

IMPROVING THE DIAGNOSIS OF ABNORMAL UTERINE BLEEDING IN WOMEN OF REPRODUCTIVE AGE

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Abstract. *In this article, the improvement of the diagnosis of abnormal uterine bleeding in women of reproductive age, the etiology of abnormal uterine bleeding (AUB) may be related to coagulopathy, extragenital causes, and the significant age gradation of the prevalence of (AUB) are presented.*

Keywords: *etiology of (AUB), coagulopathy, refractory, hysterectomy, leiomyoma, coagulopathy, iatrogen, endometrium, coagulation.*

INTRODUCTION

According to the literature, up to 65% of women of reproductive age seek medical help due to heavy menstrual bleeding, and one in ten of all gynecological consultations are related to metrorrhagia. The main cause of iron deficiency anemia, which leads to a decrease in women's work capacity and quality of life, and urgent hospitalization in specialized gynecology departments of clinical institutions

The most common indication of AUB is one of the most serious and unsolved medical problems today, which also determines their social importance.

The etiology of AUB may be related to coagulopathy, extragenital causes, and may not be related to the pathology of the female genital organs. In England, non-organic AUBs are considered as refractory metrorrhagia and including the number of hysterectomies performed, according to the literature may cause an increase among reproductive age. In Russia and some other countries of the world, the term "dysfunctional uterine bleeding" is still widely used. Uterine blood at the XIX FIGO World Congress PALM-COEIN classification of withdrawal was proposed. The globally recognized PALM-COEIN classification describes a detailed diagnostic search algorithm.

The prevalence of AUB has a significant age gradation, which is associated with different mechanisms of the pathogenesis of the disease in different periods of a woman's life. Thus, According to O.A.Yefimenko. (2014), abnormal uterine bleeding occurs in 10% of gynecological diseases among adolescent girls, AUB occurs in 25-30% in active reproductive age, 35-55% in late reproductive age, and in the climacteric period - up to 55-60%. According to the world literature, the frequency of metrorrhagia in the female population today reaches 12-30% [2].

AUB is a general term for uterine bleeding that does not correspond to normal menstrual patterns in women of reproductive age. According to the PALM-COEIN classification, the diagnosis of PCOS is determined if the menstrual period is unpredictable, excessively long, and the volume and / or frequency is higher than normal. The classification distinguishes 9 categories of the AUB. The first four (PALM) is an abbreviation that describes organic pathology that causes uterine bleeding:

- 1 – polyp (polyp);
- 2 – adenomyosis (adenomyosis);
- 3 – leiomyoma (leiomyoma);

4 - malignancy and hyperplasia.

The following 5 (COEIN) describe uterine bleeding due to functional disorders:

- 1 – coagulopathy (coagulopathy);
- 2 – ovulatory dysfunction (ovulatory dysfunction);
- 3 - endometrial (related to the endometrium);
- 4 – iatrogenic (iatrogenic);
- 5 – not yet classified [ACOG,2013].

The components of the PALM group refer to individual (structural) objective causes that can be assessed using imaging and/or histopathology. The use of the PALM-COEIN classification is appropriate in the daily practice of a gynecologist, it helps to make a diagnosis, to identify one or more reasons that cause or contribute to AUB in a particular patient, and not only helps to determine the diagnostic plan.

A.Ferencyz (2013) the focus of normal menstrual bleeding is located in the upper two-thirds of the endometrial mucosa, tissue necrosis, microcirculation disorder is characterized by migrating leukocytes and platelet-fibrin thrombi in microvessels. Molecular events responsible for destruction of tissues and vessels endometrium and inflammation associated with the release of proteolytic lysosomal enzymes from cells.

AUB and in some cases tissue damage occurs in the surface (submucous) layer of the endometrium. It can be focal (acute bleeding) or diffuse. Chronic endometritis and/or microerosion or structural anomalies of microvessels it can also start with the fragility of blood vessels. Endometritis and microerosions occur in normal endometrium, polyps, submucosal leiomyomas, atrophy and cancer (organic causes). Primary vascular changes occur in hyperestrogenic type endometrium, i.e. anovulatory dysfunctional uterine bleeding (DBQK) and progestational type endometrium, i.e. progestogen contraceptives and continuous hormone replacement therapy (non-organic causes). Ovulation-related DBQK and coagulation disorders are not evaluated histologically. They are associated with disturbances of vasoconstriction and fibrinolysis and disturbances of coagulation factors, respectively.

Histology is an investigational technique that may help to better understand the mechanisms of action that initiate, regulate, and lead to AUB. A better understanding of this pathology leads to bleeding from the uterus may lead to the development of therapeutic treatments that can control the coming blood vessels. Abnormal uterine bleeding (AUB) is the main symptom of many gynecological diseases. At the same time, the causes of AUB differ depending on age and accompanying genital pathology. Saratov State Medical Center named after V.I.Razumovsky University scientists [8] found the results of the study of the main causes of AUB in women of reproductive age. They are hospitals examined and treated 73 women with gynecology clinics. The age of the patients ranged from 18 to 45 years: among those under 20 years old, BAQK occurred in 1 case (1.4%), in 21-25-year-olds in 4 (5.5%) cases, in 26-30-year-olds - 8 (10, 9%) people, 31-35 - 16 (21.9%) people, 36-45 and it was found in 44 (60.3%) young people.

According to the results of ultrasound examination, endometrial pathology was detected in 65 women, uterine myoma (UM) in 16 women, adenomyosis - in 13 women. Hysteroscopy (GS) allowed to identify the endometrial hyperplastic process in only 62 women, of which: polyps were detected in 45 cases (61.6%), endometrial hyperplasia (EG) - in 17 (23.3%) cases. Combination of EG with UM was diagnosed in 5 cases (6.8%), combination with adenomyosis - in 2 cases (2.7%). In hysteroscopy, submucosal UM was detected in 4 women (5.5%), combined with

adenomyosis - in 3 women (4.1%). Only signs of adenomyosis were found in 4 patients (5.5%). Endometrium a combination of hyperplastic process, UM and adenomyosis was observed in 4 patients (5.5%). According to the morphological study, EG was confirmed in 62 women. Glandular form in 9 people, glandular and cystic form - in 6 people, atypical hyperplasia - in 2 in one person, glandular fibrous polyps - in 32 persons, glandular polyps - in 9 persons, fibrous polyps - diagnosed in 4 people.

Most often (more than 60%) AUB occurs in late reproductive age (from 36 to 45 years). up to age) occurs in women. According to their information, the main of AUB the cause is hyperplastic processes of the endometrium. From hysteroscopy use not only timely correct diagnosis, but also adequate surgery allows to carry out treatment with practice.

Currently used diagnostic methods include two-dimensional (2D) and three-dimensional (3D) saline solutions along with conventional transvaginal ultrasound. including contrast-enhanced sonogysterography (SGG), hysteroscopy, and hysteroscopy.

The Brazilian authors C.A.Bittencourt, Dos Santos Simões R. (2017) examined the accuracy of saline contrast sonohysterography in the detection of endometrial polyps and submucosal leiomyomas in women of reproductive age with AUB) [5]. The task of scientists is to evaluate the diagnostic value of two-dimensional (2D) and three-dimensional (3D) contrast sonogysterography in the detection of endometrial polyps and submucous uterine leiomyoma in women with abnormal uterine bleeding of reproductive age. was to analyze. Hysteroscopy is recognized as the "gold standard". Sonohysterography has played an important role in the diagnosis of AUB and in the evaluation of these cases has shown itself as an addition to traditional transvaginal sonography. It can also be used as an alternative to hysteroscopy in the diagnosis of uterine anomalies and postoperative assessment. She is it is less invasive and well tolerated, with moderate costs and few complications. Another advantage of SGG is its ability to evaluate submucosal leiomyomas. The size and depth of the SGG and the vascularization of the leiomyoma can be assessed with Doppler sonography, while hysteroscopy can only see the small part of the myoma that protrudes into the endometrial cavity.

Clinical and laboratory methods of research

SamSMU number 1 to achieve the set goal and fulfill the tasks on the basis of the Department of Obstetrics and Gynecology, SamSMU No. 1 is multidisciplinary 85 women of reproductive age who applied to the clinic were included in the study included, the main group consisted of 54 women with abnormal uterine bleeding organized, the control group was organized by 31 almost healthy women. The research was conducted in 2020-2022.

Examination of women includes the following: determination of clinical and anamnestic characteristics, laboratory diagnostics, evaluation of the state of the pelvic organs using X rays using instrumental methods.

The criteria for inclusion of patients in the examined groups is urine separation the absence of organic pathology of the system, acute infectious pathology, itself was the absence of specific infection and sexually transmitted infection. Sharp there is an inflammatory pathology in the stage or chronic extragenital foci to exclude from the study the cases of patients with was considered the basis for.

All studied pregnant women were of active reproductive age, young range was from 26 to 40 years old (diagram 2.1). The average age was 38.1 ± 1.04 .

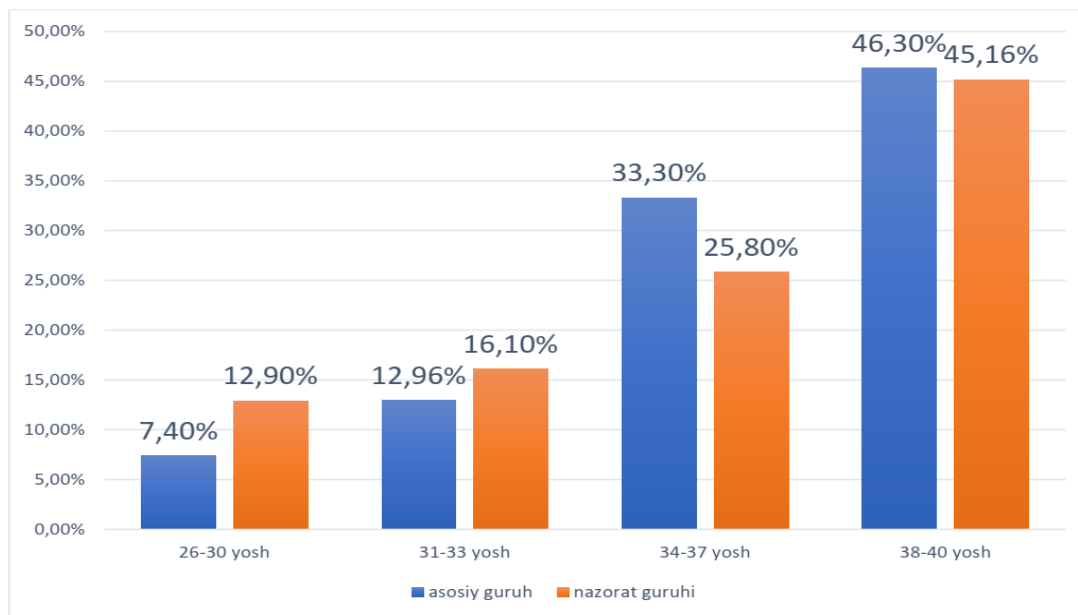


Diagram 1. The main studied group is the distribution of women by age

As can be seen from the diagram, the majority of women in the main group were 38-40 years old (46.3%). The number of women of late reproductive age predominated in both groups. At the time of investigation, the duration of clinical manifestations of abnormal uterine bleeding in patients in the main group ranged from 1 month to 2 years. Examination of hospitalized patients according to a single scheme was carried out, including general and obstetric-gynecological anamnesis data, assessment taking into account age, body mass index, the presence and nature of complaints, the course of somatic diseases, features of menstruation, sexual and reproductive functions, past gynecological diseases and their treatment measures on pelvic ultrasound data (X rays) were carried out.

Treatment and diagnosis of women of reproductive age with AUB 85 women were prospectively monitored for improvement, of which 54 women with anomalous uterine bleeding (AUB) and controls 31 healthy pregnant women included in the group. Patients were examined The criteria for inclusion in groups are reproductive age, abnormal uterine bleeding complaint, antibiotic in the last 3 months for an objective assessment of the infectious state lack of therapy, hormonal therapy for the last 3-6 months was that it was not used. Examination of patients is carried out according to a single scheme increased, including general and obstetric-gynecological anamnesis data, taking into account age, body mass index, presence and nature of complaints without assessment, the course of somatic diseases, menstruation, sexual and reproductive features of functions, past gynecological diseases and their treatment measures, pelvic ultrasound data (X rays) done through When choosing appropriate research methods, we rely on evidence is generally accepted in modern scientific research on based medicine we tried to follow the criteria.

CONCLUSIONS

1. In women of reproductive age, the risk factors of AUB are false onset of menarche formation 37.03%, complicated obstetric history, including multiple pregnancies 31.47%, abortions 15%, inflammatory diseases 85.18% , and organized somatic diseases.

2. Diagnosis of AUB in women of reproductive age using ultrasound is the most convenient and non-invasive method of modern medicine is a method, with the help of the doppler effect, the possibility of determining the type and estimated diagnosis of intrauterine pathologies is 95%.

3. Papel biopsy is a low-cost, non-invasive and easy-to-use method. showed high efficiency in detecting intrauterine pathology. According to him, in the main group, 34% had endometrial hyperplasia, 2% together with a submucosal myomatous node of endometrial glandular hyperplasia arrival, in 10% - glandular-cystic endometrial hyperplasia, in 48% endometrium polyps, atypical hyperplasia was detected in 6%.

4. During the study, the effectiveness of papillary biopsy to preserve fertility in women of reproductive age was determined, and an algorithm for diagnosis was developed. According to it, comprehensive clinical and laboratory analysis, together with X rays, papillary biopsy is used as a screening method is appropriate.

PRACTICAL RECOMMENDATIONS

The most important risk factors in the reproductive age for the development of AUB are complicated obstetric and gynecological anamnesis, including a large number of taking into account that pregnancies, abortions, inflammatory diseases, and somatic diseases, proper planning of pregnancy and timely treatment of somatic diseases in women reduces the risk of development of AUB. The most appropriate methods for the diagnosis of AUB in reproductive age are X rays examination and papillary biopsy.

Based on the study of the endometrial echographic signs and the morphological structure of the endometrium, the type of conservative treatment for women with AUB of reproductive age was based on these data treatment is one of the most effective and non-invasive methods.

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