

CAUSES, METHODS OF TREATMENT, DIAGNOSIS AND DIAGNOSIS OF INFERTILITY IN OLDER WOMEN.

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Abstract. *Infertility in women (female infertility) is defined as the inability of sexually mature women to conceive for a year as a result of the entry of live, active sperm into the genitals through artificial or natural means. Infertility is also diagnosed even if the pregnancy is always late with a miscarriage. Infertile marriage is recorded in 10-20% of cases. This article will cover in detail.*

Keywords: *causes of infertility in women, what is infertility, classification of infertility, laboratory and instrumental methods, infertility symptoms and symptoms in women.*

ПРИЧИНЫ, МЕТОДЫ ЛЕЧЕНИЯ, ДИАГНОСТИКА И ДИАГНОСТИКА БЕСПЛОДИЯ У ЖЕНЩИН ПОЖИЛОГО ВОЗРАСТА.

Аннотация. *Бесплодие у женщин (женское бесплодие) определяется как неспособность половозрелых женщин к зачатию в течение года в результате попадания живых активных сперматозоидов в половые органы искусственным или естественным путем. Бесплодие также диагностируется, даже если беременность всегда поздняя с выкидышем. Бесплодный брак регистрируется в 10-20% случаев. В этой статье будет подробно рассказано.*

Ключевые слова: *причины бесплодия у женщин, что такое бесплодие, классификация бесплодия, лабораторные и инструментальные методы, признаки и симптомы бесплодия у женщин.*

INTRODUCTION

Symptoms and symptoms of infertility in women

The most important sign of infertility in women is the inability to conceive for a year or more in the presence of favorable conditions for pregnancy, in particular:

- regular sex;
- a sexual partner with a good spermogram;
- complete, prolonged rejection of contraceptives;
- be between the ages of 20 and 45.

Infertility often has no pathognomic (primary, obvious) symptoms and is manifested with or without symptoms. Symptoms of infertility are identified through anamnesis, examination, physical, laboratory and instrumental studies.

Anamnez

The specific symptoms associated with a regular menstrual cycle are studied: long or short-term, painful, with heavy bleeding, with the separation of foreign bodies. Infertility can be predicted based on indirect symptoms specific to infectious, non-infectious and surgical diseases.

MATERIALS AND METHODS

Physical examination

1. possible signs of infertility on physical examination at the clinic;
2. body mass index less than 20 or more than 26;
3. condition of skin and products with signs of endocrine disorders;
4. unsatisfactory level of development of the mammary glands;
5. bimanual gynecological palpation shows pain, tightness in the lower pelvic organs of a woman;
6. symptoms of gynecological diseases when the cervix is examined by vaginal speculum, colposcopy.

laboratory and instrumental methods

symptoms of infertility in laboratory and instrumental studies are as follows:

infectious screening for sexually transmitted diseases (stis);

hormonal screening to rule out endocrine infertility;

ultrasound examination of the female pelvis, thyroid gland - hormonal infertility;

hysterosalpingography (gsg) - an x-ray examination to rule out signs of uterine rupture;

mri for the detection of brain tumors (in turkish) may have slowed the production of hormones that control the menstrual cycle;

spiral computed tomography (ct) of the lower pelvis - anatomical causes of infertility;

laparoscopy (visual examination of the abdominal organs) - nay-peritoneal infertility, adhesions, uterine tumors, retinal cysts of the ovaries;

hysteroscopy (examination of the walls of the uterine cavity) - uterine tumors, inflammation, lesions of the uterine wall.

Causes of secondary infertility in women

RESULTS

Women who have had successful pregnancies are more likely to seek help to determine the cause of infertility. Failure to become pregnant again over a long period of time is called secondary infertility in women. If we do not take into account the voluntary rejection of pregnancy and the age factor, the most obvious causes of secondary infertility are infectious diseases experienced, including gynecological diseases of infectious or non-infectious etiopathogenesis.

Factors of infertility there are almost always many causes of infertility. As a result of research and clinical observations, the factors of infertility are formed (grouped) on the basis of combining the same characteristics, which are:

- anatomical location of the pathogenesis of diseases causing infertility;
- the nature of pathophysiological processes in the body (endocrine diseases, the phenomenon of immunological rejection of germ cells);
- genetic abnormalities that interfere with fertilization;
- characteristics of the psychosomatic status of women of childbearing age in different living conditions;
- influence of male infertility.

Infertility from contractive means

There are conflicting opinions in the medical literature about the use of hormonal contraceptives. Proponents argue that the use of such means is beneficial due to the “rebound effect” after discontinuation of hormonal contraceptives. In other words, eliminating the factors that stop the fertilization process stimulates the sudden release of estrogen, which increases the chances of pregnancy. In some cases, that is the case.

DISCUSSION

On the other hand, there have been cases of temporary or permanent decline in fertilization after long-term use of contraceptives. The truth is, of course, between the two. The advice of a gynecologist should be followed to avoid the side effects of hormonal drugs. It is possible to combine different methods of contraception, but then they will not be one of the causes of infertility.

Causes of infertility in women

female infertility is due to many specific factors. The reasons are not always clear. In some cases, they go undiagnosed or combine with each other, exacerbating the negative effects on a woman's body.

If we summarize the known causes (factors) of infertility, we can distinguish several major groups of causes of infertility:

- congenital anomalies of the reproductive organs.
- acquired in the reproductive organs, origin:
- anatomical and morphological changes;
- functional disorders;
- disturbance of metabolic balance.

Servical factor of infertility

the hole between the cervix, like the sluice, connects the uterine cavity and the vagina. The function of the gateway manifests itself periodically:

Longer uterine occlusion for foreign agents, including sperm;

The openness of the uterus to the active sperm seeking to fertilize the egg.

This function is provided by the mucus of the cervical canal, which under the influence of mucous estrogens changes its physicochemical and rheological (adhesion) properties at different stages of menstruation.

During the period of high probability of fertilization, the mucus changes its properties, for example, the ph of the acidic environment becomes favorable for sperm - neutral and slightly alkaline and less sticky.

In the inactive phase, the mucus protects the woman's body from pathogens.

If the cervical mucus does not allow sperm to enter the fertile phase under the influence of pathological factors, it is a cervical factor of infertility.

In a healthy woman, the cervical mucus performs the following functions:

- temporary storage of sperm in the protection and reproductive tract;
- retention of weak sperm that are unable to overcome the physical barriers of the cervical mucosa;
- transmission of sperm activating factor, strengthening their motility;
- sperm capacitance and acrosomal reaction, that is, the ability of a sperm to enter an oocyte.

The external cervical opening can be seen through a vaginal mirror, while the internal cervical opening cannot be examined using conventional methods.

The cervical factor of infertility is detected by colposcopy to detect the "pupillary sign" of the cervical opening. A positive sign of pupil is a clear, watery periocular mucus.

When cervical factor is determined by laboratory methods:

Study of rheological and biochemical properties of mucus;

Postcoital test (pct) for sperm and mucus interactions shortly after sexual intercourse. Typically, pct detection time is 9–24 h;

Detection of kurtsrok-miller periovulator probe.

Laboratory tests are performed by experienced laboratory technicians. The results of the study depend on the timing of the study.

The nay factor of infertility

An egg matured through the fallopian tube (fallopian tube) is transferred from the ovary to the uterine cavity. The mucous layer of the fallopian tubes is lined with mobile epithelium.

The movement of the egg results in the following:

Peristaltic movements of the walls of the tube;

The oscillating motion of the epithelial cilia results in a flow of tubular fluid.

Damage to the eyelashes leads to pathological adhesion of the egg to the fallopian tube, the risk of pregnancy outside the uterus. The biggest negative impact is due to the complete or partial closure of the fallopian tubes for the affected egg cell - the fallopian tube of infertility.

- there may be obstruction of the fallopian tubes;
- in the distal part of the fallopian tube;
- in the proximal (near) part of the fallopian tubes;
- along the entire length of the pipe.

determining the types of obstruction is also of diagnostic importance:

- partly;
- exactly.

Infertility is a condition in which infertility is caused by inflammatory adhesions in the fallopian tubes, the growth of tumors, spasms or obstruction due to other causes. The disease of the fallopian tubes, which is characterized by obstruction of the fallopian tubes and accumulation of fluid in its cavity, is called hydrosalpinx.

Common causes of hydrosalpinx are complications of the following inflammations:

- fallopian tubes - salpingitis;
- fallopian tubes and ovaries - salpingo-oophoritis;
- the fallopian tubes, ovaries, and cervix are adnexitis (inflammation of the fallopian tubes).

- obstruction of the egg cell pathway may be accompanied by abdominal pain.

X-ray examination (hysterosalpingography) and / or laparoscopy (special examination of the abdominal cavity) are used to diagnose hydrosalpinx.

Levels of infertility

In medicine, the etymological meaning of the word "degree" means the magnitude of the comparison, which differs in the intensity of pathological processes. The use of the term is

appropriate when comparing known (specific) pathological processes in a group of patients with similar diagnoses. Infertility is often described in the existing literature as type i and ii.

Grade 1 infertility in women. Or infertility i, which means that a woman who has not given birth before cannot get pregnant. A woman is considered infertile if she does not become pregnant one year after the start of regular sexual intercourse without the use of contraceptives. The causes of infertility i are outlined in the text above (see classification of infertility).

Grade 2 infertility in women. Or infertility ii, which means that women who have given birth or become pregnant cannot get pregnant. Infertility is measured from the first attempt to conceive. Usually after a year. Causes of infertility ii are listed above (see classification of infertility).

Grade 3 infertility in women is a term used to describe the inability to conceive, which is not used in the current literature.

CONCLUSIONS

Recommendations for women when infertility is suspected experts say that in order to maximize the chances of successful fertilization, it is necessary to try to get pregnant from the 11th to the 18th day of the menstrual cycle. It should be noted that the calculation of the first day begins on the first day of menstruation. It is not recommended for men to ejaculate more than once every 2 days, as this is the way to maintain maximum sperm concentration. Both partners should not use lubricant.

And a woman should not wash immediately after sex. In addition, experts recommend having sex in a "missionary" position to get pregnant, in which a woman should lie on her back with her knees bent for 15-20 minutes after sex.

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