

MODERN ASPECTS OF TREATMENT GESTATIONAL PYELONEPHRITIS

Askarova Zebo Zafarovna¹, Fayzullayeva Nilufar Avazovna², Shopulotova Zarina
Abdumuminovna³

¹Obstetrician-gynecologist at SamSMU multidisciplinary clinic

²Samarkand state medical university, PhD of department Obstetrics and gynecology №1

³Samarkand State Medical University, assistant of department Obstetrics and gynecology №1

<https://doi.org/10.5281/zenodo.10395848>

Abstract. *Adenomyosis is one of the most common diseases, occupying third place in the structure of gynecological diseases after inflammatory diseases and uterine fibroids. Aim of the study was to conduct a comparative study of the clinical manifestations of adenomyosis depending on the depth of location of endometrioid heterotopias in the thickness of the myometrium and the severity of perifocal leiomyomata's hyperplasia. The study included 30 premenopausal women diagnosed with adenomyosis, who were divided into two groups. Women of the first group had more favorable data, in contrast to women of the second group. Complications and relapses of bleeding were more observed in women of the second group.*

Keywords: *hyperplasia, leiomyoma, adenomyosis, premenopausal age, hysteroscopy.*

Relevance. Adenomyosis is one of the most common diseases, occupying third place in the structure of gynecological diseases after inflammatory diseases and uterine fibroids. According to a number of authors, its frequency ranges from 12 to 50%, and in recent years there has been a steady increase in this indicator.

For quite a long time, it was believed that adenomyosis occurs mainly in women of reproductive age. However, recent studies show that adenomyosis is a disease mainly of the late reproductive and perimenopausal periods [1,5,7,19].

According to A.I. Ishchenko (2022), adenomyosis is diagnosed in more than 60% of women aged 40-50 years and is detected in 30% of patients of the late reproductive and perimenopausal periods who have undergone total hysterectomy.

Adenomyosis is usually classified according to the depth of damage to the muscular wall of the uterus. According to the classification proposed by B.I. Zheleznov and A.N. Strizhakov (2021), there are three degrees of internal genital endometriosis: I degree - germination of the mucous membrane to the depth of one field of view at low microscope magnification; II degree - spread of endometrioid tissue to approximately the middle of the thickness of the uterine wall; III degree - the entire thickness of the uterine wall is involved in the pathological process.

A number of clinical, diagnostic, pathogenetic and prognostic features of adenomyosis distinguish it from other forms of endometrioid disease. To this day, two terms continue to be used to designate heterotopic lesions in the body of the uterus: "adenomyosis" and "internal endometriosis." It is believed that the term "adenomyosis" is not always synonymous with "intrinsic endometriosis". According to B.I. Zheleznova and A.N. Strizhakov, the term "adenomyosis" should be applied only to diffuse, focal, and nodular forms of pathology, in which thickening of the myometrium due to hyperplasia of smooth muscle cells is noted [2,8,12,20].

Diagnosis of adenomyosis is a difficult task for the clinician due to the wide variety of clinical manifestations of the disease, the absence of pathognomonic symptoms, the multifaceted

nature of the disorders, with the frequent subjective interpretation of data obtained when assessing instrumental examination methods, as well as the frequent combination of hyperplastic processes in the uterus. The most common concomitant disease with adenomyosis is uterine leiomyoma, which is diagnosed in 50-85% of cases.

Thus, the literature data indicate the ambiguity and insufficient knowledge of issues relating to the mechanisms of occurrence of adenomyosis and its combination with leiomyoma, the significance of leiomyomatous proliferation for the clinical course of adenomyosis.

Aim of the study. To conduct a comparative study of the clinical manifestations of adenomyosis depending on the depth of location of endometrioid heterotopias in the thickness of the myometrium and the severity of perifocal leiomyomatous hyperplasia.

Materials and methods. The study included 30 premenopausal women diagnosed with adenomyosis, who were divided into two groups:

Group 1: 15 patients with a verified diagnosis of adenomyosis without leiomyoma or leiomyotic proliferation.

Group 2: 15 perimenopausal patients who were diagnosed with adenomyosis in combination with uterine leiomyoma.

The study was conducted at the multidisciplinary clinic of Samarkand State Medical University in the gynecology department. The following examination methods were used:

- gynecological status
- clinical blood test
- Ultrasound of the pelvic organs
- color Doppler mapping
- Hysteroscopy

Ultrasound methods for examining the pelvic organs were carried out using TOSHIBA SONOLAYER SSA-250A (Japan), Siemens Sonoline Antares (Germany) and Aloka-500 (Japan) ultrasound scanners. At the same time, the condition of the pelvic organs was assessed, as well as the condition of the endometrium, endometrioid foci, and the presence of other pathologies, especially myomatous nodes. Hysteroscopy was performed under general anesthesia in a private clinic by agreement on the 5th day of the menstrual cycle.

For variational and statistical processing of the research results, the Statistica6.0 program was used to determine the key variational indicators of the mean (M), error of the mean (m) and standard deviation (p). The reliability of the results obtained was determined using the Student's test. When the P value was less than 0.05, the difference between the two means was considered significant. The reliability level was at least 95%.

Results and discussion. Most (18-60%) of both groups of patients complained of abnormal bleeding from the uterus and heavy menstrual bleeding.

Almost every third woman in the first group (4-26.7%) noted a long and painful menstrual period, while this indicator was present in 40% of the 2nd group.

There were also patients with recurrent anomalous bleeding in the 20% and 40% groups. Compared to the rest of the patients, they complained twice more of pain in the lower abdomen and lower back ($p < 0.001$).

When analyzing the obstetric anamnesis of the studied women, it was noted that all women were pregnant and had children. 2 women in the second group (13.3%) had primary infertility. When analyzing the number of pregnancies, on average, each woman in the first group had 3.2

pregnancies, and in the second group, 2.4 pregnancies. At the same time, it is noteworthy that none of the examined from the first group had 4 or more pregnancies ($p < 0.05$).

The frequency of medical abortions was 2 (13.33%) and 4 (26.67%) cases in patients of groups 1 and 2, respectively. In the main group, 80% of pregnancies ended in delivery, including antenatal fetal death, preterm delivery and other complications in some women. In the second group - 64.5% of pregnancies ended in childbirth. At the same time, women in the second group had more cases of antenatal fetal death, premature birth and other complications.

The results of a study of Doppler parameters in the uterine arteries in women with adenomyosis revealed the following features of blood flow in the uterine arteries:

– the end-diastolic blood flow velocity was almost three times higher than this indicator in women of the first group, in contrast to the first;

– maximum systolic and average blood flow speed were significantly higher than similar indicators in women first group;

– lower blood flow resistance was observed in women with adenomyosis, which was manifested by a significant decrease in the systolic-diastolic ratio, resistance and pulsation indices. In the presence of concomitant pathologies such as leiomyoma, these indicators were even worse.

Conclusion. A comparative analysis of the study of clinical manifestations of adenomyosis in these patients, depending on the depth of location of endometrioid heterotopias in the thickness of the myometrium and the severity of perifocal leiomyomatous hyperplasia, had a different character. Women of the first group had more favorable data, in contrast to women of the second group. Complications and relapses of bleeding were more observed in women of the second group.

REFERENCES

1. Askarova Z. Z. et al. Value of hysteroscopy and genetic research of women with abnormal uterine bleeding in perimenopause //Eur J Mol Clin Med. – 2021. – Т. 8. – №. 1. – С. 409-416.
2. Asqarova Z., Rahimova A. O. ENDOMETRIY GIPERPLAZIYASINING QAYTALANISHI XAVFINI BAHOLASHDAQON ZARDOBIDA QIRRALI DEGIDRATSIYA USULINING O'RNI //Евразийский журнал медицинских и естественных наук. – 2023. – Т. 3. – №. 4. – С. 120-123.
3. Bourdon M. et al. Adenomyosis: an update regarding its diagnosis and clinical features //Journal of Gynecology Obstetrics and Human Reproduction. – 2021. – Т. 50. – №. 10. – С. 102228.
4. Chapron C. et al. Diagnosing adenomyosis: an integrated clinical and imaging approach //Human reproduction update. – 2020. – Т. 26. – №. 3. – С. 392-411.
5. Khudoyarova D. R., Shopulotova Z. A., Solieva Z. M. PREVENTION OF COMPLICATIONS IN PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS //Бюллетень студентов нового Узбекистана. – 2023. – Т. 1. – №. 5. – С. 25-29.
6. Khudoyarova D. S. D. R., Tilavova S. A., Shopulotova Z. A. Manifestations of examination of chronic pyelonephritis in pregnant women (clinical case) //Thematics Journal of Microbiology. – 2022. – Т. 6. – №. 1.
7. Rakhimovna K. D., Abdumuminovna S. Z. Traumatization of the genital organs. – 2022.
8. Shopulotova Z. COMPARATIVE ANALYSIS OF CLINICAL CASES OF EXACERBATION OF CHRONIC PYELONEPHRITIS IN PREGNANT WOMEN

- //International Bulletin of Medical Sciences and Clinical Research. – 2023. – Т. 3. – №. 8. – С. 22-25.
9. Shopulotova Z. A., Zubaydiloeva Z. K., Khudoyarova D. R. COMORBID EVENTS IN PREGNANT WOMEN WITH PYELONEPHRITIS AND PREVENTION OF THESE CONDITIONS //Бюллетень педагогов нового Узбекистана. – 2023. – Т. 1. – №. 9. – С. 35-38.
 10. Shopulotova Z. A. et al. PHENOMENA OF COMORBIDITY IN PREGNANT WOMEN WITH PYELONEPHRITIS.
 11. Zhai J. et al. Adenomyosis: mechanisms and pathogenesis //Seminars in reproductive medicine. – 333 Seventh Avenue, 18th Floor, New York, NY 10001, USA : Thieme Medical Publishers, Inc., 2020. – Т. 38. – №. 02/03. – С. 129-143.
 12. Zafarjanovna K. F., Nuralieva S. N., Zafarjonovna A. Z. Features of the Morphological Structure of the Endometrium in Women of Reproductive Age with Abnormal Uterine Bleeding //Research Journal of Trauma and Disability Studies. – 2022. – Т. 1. – №. 10. – С. 258-262.
 13. Zafarovna A. Z., Oybekovna R. A. INCIDENCE OF SOMATIC DISEASES IN WOMEN WITH UTERINE AND BREAST HYPERPLASTIC DISEASES IN THE PERIMENOPAUSE //American Journal of Interdisciplinary Research and Development. – 2023. – Т. 14. – С. 81-84.
 14. Аскарова З. З., Алиева Д. А. ЗАБОЛЕВАНИЯ МОЛОЧНЫХ ЖЕЛЁЗ У ЖЕНЩИН С ГИПЕРПЛАЗИЕЙ ЭНДОМЕТРИЯ В ПЕРИОД ПЕРИМЕНОПАУЗЫ //ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 3.
 15. Беженарь В. Ф. и др. Аденомиоз и фертильность: современный взгляд на проблему (обзор литературы) //Журнал акушерства и женских болезней. – 2022. – Т. 71. – №. 1. – С. 109-18.
 16. Shernazarov Farrukh ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE // SAI. 2023. №Special Issue 8. URL: <https://cyberleninka.ru/article/n/organization-of-digitalized-medicine-and-health-academy-and-its-significance-in-medicine> (дата обращения: 20.11.2023).
 17. Лызикова Ю. А. и др. ФАКТОРЫ РИСКА ГИПЕРПЛАСТИЧЕСКИХ ПРОЦЕССОВ ЭНДОМЕТРИЯ //«Гомельский государственный медицинский университет», 2023. – С. 124.
 18. Ланчинский В. И. и др. Проблема редких опухолей в гинекологии: клинический случай доброкачественной забрюшинной склерозирующей пекомы малого таза у женщины 49 лет //Research'n Practical Medicine Journal. – 2022. – Т. 9. – №. 2. – С. 113-124.
 19. Муратова Н. и др. Роль доплерометрии в дифференциальной диагностике аденомиоза и миомы матки у молодых женщин //in Library. – 2021. – Т. 21. – №. 4. – С. 66-68.
 20. Резник М. В. и др. Аденомиоз и миома матки с точки зрения коморбидности (обзор литературы) //Медико-фармацевтический журнал «Пульс». – 2019. – Т. 21. – №. 2. – С. 43-47.
 21. Цхай В. Б. Аденомиоз. Контраверсии современности. – 2020.