

STUDY OF CLINICAL SIGNS AND RISK FACTORS OF "NICHE" SYMPTOM AFTER CAESAREAN SECTION

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Abstract. For the first time in 2001, A. Monteagudo et al. suggested using the term "shelf". They described the "shelf" as a depth of at least 2 mm in the myometrium. Goal of work study of clinical signs and risk factors of "niche" symptom after caesarean section. 30 patients were fully examined at the private clinic "Innova". We conducted a quantitative analysis of the distribution of all parameters according to the level of the studied indicator.

Keywords: cesarean section, extragenital diseases, scar, analysis, Menstrual characteristics, anamnesis.

Relevance. Over the past decades, various researchers have proposed different terminology to describe local thinning of the scar region, including diverticula, "pouch", scar insufficiency, scar opening, isthmycocele, and other terms. In order to avoid false positive and false negative results when assessing the thickness of the scar, researchers have improved the ultrasound technique by using various solutions in the uterine cavity - hydrosoneography, including echo-contrast. they are trying. In 2016, a study was conducted comparing hydrosoneography with contrast hydrosoneography for the assessment of scar status in women 6-9 months after Cesarean section. As a result of the study, the authors concluded that the measurement of myometrial thickness with the help of echo-contrast preparations is a reliable method for assessing the state of the scar and can be used in clinical practice. In case of intrauterine fluid (eg, menstrual blood), gel or saline infusion is of no added value.

The "shelf" in the scar can be seen not only by ultrasound, but also by other methods such as MRI and hysteroscopy. In a 2015 study, 158 women who visited the clinic underwent pelvic MRI. All MRI images were examined to detect a scar defect over the so-called "shelf"-shaped uterus. On T2-projected sections, the "shelf" was defined as an anechoic area in the area of the uterine scar with a depth of at least 1 mm. In 10 of 158 patients (6.3%), local thinning of the myometrium in the form of a "shelf" was detected. The mean width base was 6.45 mm (range 3.78–13), the mean depth of the "shelf" was 4.6 mm (range 2.5 to 5.93), and the remaining myometrial thickness was 4.29 mm (3.41-7.39 in the range) and the average thickness of the intact myometrium adjacent to the "shelf" was 12 mm (in the range of

Purpose of the study. Study of clinical signs and risk factors of "niche" symptom after caesarean section.

Materials and methods of research. During the collection of anamnesis, childhood diseases, the formation of menarche, living conditions were studied, the characteristics of the obstetric-gynecological and objective condition of each patient were analyzed.

Particular attention was paid to the characteristics of the previous pregnancy, childbirth and their results for the mother and the fetus, as well as the changes that occurred after cesarean section.

Research results and discussion. 30 patients were fully examined at the private clinic "Innova". Analysis of complaints and medical history were clarified. All patients had a uterine scar after previous surgery, 86.7% had 1 scar, and the rest had 2 or more scars. Among the extragenital diseases of women, the most common are: ENT pathology (chronic tonsillitis, gingivitis, dental caries, chronic sinusitis, chronic allergic rhinitis), diseases of the cardiovascular system (in most cases, hypertension), as well as thyroid gland pathologies, shortness of breath Chronic inflammatory diseases of the lungs (chronic bronchitis, chronic pneumonia), chronic diseases of the urinary tract. The result of the analysis of extragenital diseases of women is presented in table 1.

Table 1

Analysis of extragenital diseases of women

Somatic diseases	N=30	
	Abs.	%
Myopia	4	13,3
ENT pathology	12	40.0
Chronic bronchitis, chronic pneumonia	3	10.0
Diffuse enlargement of the thyroid gland	16	53.3
Cardiovascular diseases	7	23,3
Hypertension	3	10.0
varicose veins	4	13.3
Diseases of the gastrointestinal tract	6	20.0
Chronic pyelonephritis	9	30.0
Anemia	23	76.7

The average age of menarche in patients was 11.6±1.5 years, 76.7% of women had normal menstrual cycles, and 16.25% of the remaining women had menstrual disorders. Menstrual characteristics of the studied patients are presented in Table 2.

Table 2

Menstrual activity in studied women

Menstruation	n= 30	
	Abs.	%
Normomenorrhea	23	76,7
Oligomenorrhea	5	16,67
Amenorrhea	1	3,33
abnormal uterine bleeding	1	3,33

Thus, if we pay attention to the pathological frequency of menstruation - 16.25% of women had oligomenorrhea, one had amenorrhea, and one had abnormal uterine bleeding. In the analysis of onset of sexual activity (table 3), 30% of women reported early onset of sexual activity.

When studying the anamnesis of women's gynecological diseases, we were sure that many inflammatory diseases are chronic. Exactly 40% of women had symptoms of endometritis, 23.3% had symptoms of endocervicitis, 16.67% had their coexistence, and 10% had salpingo-oophoritis. It was found that 43.3% of women with endometriosis received treatment before changes were noted (diagram 1).

Table 3

Age of starting sexual life of studied women

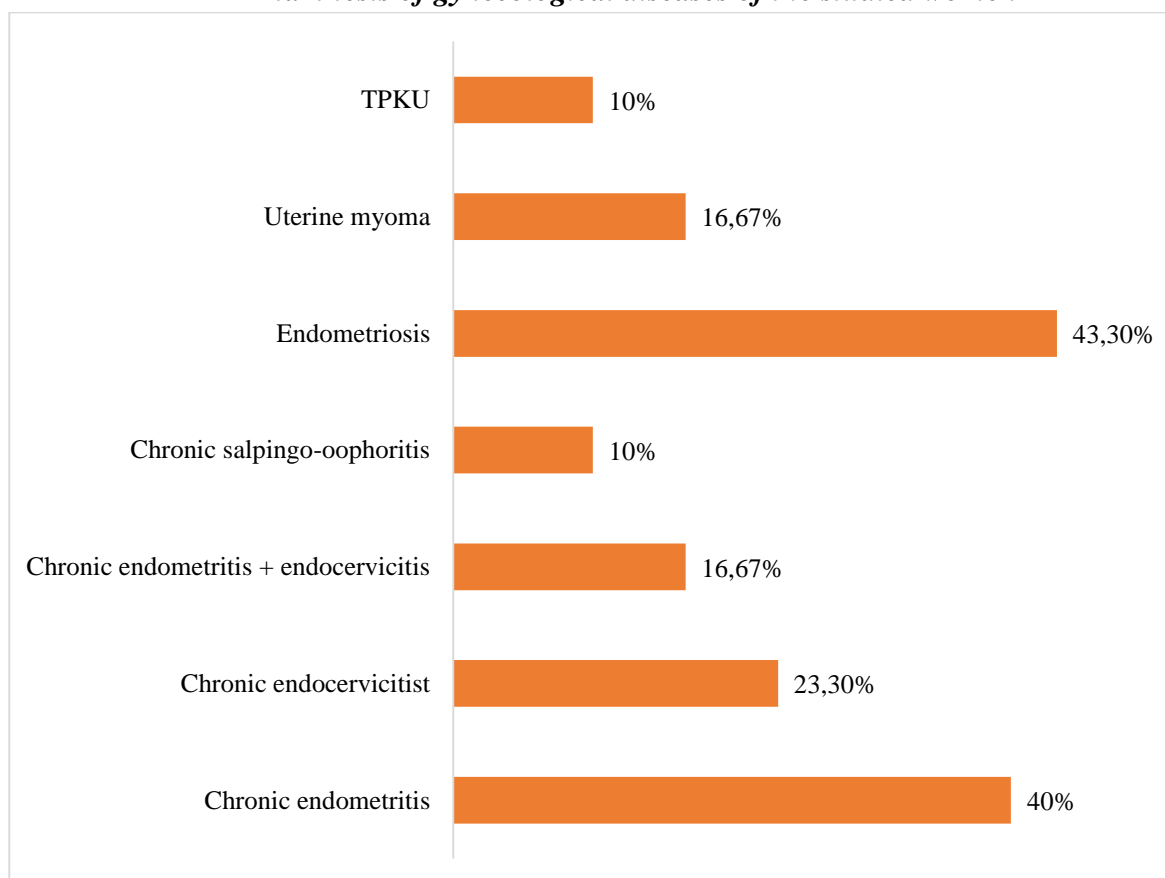
Age,	N=30	
	Abs.	%
17-20	9	30.0
21-23	16	53.3
23-25	5	16.7

Uterine myoma was diagnosed in 16.67%. Cystic changes in the ovaries were noted in 10%.

In order to evaluate the area of the scar after Caesarean section in the women who participated in our study, we conducted a survey and research on them.

Diagram 1

Anamnesis of gynecological diseases of the studied women



In addition to general information, the survey consisted of specific (scar) questions. Table 4 below shows the analysis of the answers to the questions in the field of scars.

Table 4

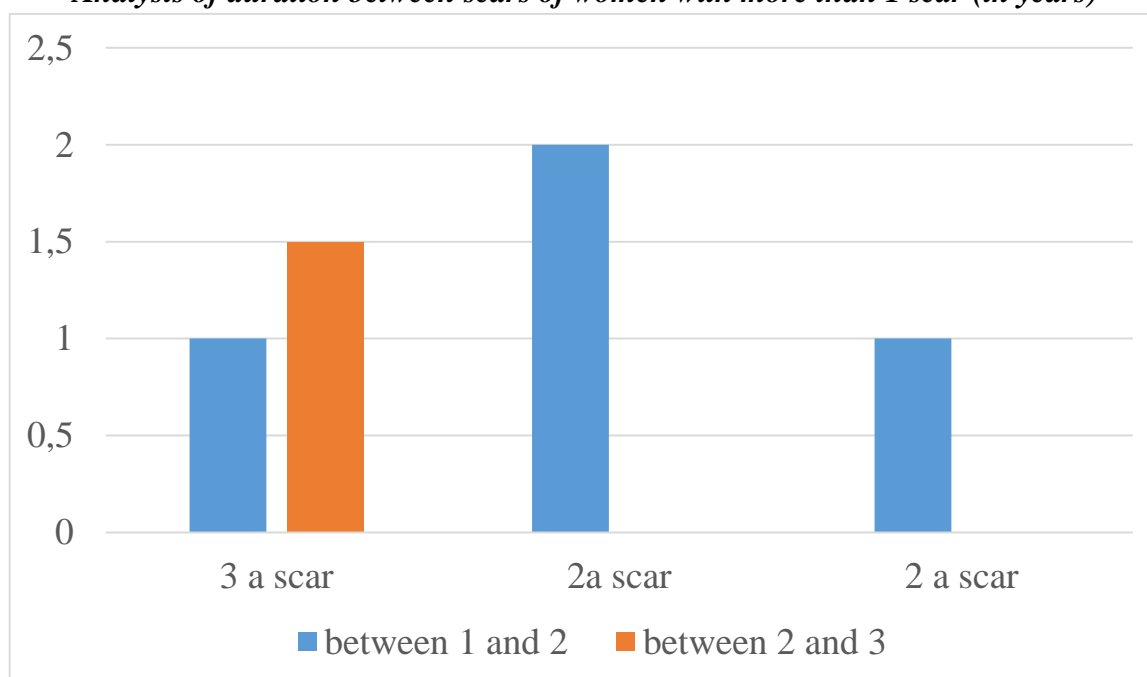
Analysis of questions in the field of scars

Is there pain in the scar area?	yes	no
	7 (23.3%)	23 (76.7%)
Scar duration	1-3 yil	3-7 yil
	11 (36.7%)	19 (63.3%)
Has pregnancy occurred after CS practice?	yes	no
	0	30 (100%)

Changes in the scar field are difficult to determine from a general survey. But in our observations, in 23.3% of cases, there were pain and unconscious sensations in the area of the scar, which raised doubts about the thinning of the scar. In our observation, only 4 women had more than one scar. When asked about the period between scars, a woman with 3 scars said that there was a period of 1 year between the first and second scar, and 1.5 years between the second and third scar. Out of 3 women with 2 scars, the period between scars was 2 years in 2, and 1 year in 1 (diagram 2). It should be noted that 2 of these women had endometritis after surgery.

Diagram 2

Analysis of duration between scars of women with more than 1 scar (in years)



Conclusions. As risk factors, we can distinguish the short period between scars, the occurrence of complications in the period after surgery. All this is aimed at protecting the health of the mother and child, reducing cesarean sections, preventing complications and restoring the health of women of reproductive age.

Analytical (primary and statistical processing of the obtained data) stage: after the study, we calculated the average scores for all studied parameters, compared the study results and statistically analyzed the differences of the obtained data, We conducted a quantitative analysis of the distribution of all parameters according to the level of the studied indicator.

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