

cer. The time period between the oncogenic (cancer causing) HPV infection and occurrence of the invasive cervical cancer is 15–20 years. Risk factors that may lead HPV infection to persist and progress to cancer: Early first sexual intercourse, multiple sexual partners, high parity, long-term use of hormonal contraceptives, tobacco use, immune suppression (for example, HIV-infected individuals are at higher risk of HPV infection and are infected by a broader range of HPV types), low socioeconomic status, poor hygiene and diet low in antioxidants, co-infection with Chlamydia trachomatis and Herpes simplex virus type-2.

### **Conclusion**

In today's era, in spite of the availability of HPV vaccines and affordable and effective methods for early detection and treatment of cervical cancer precursor lesions, cervical cancer still continues to be a public health problem in India. The age-adjusted incidence rates of cancer cervix reported by majority of Indian cancer registries are much higher than the world age-adjusted incidence rate of 7.9/100,000 population but is lower or similar to cervical cancer incidence rates of 19.2/100,000 population seen in the South-East Asian region. Thus studies provide sufficient evidence that cervical cancer screening through simple test like VIA/VILI is affordable, feasible, and an accurate tool for implementation in all health-care settings. In addition, VIA/VILI also provides an opportunity to adopt «see and treat» approach, which is very useful in resource-poor countries where follow-up is poor. These tests can also be easily taught to grass root health workers, who can help in conducting the screening program in remote areas. However, for any cervical screening program to be successful in addition to the use of a reliable and accurate screening test, high rates of coverage and the ability to effectively provide treatment to test positive women are very important. Hence, the development of health services and generation of community involvement are keys to the initiative in reducing the burden of cervical cancer. Our study highlights the success of visual screening tool in early detection and mortality reduction of cervical cancer in a resource-poor setting and thus, provides a unique opportunity for developing countries to integrate screening of cervical neoplasia in primary health-care settings.

### **LITERATURE**

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## **STATISTICAL ANALYSIS OF THE FREQUENCY OF ECTOPIC PREGNANCY IN INDIA AND COMPARISON OF THE CAUSES OF THE DISEASE BETWEEN INDIA AND BELARUS**

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### **Introduction**

Ectopic Pregnancy (EP) is a life-threatening emergency commonly encountered by medical practitioners where diagnosis can often be missed [1]. Any woman in the reproductive age group, presenting with lower abdominal pain or vaginal bleeding must raise the suspicion of an ectopic pregnancy to prevent mortality and morbidity

[2]. Since the maternal mortality is associated with higher number of risk factors and with high-risk pregnancies, ectopic pregnancy being one of them, this study becomes very useful to compile all the risk factors associated with ectopic pregnancy. For the practice of primary care, physician patients with early pregnancy with risk factors should be referred to tertiary care centre to rule out ectopic pregnancy. It has always challenged ingenuity of the Obstetrician and Gynaecologist by its clinical picture. A survey done in 2019–2021 in India estimated that the EPs increased with age; it was 0,3 % in girls and women aged 15 to 19 years and 1 % among women aged 35 to 44 years. In Russia in 2017, according to Rosstat, ectopic pregnancy in the structure of maternal mortality was 8,1 %, and in 2018 it decreased by 2 times, amounting to 4,1 [3]. It is less in Belarus as compared to India because India is still a developing country and higher population. An accurate history and physical examination and its correlation to the modern diagnostic technology are important in the diagnosis of ectopic pregnancy. To diagnose ectopic pregnancy, one has to be «ectopic minded». Despite a rising incidence, the related morbidity and mortality is declining in the developed countries due to well organized health-care delivery system, due to early recognition and treatment of ectopic pregnancies.

#### **Aim**

The purpose of this abstract is to understand the statistical analysis of ectopic pregnancy between India and Belarus by making a comparative study along with neighbouring countries and bringing some source of valuable life by providing a proper medical care and education among the worldwide.

#### **Material and methods of the research**

Information was collected from several databases. We searched articles published in UNICEF, PubMed, and the Web of science between January 2011 to June 2020 by using the keywords ectopic pregnancy, poverty, education and the demographic review of relevant documents regarding research and current medical practices.

#### **The results of the research and their discussion**

According to the abstract, Belarus was carried out with low rate of ectopic pregnancy in mother, gynaecologist at the Belarusian Health Ministry mentioned that Belarus successfully operates a multilevel system of medical care for mothers and children [4]. In India Seventy-two EP were diagnosed during the six-year period with an incidence of 9,1/1000 pregnancies. Majority of women were aged 21–30 years (51,4 %), 27,8 % women were nulliparous. The most common risk factors were previous abortion (36,1 %) and pelvic surgery (37,5 %). Fifteen cases (20,8 %) were diagnosed in women who had tubectomy. The classic triad of lower abdominal pain, amenorrhoea and vaginal bleeding was seen in 29 (40,3 %) cases. Ultrasonography was required to arrive at a diagnosis in 28 (38,9 %) cases. Urine pregnancy test was positive in 100 % of cases. Majority (94,4 %) were tubal ectopic pregnancies. Medical management with methotrexate alone benefitted 10 (13,9 %) of patients while another four required surgeries for failed medical management. More than half of the patients (59,7 %) required blood transfusion and two (2,8 %) had transfusion related acute lung injury. No deaths were noted. No cervical pregnancies were observed. Complications and treatment depended on the site of EP. The 2-year cumulative rate of subsequent spontaneous intrauterine pregnancy (IUP) increased progressively from interstitial to ovarian EP. Fair concordance (weighted kappa = 0,31) was observed between the sites of two successive EP if they were homolateral. Meanwhile, comparing with Belarus there is a major difference for high ectopic pregnancy cases in India. hospital-based Indian studies indicate EP incidence has probably increased in India in recent decades, major methodological limitations in the published literature make it impossible to draw formal conclusions concerning the incidence of EP in India in recent years. As in industrialized countries, pelvic inflammatory disease (PID) associated with sexually transmitted diseases (STDs) must be

considered as the most important risk factor for EP in developing countries. In developing countries, a majority of hospital-based studies have reported EP case fatality rates of around 1–3 %, 10 times higher than that reported in Belarus. The incidence of sexually transmitted infections is decreasing in the Republic of Belarus. Thus, the incidence of gonococcal infection decreased from 994 per 100 thousand population in 2018 to 775 in 2019. The incidence of chlamydia decreased from 51,7 to 43,8 during this period ectopic pregnancy is associated with these infections [5].

### **Conclusion**

It was found that India has high incidence of ectopic pregnancy occurrence, it's complications and mortality rate as compared to Belarus. India being developed and industrialized country is more prone to pelvic inflammatory disease which may contribute to ectopic pregnancy. India has increased population and less medical services as compared to Belarus which has more facilitated medical services and less population, there has been a decrease in the frequency of sexually transmitted infections in recent years. Hospitals should give emphasis on prevention and early detection of risks of ectopic pregnancy and create awareness in order to reduce the burden of ectopic pregnancy. Culdocentesis and laparoscopy have been superseded by non-invasive transvaginal ultrasonography and highly sensitive and accurate beta hCG assays for diagnosis of EP. Timely diagnosis and management in early pregnancy units with point of care ultrasonography can reduce the morbidity and mortality due to ectopic pregnancy.

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## **THE PREVALENCE OF PRIMARY AND SECONDARY INFERTILITY AMONG THE FEMALES IN SRI LANKA**

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### **Introduction**

Infertility is defined as the inability to conceive within one or more years of regular unprotected intercourse. Infertility has become a major problem among the married couples in Sri Lanka [1]. There is also a rapid increase in the infertility rate among women from year to year. The causes of female infertility are abnormalities in ovulation, patency and function of fallopian tubes and endometrial receptivity. Infertility can be classified as primary or secondary. Primary infertility indicates those patients who have never been conceived before. Secondary infertility denotes previous pregnancy but failure to conceive subsequently. Infertility affects millions of people worldwide and has an impact on their families and communities. Reports suggest that around 48 million couples and 186 million individuals live with infer-