MODERN ASPECTS OF HYPERPLASTIC PROCESSES IN PREMENOPAUSAL AGE WOMEN

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https://doi.org/10.5281/zenodo.10400663

Abstract. *To determine the relationship of hyperplastic processes with premenopausal age and their manifestations in the form of abnormal uterine bleeding. The study was conducted on 50 premenopausal patients with a history of hyperplastic processes who were treated in the gynecological department of the first multidisciplinary clinic of Samarkand State Medical University during 2021-2022. The study used general clinical, laboratory, instrumental and statistical research methods. The main complaints at the time of admission to the hospital were profuse vaginal bleeding and pain, and in 30 women (40%) bleeding was irregular, prolonged, scanty, almost all patients complained of weakness, fatigue and irritability. In the general analysis of blood, anemia was observed in all, in 20% of women the ESR increased to 20 mm / h, in the general analysis of urine, signs of inflammation were observed in 26.5%, in the smear - dysbacteriosis in 36% of cases. Hormonal imbalance was observed in 45% of women. It was noted that the level of hormones in all examined women was almost 1.5 times lower than in healthy women of the same age. All women were prescribed antihemorrhagic and antianemic treatment. Hyperplasia of the endometrial layer of the uterus in all cases was expressed by abnormal bleeding, the step-by-step treatment of which once again confirms the need for a complete diagnosis. In premenopausal age, we can say that this condition is associated with hormonal imbalance.*

Keywords: *endometrial hyperplastic processes (EHP), premenopausal age, combined oral contraceptives (COCs), premenstrual syndrome (PMS), treatment methods.*

INTRODUCTION. The main risk factors for the appearance of hyperplastic processes of the endometrium and their transition to a poor-quality state are age and obesity. Iatrogenic stimulation of the endometrium due to long-term use of estrogen replacement therapy or tamoxifen [2, 5, 11, 17, 23, 32], prolonged anovulation in perimenopause or polycystic ovary syndrome [3, 7, 9, 14, 18, 35], estrogen-producing ovarian tumors, Lynch syndrome, absence of childbirth in history, early menstruation, occurrence of late menopause [1, 8, 14] - this leads to the disruption of apoptotic regulation of endometrial cells and the occurrence of hyperplasia a non-exhaustive list of possible conditions.

It is very difficult to estimate the true prevalence of hyperplastic processes of the endometrium, at best they refer to the gynecological hospital for various reasons, and therefore most of them are affected by reproductive health diseases. For example, according to G. E. Chernukha, glandular hyperplasia of the endometrium is detected in 6.1% of women under 45 years old with various reproductive diseases, and adenomatous hyperplasia is detected in 6.6% of patients.

According to other data, the prevalence of complex endometrial hyperplasia in premenopause remains at the level of reproductive age (6.5%), but simple hyperplasia without atypia increases to 17%. In addition, it is observed that the increase in the life expectancy of women and the global obesity pandemic are important risk factors for the development of endometrial pathology [7, 14, 23].

One of the most common and common complications of hyperplastic processes is abnormal uterine bleeding. 2/3 of premenopausal patients are characterized by recurrence of uterine bleeding, in 60% of cases they also lead to iron deficiency anemia [1, 5, 8, 18, 23]. Anomalous uterine bleeding (ABH) occupies a leading position in the composition of gynecological diseases, which is confirmed by many studies and practices, in addition, the frequency of their occurrence increases with age and reaches 50% in premenopausal and postmenopausal women [2, 5, 9, 17].
The aim of the study. to determine the association of hyperplastic processes with premenopausal age and their manifestation in the form of abnormal uterine bleeding.

MATERIALS AND METHODS. The study was conducted in 2022 in 50 patients with hyperplastic processes admitted to the gynecology department of the Department of Obstetrics and Gynecology No. 1 of the Samarkand State Medical University in the method of continuous prospective monitoring. During the study, general medical examination methods (analysis of complaints, medical history and lifestyle anamnesis, objective examination and results of gynecological examination), clinical and laboratory methods (general blood list, urinalysis, smear analysis, hormonal background indicators study) and instrumental methods (ultrasound diagnosis, colposcopy) were used. Treatment tactics for patients with abnormal uterine bleeding in hyperplastic processes of the endometrium have been determined.

The data obtained during the material analysis were collected and analyzed in a database developed using Microsoft Office software (Access 2010). Descriptive statistics methods included arithmetic mean (M), mean error (μ) and mean squared deviation (s) of markers with normal distribution.

RESULTS AND DISCUSSION. In this study, we analyzed the data of 50 premenopausal patients with endometrial hyperplasia and abnormal uterine bleeding. The average age of all patients who applied to the gynecology department for inpatient treatment was 48.2 ± 2.14 years. The majority were women between the ages of 45 and 50, with relatively fewer women between the ages of 40 and 45. The average length of hospital stay was 4.6 ± 1.8 days. The main complaints at admission to the hospital (diagram 1) were associated with heavy vaginal bleeding and pain, and 20 women (40%) had irregular, long-lasting, low-volume bleeding, of which In addition, almost all patients complained of weakness, fatigue and irritability. 60% of patients had symptoms of climacteric syndrome. 30% of patients were receiving hormone replacement therapy.

When analyzing gynecological pathologies, there were cysts of the left / right ovaries (18%), uterine fibroids (24%); pelvic inflammatory disease - 22%, and endometriosis was very common (38%), and all of them had endometrial hyperplasia of more than 15 mm.

In the general blood analysis, anemia of various degrees was found in all women, but no significant changes were noted in other parameters. In 20% of women, EHR increased to 20 mm/h. In general urinalysis, signs of inflammation were found in 26%. Dysbiosis was observed in 36% of the smear analysis.

The study of hormonal background indicators in women showed that estrogen and gestogens decreased with age in all women. But 48% of women had hormonal imbalance. At the

same time, it was noted that the hormone levels in all studied women were almost 1.5 times lower than in healthy women of the same age.

Because all patients had bleeding, drug hemostasis was prescribed: injectable forms of ethamsylate 2.0-4.0 ml intravenously or intramuscularly; oxytocin 5 ME intramuscularly 5 days. Vikasol and ascorutin tablets were also prescribed 3 times a day.

7 out of 50 women admitted to the gynecology department (14%) had a decrease in hemoglobin below 70 g/l. These patients received iron preparations as prescribed by the doctor ("Serofer" 5.0 ml diluted in 200 ml of physiological solution intravenously for 5 days; later switching to the tablet form of iron preparations), had a moderate level of anemia patients (50%) were advised to take iron-containing drugs every day. The subsequent tactics of treatment were determined by the degree of anemia, clinical and etiological factors, and diagnostic parameters. Hemostasis was achieved in only 20% of women at this stage. The effect of anti-anemia therapy was reflected in 4-5 days.

For patients who failed the first stage, the second stage included hormonal hemostasis and included anti-relapse therapy, which was also performed in an outpatient setting. The conditions for prescribing the drug were moderate bleeding from the genital system, the absence of symptoms of posthemorrhagic anemia, and the exclusion of other causes of uterine bleeding. The histological structure of the endometrium, the age of the patient, concomitant metabolic diseases, and the presence of extragenital and genital diseases are also taken into account.

For 5 years, it was recommended to use Mirena, a levonorgestrel-containing hormone-releasing system. Injections containing ethinyl estradiol (0.03 mg) and progestogen were used for hormonal hemostasis. On the first day, depending on the intensity of bleeding, 3-4 tablets per day were prescribed, then the dose was reduced to 3 tablets per day, then after the complete disappearance of bloody discharge, it was reduced to 1 tablet per day, after which the use of injections according to the scheme continued.

Among the patients admitted to the gynecology department, anti-relapse hormonal therapy was recommended to only 6 (12%) women. In each case, the drug was prescribed according to the scheme from 3 to 6 months. The following are recommended: Visanna (dienogest), Qlaira (dienogest + estradiol valerate), Novinet (ethinyl estradiol + desogestrel), Belara (chlormadinone + ethinyl estradiol), Mirena (levonorgestrel).

Among patients, 40% of cases underwent separate diagnostic curettage. For 3-5 days after this procedure, patients with endometrial hyperplasia were also prescribed antihemorrhagic treatment. Most of the bleeding and discharge stopped after 2 days.

CONCLUSION. Hyperplasia of the endometrial layer of the uterus was expressed in all cases by anomalous bleeding, the step-by-step treatment of which once again confirms the need for a complete diagnosis. In premenopausal age, we can say that this condition is related to hormonal disorders.

Antihemorrhagic treatment was necessary if the CKD was associated with hyperplastic processes. Hormonal hemostasis was effective in 40% of cases. 40% of cases required separate diagnostic curettage.

Taking into account the characteristics of the body, based on the etiological cause of abnormal uterine bleeding, it is recommended to use a combination of management tactics for premenopausal women.

REFERENCES

1. Адамян Л. В. и др. Способ хирургической коррекции при аплазии влагалища с функционирующей замкнутой маткой. – 1999.Кругляк Д. А. и др. Синдром Майера-Рокитанского-Кюстера-Хаузера: современные возможности бескровного формирования неовлагалища //Репродуктивное здоровье детей и подростков. – 2021. – Т. 17. – №. 1. – С. 40-48.
2. Аникиев А. В. и др. Женская гипоспадия в сочетании со стенозом артифициального интроитуса у больной с идиопатической внутриутробной вирилизацией //Андрология и генитальная хирургия. – 2018. – Т. 19. – №. 4.
3. Shopulotova Z. A., Zubaydilloeva Z. K. THE VALUE OF ULTRASOUND DIAGNOSTICS IN PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS //Бюллетень студентов нового Узбекистана. – 2023. – Т. 1. – №. 9. – С. 19-22.
4. Гараева М. А. Становление микрофлоры влагалища женщин //Молодежь, наука, медицина. – 2020. – С. 43-43.
5. Гусак Ю. К., Рищук С. В., Тарасов В. Н.,. Гусак В. Н Инфекционные заболевания влагалища. Поиски оптимального решения в их терапии. защита или нападение? (обзор литературы) // Вестник новых медицинских технологий. Электронное издание. – 2019. – № 4. – С. 22-40. – DOI 10.24411/2075-4094-2019-16485. – EDN XDHULN.
6. Журавлева В. И., Галаутдинова Д. И. Эффективность лечения аплазии влагалища методом брюшинного кольпопоэза на примере синдрома Майера-Рокитанского-Кюстера-Хаузера //Два сердца как одно. – 2015. – С. 40-45.
7. Захаренкова Т. Н. и др. Акушерство и гинекология. – 2017. Кругляк, Д. А., Батырова, З. К., Уварова, Е. В., Ипатова, М. В., Буралкина, Н. А., Маланова, Т. Б., ... & Чупрынин, В. Д. (2018). Способ прогнозирования эффективности кольпоэлонгации у пациенток с аплазией влагалища. Изобретение РИД
8. Остонакулова Ф. Б., Маматкулова М. Д., Негмаджанов Б. Б. Усовершенствованный сигмоидальный кольпопоэз у пациенток с синдромом Майера-Рокитанского //Достижения науки и образования. – 2020. – №. 5 (59). – С. 56-59.
9. Панделис Ц., Василеос К., Ефимиос Д. Обследование, тактика ведения и лечение врожденных аномалий влагалища в пубертатном периоде //Репродуктивное здоровье детей и подростков. – 2019. – Т. 15. – №. 2.
10. Bazarova Z. HOMILADORLARDA PREEKLAMPSIYANING SOMATIK KASALLIKLARGA TA’SIRI //Евразийский журнал медицинских и естественных наук. – 2023. – Т. 3. – №. 10. – С. 52-55.
11. Iskandarovna T. N. HYPERPLASTIC PROCESSES IN PREMENOPAUSAL AGE WOMEN //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2023. – Т. 8. – №. 3.
12. 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.
13. Rakhimovna K. D., Abdumuminovna S. Z. Traumatization of the genital organs. – 2022.
14. 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.

15. Shopulotova Z. A., Zubaydilloeva 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.
16. Shopulotova Z. A., Zubaydilloeva Z. K. THE VALUE OF ULTRASOUND DIAGNOSTICS IN PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS //Бюллетень студентов нового Узбекистана. – 2023. – Т. 1. – №. 9. – С. 19-22.
17. Shopulotova Z. A., Zubaydilloeva Z. K. PERINATAL CARDIOLOGY: PREGNANCY AND CONGENITAL HEART DEFECTS //Евразийский журнал академических исследований. – 2023. – Т. 3. – №. 9. – С. 55-59.
18. Shopulotova Z. A. et al. PHENOMENA OF COMORBIDITY IN PREGNANT WOMEN WITH PYELONEPHRITIS.
19. Shamatov I., Shopulotova Z. ADVANNAGES OF PALATE LASER THERAPY IN COMPLEX TREATMENT OF LARINGITIS //International Bulletin of Medical Sciences and Clinical Research. – 2023. – Т. 3. – №. 9. – С. 104-107.
20. Shamatov I. Y. et al. COMPREHENSIVE AUDIOLOGICAL STUDIES SENSORY NEURAL HEARING LOSS OF NOISE GENESIS //American Journal Of Social Sciences And Humanity Research. – 2023. – Т. 3. – №. 10. – С. 128-132.
21. Shamatov I. Y., Shayqulov H. S. H., Shopulotova Z. A. O'RTA QULOQNING ZAMBURUG'LI ZARARLANISHLARI //Евразийский журнал медицинских и естественных наук. – 2022. – Т. 2. – №. 6. – С. 425-427.
22. Shopulotova Z. A., Zubaydilloeva Z. K. PERINATAL CARDIOLOGY: PREGNANCY AND CONGENITAL HEART DEFECTS //Евразийский журнал академических исследований. – 2023. – Т. 3. – №. 9. – С. 55-59.