In 2006-2008, in the Kharkiv region there resided about 70,000 female adolescents. Menstrual disorders have been found with 27%. The majority of them had dysmenorrhea (DM); 105 teenage girls (aged 14-18) with DM were investigated and treated.

Objectives: The aim of this study has been to examine the clinical peculiarities of pregnancy in women who had DM in pubertal age.

Design & Methods: Catamnesis was traced in 78 of 105 women of young reproductive age with DM in puberty. The realization of reproductive potential of 78 patients with DM in puberty was analyzed after 5-7 years (in the age of 21-25 years). The obstetric and gynaecological status and results of clinical-laboratory indices (with the hormonal pattern) were studied, the state of the foetoplacental complex was assessed (ultrasonography with dopplerography).

Results: It has been found out that at the time of examination in 2013, 72 of them were sexually active (57 women had a regular sexual partner or were married); 35 of 57 women had 1-2 pregnancies; 14 women used contraception, 8 women had no pregnancy for 1 to 3 years. Complex examination has shown that obstetric and perinatal complications are observed in 77.1%. It has been established that the most common complication of the gestation process consisted in a threat of interrupted pregnancy. Clinical signs of the threatened abortion are associated with the decrease of placental lactogen, progesterone, estradiol levels. Using Didrogesterone (Dufaston) in complex therapy as the main drug for prematurity treatment has helped to preserve the pregnancy and was not associated with adverse reactions and complications.

Conclusions: Thus, in women with dysmenorrhea at puberty, who received adequate therapy, the realization of reproductive potential has been observed in 81.4%. Yet, a complicated course of pregnancy is frequently observed. Thus, there is a need for early diagnosis and treatment of menstrual disorders during puberty.