

# CLINICAL CASE NO 1

## Patient M, 15 years old

Menstruation during the year, regular, moderate, after 26-28 days, lasting 6 days.

Painful from the onset of menarche, the pain is bothersome for 1-2 days before menstruation, intensifies with menstruation, on a scale of 4 points.

Takes analgesics, antispasmodics. For the period of menstruation misses classes at school.

Hormone-producing function is not impaired.

Vit. D - reduced level.

Ultrasound of the pelvic organs on the 7th day of the cycle - uterus 47 / 26x37x24 mm, myometrial thickness 4 mm, homogeneous.

Left ovary: 36 x18 x23 mm.

Right ovary: 35x17x22 mm, with the presence of small follicles

## Diagnosis: Primary Dysmenorrhea

Vitamin D - 2000 IU

Metida - 1 sachet per day.

NSAIDs 1-2 days before menstruation and in the first days of the cycle.

Tazalok - 30 drops three times a day 30 minutes before eating

Re-evaluation in 3 months.

# CLINICAL CASE NO 2

## Girl M., 16 years old

Menarche from 11 years, M 28/6, from the beginning irregular, painful especially the first 2-3 days, abundant, takes tranexam during menstruation.

During the last 3 months, takes NSAIDs - notes a slight decrease in pain.

**History is burdened** - The mother suffers from Adenomyosis.

**OMT ultrasound** - Uterine body 55 / 28x44x45 mm, endometrial thickness - 6 mm, homogeneous.

Left ovary: 36 x16 x26 mm.

Right ovary: 35x18x23 mm, with the presence of small follicles 4-5 mm

Clinical analysis of blood - HB - 115 g / l, ferritin - 7.23 mg / l.

## Diagnosis: Dysmenorrhea. Hidden ferrodeficiency

COC according to the scheme 21 + 7

Tazalok

Iron preparations

Metida 1 sachet per day

Re-consultation in 3 months.

# CLINICAL CASE NO 3

## Girl O., 23 years old

Menarche from 12 years, 6-7 days, irregular, profuse, painful, abnormal uterine bleeding from early menarche. She was treated at the place of residence - COCs were prescribed. From the age of 13, menstrual disorders. Sex life from 16 years.

**OMT ultrasound** - Uterine body 56 / 32x44x32 mm, endometrial thickness 10 mm. Left ovary: 69x58x49 mm, anechogenic formation of round shape 54x50x49 mm, with a homogeneous fine content, capsule thickened, inhomogeneous, with small seals. Right ovary: 59x48x46 mm, with the presence of anechogenic formation of round shape 44x40x36 mm, with a fine content, capsule thickened, inhomogeneous, with small seals. O-RADS 2

## Diagnosis: Bilateral endometrioid ovarian cysts.

Laparoscopy, resection of endometrioid cysts of both ovaries were performed.

Histologically: Endometrioid cysts of the ovaries.

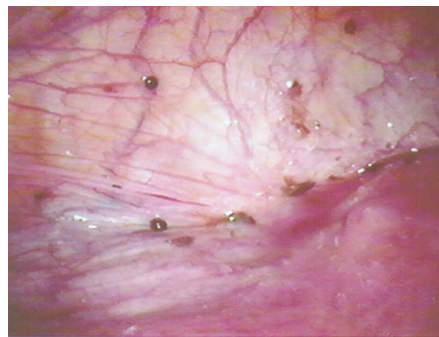
Treatment in the postoperative period: Dienogest - 2 mg continuously for 3 months. Tazalok - 3 months.

Follow-up examination after 3 months.

Ultrasound OMT - uterine body 55 / 32x44x28 mm, endometrial thickness 4 mm, homogeneous. Left ovary: 32x28 x26 mm. Right ovary: 39x28x30 mm, with the presence of small follicles 2-3 mm.

Blood hormones within reference values.

The menstrual cycle is regular. Treatment continues.



# CLINICAL CASE NO 4

## Girl S., 17 years old

Menarche from 10 years, initially regular, abundant in the first days, then delay of 10-14 days.

Complains of a rash on the face.

Height - 172 cm, weight 76 kg, BMI - 26.8

Sexual development of Ma4 Ax3 P4Me3 (Tanner)

Family history: PCOS in the mother, grandmother type II diabetes, obesity. Acne - face, back, hirsutism. Clinical hyperandrogenism according to the modified Ferriman – Galway scale (Ferriman-Gallwey, 1961) > 8 points.

- OMT ultrasound - uterine body 47 / 28x42x30 mm, endometrial thickness 6 mm, homogeneous. Left ovary: 40x21x28 mm, with multiple follicles 5-6 mm, V = 11.7 cm<sup>3</sup>. Right ovary: 39x23x30 mm, similar structure, V = 13.4 cm<sup>3</sup>.

Conclusion: multifollicular structure ovaries, an increase in the volume of both ovaries.

Blood hormones: FSH - 5,44 mMod / ml, LH - 15,22 mMod / ml, (LH / FSH = 2,8), prolactin - 28.92 ng / ml (3.0-14.4), estradiol - 59.9 pg / ml, total testosterone - 0.52 ng / ml (N < 0.4), free testosterone - 2.2 pg / ml (0.2-2.24), progesterone - 0.26 ng / ml (1.7-27), DHEA-s - 10.65 μmol / l (N 1.77-9.99), TSH-2.66 μMod / ml, free thyroxine - 1.11 ng / dl, 17-OPG - 2.8 ng / ml (N 0.99-2.64)

- AMG - 9.46 ng / ml
- 25OH vitamin D - 10.00 ng / ml
- Biochemical blood test: Insulin - 24.98 μOd / ml (N 2.6-24.9). Blood glucose - 5.7 mmol / l (N 4.1-6.0), HOMA index - 6.3 (N < 2.77).
- Glycosylated hemoglobin - 5.6%.
- Glucose tolerance test - I-4.5, II-4.3, III-4.0 mmol / l

**DIAGNOSIS: Pubertal oligomenorrhea. Emerging PCOS. Mild syndrome of mild degree. Overweight (metabolic syndrome). Hyperinsulinism. Insulin resistance. Hyperprolactinemia. Deficiency of vit. D.**

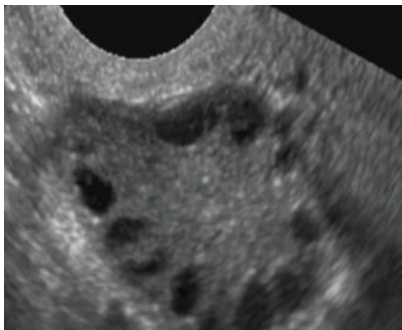
**TACTICS OF MANAGEMENT:** Modification of a way of life: Diet, modification of food behavior.

Gymnastics, swimming, exercise. Herbal non-hormonal drugs with a complex action that have hormone-regulating, antiproliferative, anti-inflammatory, sedative and tonic effect - **Tazalok.**

Metformin

Preparations containing myoinositol, D-kiroinositol, folic acid.

Drugs vit. D, Metida, Control of HOMA index after 3 months, blood glucose



# CLINICAL CASE NO 5

## Girl V., 19 years old

- Menarche from 13 years, regular, abundant, painful from 15 years, 26-30 days, 7-8 days.

Complaints of heavy painful menstruation.

From the anamnesis: she often suffered from infectious diseases as a child.

Sexual life from the age of 17, the method of contraception is barrier. Childbirth - 0, abortion - 0.

Somatic status: physical and sexual development corresponds to age (BMI - 18 kg / m<sup>2</sup>, morphotype - asthenic)

Gynecological status - without features, thyroid gland - without pathology.

Ultrasound OMT - the body of the uterus according to age - 52 / 32x44x28 mm, M-echo 15 mm.

Left ovary: 39x28x26 mm, with follicles 5-6 mm.

Right ovary: 36x28x24 mm, with the presence of small follicles 2-3 mm

Blood hormones: LH / FSH = 1, prolactin - 356 Mod / l (3.0-14.4), progesterone - 2.5 nmol / l (1.7-27),

E2- 132 pg / ml, testosterone, cortisol, TSH, thyroxine - within the reference values. HB-110 g / l.

## **DIAGNOSIS: Menstrual irregularities such as abnormal uterine bleeding. Mild anemia.**

Claire - from the 1st day of the cycle.

Preparations of tranexamic acid - 250-500 mg - 3 times a day

Iron supplements (Tardiferon 1 tab. 1 time per day -1 month.) Under the control of clinical blood tests.

Tazalok - 30 drops. 3 times a day - 6 months.

Vit D. 4000 IU 1 month, then 2000 IU - 2 months.

Metida - 1 sachet per day - 1 month.

Follow-up: on the background of treatment after 3 months. menstrual cycle is regular, menstrual painless,

moderate for 5 days. HB - 130 g / l.

# CLINICAL CASE NO 6

## Girl M., 15 years old

Menarche from 13 years, 6-7 days, regular, moderate, painless.

OMT ultrasound - uterine body 55 / 32x44x28 mm, endometrial thickness 4 mm, homogeneous.

Left ovary: 32 x28 x26 mm, with follicles 5-6 mm.

Right ovary: 39x28x30 mm, with the presence of small follicles 2-3 mm, right of the uterus fluid formation up to 110x75x107 mm O-RADS 2

## Diagnosis: Paraovarian cyst on the right.

Laparoscopy, exfoliation of paraovarian cyst.

**Histologically:** Serous cystadenoma.

Treatment in the postoperative period:

Tazalok - 30 drops. 3 times a day - 6 months.

Vit D. 4000 IU 1 month, then 2000 IU - 2 months.

Metida - 1 sachet per day - 1 month.

The menstrual cycle is regular for 3 months.

