarian papillary cystadenoma in – 1 patient case. Dermoid cyst – in 6 patient cases. Endometrioma – in 5 cases. Follicular cytolysis in 2 cases. Cystoma in 2 cases. Cystoma – in 1 case. Paraovarian papillary cyst – in 1 case. Papillary mucinous cystadenoma – in 1 case. Border serous cystadenoma – in 1 case. Current – in 1 case. Tecofibroma – in 1 case. Also once Hydrosalpinx and chronic salpingitis were detected in one patient.

Conclusion. In order to preserve the reproductive ability, the diagnosis of ovarian benign tumor should be carefully considered, and USD plays a vital role in this process thus USD should be

performed at 4-7 days of the menstrual cycle. Investigation should be transvaginal and transabdominal. It should be dynamic and implemented in accordance with international protocols with photo and video archives. Keep anamnesis data in mind and recommend regular ultrasound examinations to women who can be considered as those who is in the group of risk. Use a comprehensive diagnostic algorithm with oncology markers and extend implementation of contrast pelvic MRI in patients who are in group of risk. Before surgery, it is essential that the gastrointestinal tract is diagnosed carefully, taking into account the risks of cancer. Use organ-preserving operative technologies, recommend implementation fast pathohistological examination during surgery, observe the positions of modern oncology while dealing with suspected ovarian tumors.