of fistula was repeated like a second step of treatment. The patient underwent MRI within 1 year after the first assessment and the process of healing was indicated. On the MRI series the fibrosis and reducing of inflammation was detected. In other group of patients with complex anal fistulas we have good results of using of new non-invasive method. Recovery rate was 85.94% (55 patients),recurrence rate was 12,5% (8 patients).Only 14,06% (9 patients) were operated, but we noted during operations that inflammation of soft tissues was less after the sclerotherapy with ultrasound influence.

Conclusions. MRI is an effective and informative method for objective assessment of new non-invasive method of treatment of complex anal fistulas.

LONG-TERM RESULTS OF THE APPLICATION OF THE ORIGINAL METHOD OF SPHINCTER-LEVATORPLASTY IN THE TREATMENT OF RECTOCELE

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Key words: *rectocele, sphincter-levatorplasty, anatomy of pelvic floor, pelvic prolapse*

Background. A lot of methods for surgical correction of rectocele are presenting today, but a high percentage of unsatisfactory results doesn't decrease. This is due to the desire for reliable tissue closure, which leads to ischemia, necrosis and unsatisfactory results.

Aim. To evaluate the long-term results of the using the original method of sphincter-levatorplasty in the treatment of rectocele.

Material and Methods. We analyzed the long-term results of surgical treatment of 134 women suffering from rectocele, who were treated by the new method of sphincter-levatorplasty. Follow-up period was 24 months. The effectiveness of surgical treatment was assessed in a comprehensive manner using questionnaires, clinical examination data and instrumental methods.

Results and Discussion. The results of treatment were assessed by anatomical and functional criterions — absence of relapse clinically at examination, influence of treatment on the quality of defecation and manifestation of dyspareunia. The postoperative period (6–24 months) was actively tracked in all patients. While 83 (61.9%) patients were examined. the rest of the patients did not come to the examination. assessing their condition as good. A good and satisfactory functional result was obtained in 127 (94.7±1.9%) patients. Relapse of rectocele was detected in 7 women, which was 8.4±3.0% of the number of patients who agreed to undergo an examination in the long-term period.

Conclusions. The results of surgical treatment of patients with rectocele by using the original technique of sphincter-levatorplasty showed the effectiveness of the method in the long-term period.

THE DEPENDENCE OF THE ABNORMALITIES OF SPERMATOGENESIS ON THE TIMING OF RADIATION THERAPY

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Key words: *infertility, radiotherapy, pathospermia, crioconservation, cell transplantation*

Background. The use of modern methods of anticancer therapy leads to an increase in the life expectancy of patients

Aim. Analysis of the severity of spermatogenesis disorders depending on the timing of radiation therapy.

Material and Methods. A retrospective analysis of spermograms of patients (n=45) who received radiation therapy up to 2 Gr was carried out. All patients underwent standard laboratory methods (General blood and urine tests, blood biochemistry). Spermogram was performed in dynamics according to WHO standards (2010) in 3, 6, 9, 12, 24 months after radiation therapy. As part of the art program, 9 (20%) patients underwent testicular biopsy (micro TESE) followed by morphological examination of testicular tissue.

Results and Discussion. All patients (n=45) were aged 23±4.8 years. So they were men of reproductive age. Clinical data of the underlying disease (testicular cancer) we evaluated retrospectively. Stages of the disease were distributed as follows: stage T1 — in 13 (28.8%) patients, T2 — in 20 (44.4%), T3 — in 11 (24.4%), T4 — in 1 (2.2%) patients with histological examination, the following forms were established: seminoma (benign neoplasm) in 24 (53.3%) patients; non-hemic tumors in the first group in 21 (46.7%). The most pronounced changes in the spermogram (sperm concentration, total sperm count) are observed during 3–9 months after radiation therapy.

Conclusions. Patients after radiotherapy of oncological diseases it is necessary to appoint a drug therapy to restore spermatogenesis for min 6–9 months. Preliminary cryopreservation of sperm is required before radiation therapy in men of reproductive age.