

ANALYSIS OF LOCALLY ADVANCED CERVICAL CANCER ACCORDING TO THE SAMARKAND REGION OF THE REPUBLIC OF UZBEKISTAN

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<https://doi.org/10.5281/zenodo.7671132>

Abstract. *In this work, of cervical cancer stage III - IV in recent years was carried out. The degree of spread of the tumor process at the time of diagnosis is the main prognostic factor that determines the course of the disease and the further fate of the patient. The prognosis of this disease depends on the modern, timely ongoing diagnostic measures and the choice of tactics for treating patients.*

Keywords: *cervical cancer, neglect of tumor process, timely diagnosis, treatment, prognosis.*

In recent years, cervical cancer has been the most important global medical and social problem (Sukhikh G.T. et al ., 2020; Levakov S.A. et al ., 2021; Small et al ., 2017). According to statistics from the International Agency for Research on Cancer, 604,127 new cases of cervical cancer were detected in 2020, and the annual incidence in different countries varies from 4.1 to 40.1 per 100,000 population (GLOBOCAN, 2020). According to the SFRNPMC O&R, in 2022 the incidence of cervical cancer was 0.4% (134 patients were initially registered). Mortality from cervical cancer is still high, one of the top three malignant tumors of the female reproductive system and, according to the latest WHO data, is 8.2 per 100,000 population (GLOBOCAN, 2020).

Despite the ongoing visual methods of early diagnosis of cervical cancer, in 39.8% of patients the disease is detected in advanced stages (III-IV).

The purpose of the study . To study the incidence of cervical cancer and to analyze stage III - IV of the disease in Samarkand region.

Material and Methods .

The study was conducted on the basis of the Samarkand branch of the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology of the Ministry of Health of the Republic of Uzbekistan . The collection of information included the analysis of primary medical documentation: an outpatient card of oncological patients, medical history, information about patients with malignant neoplasms (form No. 030), information about advanced cases of malignant neoplasms, according to the accounting and reporting form (form No. 027/2). The work of interpretation by age category was carried out. At the same time, the data of histological and cytological conclusions in the control group of cervical cancer with stages III and IV from 2020 and 2022 were used and processed. The main group included all patients with cervical cancer of these years. A comparative analysis with the results of a 2015 study of patients with cervical cancer was carried out.

An analysis was made of stages III - IV of cervical cancer in 2020 to 2022 in the Samarkand region. According to statistics, in 2015, 92 cases were detected out of the bottom 38 (41.3%) - launched. in 2020, 111 cases were detected out of the bottom 38 (34.2%) launched. In 2021, cervical cancer was verified in 138 women, of which 58 (41%) had III-IV. In 2022, it was verified in 134 women, of which 47 (35.1%) were neglected. In all patients, morphological verification was performed in 100% of cases .

Table No. 1. Stages of cervical cancer

	2015		2020		2021		2022	
Total patients	92	100%	111	100%	138	100%	134	100%
I-II stage	54	58.7%	73	65.76%	80	58%	87	64.9%
III stage	25	32.2%	36	32.43%	52	37.7%	40	29.9%
IV stage	13	9.1%	2	1.81%	6	4.3	7	5.2%

A pathohistological examination of a biopsy specimen from the cervix with advanced forms showed that squamous cell carcinoma was detected in 88%, and adenocarcinoma in 12% . Endophytic form of growth (in the cervical canal) of cervical cancer with advanced forms of 75%, and exophytic cervical cancer in 25% of cases. One of the main prognostic factors that determine the course of the disease and the further fate of a cancer patient is the degree of spread of the tumor process at the time of diagnosis. A pathohistological examination of a biopsy specimen from the cervix with advanced forms showed that squamous cell carcinoma was detected in 88%, and adenocarcinoma in 12% . Endophytic form of growth (in the cervical canal) of cervical cancer with advanced forms of 75%, and exophytic cervical cancer in 25% of cases. One of the main prognostic factors that determine the course of the disease and the further fate of a cancer patient is the degree of spread of the tumor process at the time of diagnosis.

Table No. 2. Forms of tumor growth in III - IV stages of cervical cancer

Forms of tumor growth	2020		2021		2022	
		38	100%	58	100%	48
exophytic growth	9	24%	14	24.1%	10	20.8%
Endophytic growth	27	71%	42	72.4%	36	75%
Mixed tumor growth	2	5%	2	3.5%	2	4.2%

According to the variants of tumor spread, patients treated in 2022 were distributed as follows: parametric variant c was noted in 48/33 (68.7%) patients; vaginal in 48/12 (25%); parametrically - vaginal in 48/3 (6.25%) patients.

Patients treated in 2021 had parametric cervical cancer in 58/26 (44.82%) patients, vaginal in 58/28 (48.27%); parametrically - vaginal in 58/4 (6.89%) patients.

Results:

Patients with III and IV stages of cervical cancer were analyzed how many women had previously consulted gynecologists from among the control group of 384 patients with stage III and IV initially diagnosed in 2020 and 2022: 132 women had not previously consulted doctors at all, while taking into account the number childbirth and social conditions

Table #3

Obstetric history of patients with III - IV stage of cervical cancer .

indicators		Number of patients , n=48	Of the total number of patients %	
		abs	M(%)	M
Number of pregnancy	0	2	5.00	3.45
	1-3	16	40.00	7.75
	4	10	25.00	6.85
	>4	12	30.00	7.25
Number of births	0	2	5.00	3.45
	1	6	15.00	5.65
	2	eleven	27.50	7.06
	3	8	20.00	6.32
	>3	13	32.50	7.41
Number of abortions	0	10	25.00	6.85
	1-3	14	35.00	7.54
	4-5	16	40.00	7.75

The 162 women who lagged behind the primary diagnosis were established, who for 8 years did not visit gynecologists and received treatment with extragenital pathologies from a therapist, endocrinologist, ENT doctor, 48 women of them once underwent colposcopy with a cytological examination, while each was diagnosed with dysplasia of the cervix , two relatives in a straight line were treated for cervical cancer. Of the 384 women, 142 were tested for HPV. 4 2 women received contraceptives for several years. Of the above patients, almost 50% of cases are the result of advanced forms of cervical cancer, this is not a profile treatment of patients who did not receive timely screening for cervical cancer and not sufficiently informative treatment, which most often leads to missed time and late diagnosis. In this regard, we can conclude that, of course, the endophytic form (88%) is the most insidious, that squamous cell cervical cancer, the most common in the diagnosis of advanced forms (75%), that the younger, the more aggressive the course of cervical cancer. That the largest number of neglected cases fall on the age group of 40-60 years, which is 36.2%. This is due to the fact that these women are before menopausal and menopausal age, in which they almost do not go to the gynecologist about reproductive needs. In this age group of women, it is necessary to conduct a screening examination once a year, in order to timely detect cervical cancer, choose treatment tactics, and in the future, since these activities affect the survival rates of patients and the prognosis of the course of the disease.

In addition, the cause of neglect is the lack of clinical examination, as well as gaps in dispensary observation and treatment of women with cervical pathology. Properly organized cytological screening of the female population contributes to the timely detection of cervical cancer.

Conclusion: Despite the introduction of new diagnostic markers into clinical practice, morbidity and mortality rates from cervical cancer are still extremely high.

The main tasks of modern oncogynecology are the study of pathogenetic mechanisms, the search for early diagnostic markers and effective methods of treating early cervical cancer, improving survival and quality of life in patients of reproductive age.

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