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ANAMNESTIC RISK FACTORS FOR THE DEVELOPMENT OF HYPERPLASTIC PROCESSES IN THE ENDOMETRIUM IN WOMEN OF REPRODUCTIVE AGE

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ANNOTATION

Early detection of women belonging to a high risk group of hormone-dependent diseases is necessary. This group should include young women with diseases of the liver, metabolism, thyroid gland; other hormone-dependent diseases: mastopathy, endometriosis; burdened heredity; chronic inflammatory diseases of the genitals; abortions of unwanted pregnancy; not having childbirth by the age of 30.

Keywords. Women, endometrium, reproductive, hyperplasia, adenomyos.

Endometrial hyperplasia, fibroids and adenomyosis (GE, MM and AM) are an urgent medical and social problem due to the steady increase in morbidity, collectively competing for the first place in the structure of gynecological pathology with inflammatory processes of the genitals [13,15,17]. The achievements of classical endocrinology in the 20th century led to the dominance of the "dishormonal" theory of the occurrence of hyperplastic diseases and tumors; target organs, which considers relative or absolute hyperestrogenism to be the main pathogenetic factor in the occurrence of MM, GE and AM [13,15,17]. However, current data on the content of estrogens and progesterone in the blood serum of patients with MM and , UH ; do not confirm this hypothesis [19,21,23]. Despite the creation and use of various hormonal drugs, the probability of recurrence and progression of MM and AM, recurrence and malignancy of GE does not decrease [2,4,6,8,10,12]. Moreover, the incidence of AKE continues to increase synchronously with the incidence of adenocarcinoma of the mammary glands, reaching 10-23 per: 100 thousand of the population in countries with a "Western lifestyle" [14,16,18]. A number of authors are not inclined to consider EM and GE without a type as a significant risk factor for the development of oncopathology of internal genitalia [20,22,25]. However, many researchers note an increased risk of malignant tumors of the genitals and mammary glands in patients with benign uterine diseases: MM, AM and GE [32,34,35].

The turn of the 20th-21st centuries was marked by an avalanche-like accumulation of data on the content of various biomolecular markers responsible for proliferation, apoptosis, neoangiogenesis, adhesion, contact inhibition, remodeling, intercellular matrix in benign and malignant uterine pathology in phenotypically altered, unchanged cells, blood serum [26,28,30,33]. Dialysis of the role of changes in their content in the development of pathological proliferation, angiogenesis, suppression of apoptosis has led to the emergence of a new direction in the treatment of malignant tumors of various organs - targeted therapy aimed at changing the activity content of various growth factors, cytokines, enzymes involved in oncogenesis [27,29,31]. Many authors have paid attention to the similarity of risk factors, pathogenesis, approaches to MM, AM and GE therapy [1,3,5,7,9,11,24].

These studies affect only one of several possible mechanisms for the development and treatment of benign uterine pathology. The attempt to combine these nosologies into a group of benign hyperplastic uterine diseases is still controversial, due to the lack of a unified concept of pathogenesis that would allow primary and secondary prevention, improve the diagnostic algorithm using high-tech, including molecular research methods, and develop a system of

phased complex treatment of patients with isolated or combined MM, GE and AM, using the latest technical support of the treatment process.

The purpose of the study: To establish parallels between clinical and anamnestic data and the nature of the course of the disease, to determine the degree of influence of certain factors on the incidence of endometrial hyperplasia.

Materials and methods: The study included 117 women of reproductive age who were treated in the gynecological department and women's consultation of the regional perinatal center of the city of Bukhara. The age of the examined women ranged from 28 to 45 years. The majority of 78 patients (66.7%) were of late reproductive age (35-45 years), the rest aged 28 to 34 years were 25 women (21.4%). There were 14 patients under the age of 30 (11.9%).

Research results and discussion. Most of the patients presented 3-4 complaints. Menstrual cycle disorders of the type of hyperpolymenorrhea and metrorrhagia were the most frequent, they were observed in 84.6% of women (99 patients). In 15.4% (18) of the patients complained of chronic pelvic pain associated with large tumor sizes, submucous and interstitial node location, impaired nutrition of fibroids. A decrease in hemoglobin was noted in half of the patients, some of them presented anemia-related complaints of weakness, dizziness, increased fatigue. In 7 (5.9%) women, severe anemia was detected, requiring hemotransfusion. Infertility and disorders of the course of pregnancy occurred in 11.1% of cases (13 women). Most of the patients were hospitalized in the gynecological department. Indications for hospitalization were: recurrent uterine bleeding, leading to anemia in women 9.4% (73 patients); rapid growth and large tumor sizes -16.2% (19 women); secondary changes in tumor nodes -10% (5 women); combination with cysts and ovarian cysts – 9.4% (11 women); violation of pregnancy - 2.5% (1 women). Most patients had combined indications for hospitalization. 15.4% of patients (18 women) were operated on in an emergency and planned manner. Indications for surgical treatment were as follows: anemic bleeding – 11.1% (13 women); combination of fibroids with recurrent and atypical endometrial hyperplasia – 6.0% (7 women); submucosal localization of myomatous node – 9.4% (11 women); large sizes of the myomatous altered uterus - 7.7% (9 women); rapid growth of fibroids – 10.3% (12 women); combination with cysts and ovarian cysts – 13.7% (16 women), adenomyosis of degree acute malnutrition of the myomatous node – 1.7% (2 women); the emerging submucous node – 4.3% (5 women). Almost every patient has a combination of several pathological conditions that are indications for surgical treatment. Analysis of anamnesis data showed the presence of hormone-dependent diseases in close relatives of patients in 16.2% of cases (19 women). Among the examined patients, 55.5% (65 women) were representatives of mental professions, of which 34% regularly worked with a computer. Concomitant extragenital diseases were detected in most of the examined patients. According to the literature, fibroids are more common in women who have a blood type. The majority of the examined patients also had a II blood type (34.7%). I blood type was found in 31%, III group - in 24.7%, group IV - in 9.6% of patients. Menstrual disorders were characterized by hypermenstrual syndrome: hyperpolymenorrhea - in 30.8% (36 women) and acyclic bleeding - in 14.5% (17 women). 2.6% (3 women) had algomenorrhea. The study of reproductive function revealed the presence of a large number of pregnancies (9 on average), a significant part of which ended in artificial or spontaneous termination. In the anamnesis, 29% of patients had 7 or more medical abortions. Infertility, primary or secondary, affected 9.4% (11 women) of the examined patients. 16.2% (19 women) had cases of miscarriage. The average duration of lactation was 6 months. The most popular method of pregnancy prevention was intrauterine contraception, it was used by

83.8% (98 women), 31% were protected mainly by barrier methods, only 11% took OK (more often not more than 1 year), 6% were not protected at all. Acute and chronic inflammatory diseases of the genitals were more common among gynecological diseases (in 65% of cases), erosion and ectropion of the cervix were detected in 51.4% of patients, STDs were detected in 41% of patients, endometriosis was accompanied in 16.5% and ovarian cysts and cysts in the same percentage, 11% of the examined women suffered from diffuse or focal forms mastopathy. The average age of detection of the disease was 34 years. However, it should be noted that 15.5% of patients have not been examined for several years, and their disease may have started much earlier.

If we take into account that on average about 5 years pass from the onset of the disease to its clinical diagnosis, then the age of the onset of the disease is approximately 31 years. After analyzing the data obtained, we came to the conclusion that there is a predisposition to the disease of hyperplastic processes of the endometrium. The disease affects women 30-35 years old with a burdened hereditary history, representatives of mental professions. The predominance of a particular blood group is not easy to judge on the basis of such a small study. Among the examined patients, carriers of the II blood group predominate by a small margin.

Predispose to the development of the disease a large number of artificial and spontaneous abortions, a short lactation period, acute and chronic diseases of the genitals, prolonged inadequate contraception. Combined hyperplastic processes in the endometrium and myometrium often develop against the background of other hormone-dependent pathology, a significant percentage of patients suffer from endometriosis, mastopathy, cysts and ovarian cysts. Among the concomitant extragenital pathology, the first place is occupied by diseases of the liver and biliary tract, the second place is occupied by endocrine pathology and metabolic disorders, among which thyroid diseases predominate, the third place is diseases of the cardiovascular system. Most of the examined patients had 2 or more concomitant chronic extra genital diseases.

Conclusions. 1. Early detection of women belonging to a high risk group of hormone-dependent diseases is necessary. This group should include young women with diseases of the liver, metabolism, thyroid gland; other hormone-dependent diseases: mastopathy, endometriosis; burdened heredity; chronic inflammatory diseases of the genitals; abortions of unwanted pregnancy; not having childbirth by the age of 30.

2. It makes sense to develop tactics for managing a high-risk group of hormone-dependent endo and myometrial diseases: Timely exercise of reproductive function (up to 30 years). After 30 years, the structure of myocytes changes, the aging of the uterine muscle is observed. In the presence of burdened heredity, it is necessary to preserve the first pregnancy, since hereditary fibroids develop, according to the literature, 5-10 years earlier than usual (at 20-25 years), and abortion causes a jump in tumor growth from a microscopically active growth bud to the formation of a large myomatous node. Breastfeeding prevents the development of proliferative processes in the endometrium and myometrium. Rational family planning, exclusion of abortions, adequate contraception (use of drugs that reduce the risk of progesterone-deficient conditions). Prevention and early treatment of inflammatory diseases of the genitals.

Correction of metabolic disorders, treatment of endocrine pathology, liver and biliary tract diseases, prevention of stress and excessive insolation, harmonization of personality. To prevent hyperplastic processes in the endometrium, early treatment of uterine fibroids is

necessary, taking into account the stimulating effect of myomatous nodes on the development of local hyperestrogenism.

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