

THE ROLE OF THE ENDOMETRIUM IN THE GENESIS OF ABORTION

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Abstract. *The main causes of endometritis are infection in combination with certain risk factors. The inflammatory process can be caused by bacteria, viruses, fungi, protozoa and other infectious agents. According to statistics, sexually transmitted infection (STI) plays a major role in the occurrence of endometritis. It is detected in 70% of cases. The most common pathogens for sexually transmitted diseases:*

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The inflammatory process in the uterine cavity can also be caused by opportunistic flora, which has a pathogenic nature under the influence of various negative factors. Anaerobic bacteria (bacteroids, E. coli, some types of streptococci, etc.) play a major role in this case. In most cases of endometritis, the combination of microorganisms is safe, that is, the inflammatory process is caused by several infectious agents at once. How the infection enters the uterus The main ways of the infectious pathogen entering the uterine cavity:

Active transmission of sexually transmitted STI pathogens by sperm, for example, chlamydia, plays a special role. Ascension (from the vagina through the cervix). In a healthy woman, the uterine cavity is sterile. This situation occurs primarily with the normal functioning of the cervix, which is a barrier between the aggressive external environment and the internal structures of the female reproductive system. If the cervical barrier is broken, the infection will have a free access to the woman's uterine cavity and other internal genitals. In other cases, the infection can enter in the following ways:

Hematogenous or lymphogenous (through the blood or lymph vessels, respectively). From nearby purulent foci (for example, with appendicitis). Sexual and ascending infections take the leading place in the development of the disease and occur in more than 90% of women. Risk factors Acute endometritis often occurs after mechanical damage to the endometrium or disruption of the cervical barrier. This happens in the postpartum period or after some medical manipulations: Curettage of the uterine cavity (for the purpose of diagnosis, abortion). Hysteroscopy. Insertion of an intrauterine contraceptive device ("spiral"). Examination of the uterine cavity. In vitro fertilization. After curettage of the uterine cavity or other diagnostic and treatment procedures, endometritis can occur due to non-observance of sterile conditions during the procedure. The development of endometrial inflammation in the postpartum period mainly affects the nature of childbirth. Thus, the risk of developing endometritis increases in such conditions: delivery by Caesarean section, use of obstetric forceps. Bleeding. Premature labor Chorioamnionitis. Damage to the birth canal. Manual examination of the uterine cavity (for example, with delayed separation of the placenta) and other pathologies. In addition to direct mechanical effects on the uterine

mucosa, other factors are also associated with the development of endometritis. These include: Extragenital diseases.

Hormonal imbalance. Immunodeficiency states. Endocrine diseases (especially diabetes). Pathology of chronic inflammation. Anomalies in the development of genital organs. Sexual behavior (frequent change of partners, neglect of protective barriers, sex during menstruation, etc.).

Long-term stress, malnutrition, physical overload, bad habits and other external influences that lead to a decrease in immunity. Chronic endometritis often develops as a result of insufficient treatment of the acute inflammatory process.

Indications Symptoms and treatment of endometritis directly depend on the stage of the inflammatory process (acute or chronic), as well as the root causes of the disease. Often, it is possible to observe a direct relationship between the previous intrauterine intervention and the manifestation of the disease.

Remnants of placental tissue, fetal parts (with incomplete abortion) act as an excellent pump for pathogenic bacteria and contribute to the development of inflammation in the uterus. Chronic endometritis is often diagnosed in pregnant women, unsuccessful IVF attempts and other pathologies. And it is sometimes simply impossible to determine the true duration of the disease. Acute In women with an acute course, symptoms of endometritis usually develop a few days after infection. Acute endometritis is manifested by the following symptoms:

A sharp increase in body temperature, often up to high numbers (39-40 degrees).

Symptoms of severe intoxication: palpitations, tremors, weakness, headache, etc.

Sharp pains in the lower abdomen.

In endometritis, vaginal discharge is urogenic or purulent and has an unpleasant odor. Frequent and painful urination is often observed.

During the examination, the doctor detects an enlarged and painful uterus, purulent discharge from the cervical canal.

Palpation of the side walls of the uterus is also painful, which is associated with damage to the lymphatic vessels. Acute endometritis usually lasts up to ten days. At this stage, if the treatment of endometritis is insufficient or ineffective, it takes a chronic course. This form of chronic disease is sometimes called "slow endometritis", which clearly describes its course. Symptoms of chronic endometritis are usually mild and non-specific in most cases. Often there is an asymptomatic course of the disease, in which symptoms of endometritis can be detected only by additional examination methods. In such women, the disease is often detected at the stage of complications (often infertility). Chronic endometritis is often characterized by the following symptoms: Periodic or constant pain in the lower abdomen (sometimes - and the lower back).

Pathological vaginal discharge of mucopurulent or serous nature. Menstrual disorders. Uterine bleeding, intermenstrual bleeding, prolonged and/or heavy periods are common. Discomfort or even pain during intercourse. Chronic endometritis is not accompanied by an increase in body temperature, signs of intoxication and other symptoms characteristic of the acute period. And the symptoms of endometritis mentioned above may be unclear or even absent. This fact significantly complicates the timely diagnosis and treatment of chronic endometritis.

Diagnosis Correct and timely diagnosis significantly increases the success of treatment of endometritis in women. Use the following methods for this. Get history. In most cases, before the onset of the disease, intrauterine interventions, childbirth (especially pathological), insertion of

IUDs, etc. General clinical and gynecological examination. Doppler ultrasound examination (usually performed at the beginning and end of menstruation). Endometrial biopsy or diagnostic curettage with mandatory histological examination of the obtained material. Hysteroscopy.

Detection of an infectious agent (bacteriological, by bacterioscopic method, ELISA, PCR, etc.). Usually, all these measures are carried out in a complex, which allows you to make an accurate diagnosis and determine how to treat uterine endometritis. Endometritis on ultrasound examination is characterized by enlargement of the uterus, sharp changes in the thickness of the endometrium, and roughness of its contours. Different zones of echogenicity and density are noted.

In addition, echoes of chronic endometritis often include detection of gas bubbles in the uterine cavity and its expansion, clear hyperechoic inclusions (calcification) in the endometrium, and other symptoms. Instrumental examination (biopsy, hysteroscopy, curettage of the uterus) is usually carried out in the first stage of the cycle to determine the chronic course of the disease. Based on the histological conclusion, morphological changes in the endometrium, active or inactive endometritis, etc. are determined.

Treatment of inflammatory endometrial lesions is a difficult task. Acute endometritis requires urgent hospitalization and hospital treatment. In the chronic period of the disease, therapy is carried out on an outpatient basis. How to treat endometritis?

First of all, you should carefully follow all the instructions of the doctor. For example, an incomplete course of antibiotic therapy is often the main factor in the transition of the acute form of the disease to the chronic form.

Basic principles of treatment: Antibiotic therapy. Antibiotics for endometritis are always used taking into account the infectious and inflammatory genesis of the disease. Such drugs are prescribed taking into account the sensitivity of the selected microflora. Commonly used cephalosporins, semi-synthetic penicillins, aminoglycosides and other groups of antibacterial drugs.

Mandatory appointment of funds that affect anaerobic flora (for example, metronidazole). Drugs with detoxifying and immunomodulating effects. Local drugs (vaginal suppositories with antibiotics and metronidazole).

Nonsteroidal anti-inflammatory drugs.

Prevention of dysbiosis - antifungal drugs.

In acute endometritis, surgical treatment (removal of residual ovary, placental tissue, etc.) is performed only against the background of massive antibiotic therapy.

For the complete treatment of endometritis, various methods of physiotherapeutic effects, spa treatment are successfully used. In the acute period of endometritis, physiotherapy should be used only after the symptoms of inflammation subside. Chronic Given the "insidiousness" of this disease, a logical question arises: is it possible to treat chronic inflammation of the endometrium? The treatment regimen for chronic endometritis is determined only by the attending physician. In this case, morphological changes in the structure of the endometrium, the presence of synechiae in the uterine cavity, and accompanying diseases in the female reproductive system must be taken into account. Therefore, chronic endometritis can be treated only with a comprehensive approach to therapy and compliance with all patient instructions. Treatment of chronic endometrial inflammation in most cases is carried out in several stages. The goals of such therapy are: To eliminate the bacterial or viral factor that damages the endometrium. Restoring the normal function of the damaged endometrium. At the first stage, taking into account the identified infectious

pathogen, antibacterial or antiviral drugs are used. If it is not possible to determine the type of microbe, empiric therapy with broad-spectrum antibiotics is used. Antibacterial drugs are used both systemically and locally (by introducing into the uterine cavity). It takes a long time to restore the damaged function of the uterine lining. Such treatment methods are usually used: Enzymotherapy. General strengthening drugs, vitamins, immunostimulants, etc. Desensitization therapy. Physiotherapy - exposure to magnetic fields, electrophoresis, UHF, ultrasound, infrared rays, etc. Mud therapy and balneotherapy (baths, irrigation). Surgical intervention is used only when there is synechia (adhesion or adhesion) in the uterine cavity.

Hormonal drugs, for example, combined oral contraceptives or monopreparations (estrogens, progesterone) are prescribed for menstrual dysfunction. Consequences The inflammatory process in the lining of the uterus, especially during its long duration, can lead to the development of serious complications. These include: The spread of the infectious process to other structures of the female reproductive system. Infertility Increased risk of ectopic pregnancy. Miscarriage. Pathology of the placenta. Complicated pregnancy: placental dysfunction, fetal hypoxia, etc. Early birth. Infection of the fetus and newborn. Stillbirth. Autoimmune pathology. Menstrual disorders, uterine bleeding. Antiphospholipid syndrome. Chronic pelvic pain syndrome. Adhesive processes in the uterine cavity (Asherman's syndrome). Uterine leiomyoma.

Endometriosis Dyspareunia (pain during intercourse) and other diseases. Preventing the development of inflammatory lesions of the endometrium is very simple. First of all, this consists in observing the basic rules of sexual hygiene (constant sexual partner, use of barrier methods to protect against sexually transmitted infections).

It is also important to regularly visit a gynecologist for early detection and treatment of latent infections of the female genital organs. The inflammatory process of the lining of the uterus, called endometritis, causes a lot of problems for women, because the uterus, which is inflamed from the inside, can no longer fully perform its functions. And if the disease does not begin to be treated on time or the treatment is not completed earlier than it should be, the result may be permanent pregnancy and infertility. In this article, we will discuss how to diagnose a dangerous disease, as well as the initial signs, main symptoms and treatment tactics of uterine endometritis in women.

Clinical signs of different forms of the disease, like many gynecological diseases, may not manifest themselves for a long time, which makes it difficult to identify the problem and has significant consequences. Ultimately, when the symptoms manifest themselves, the disease causes destructive activity in the body. The disease has two main forms - acute and chronic, each of which has its own symptoms. What is endometritis: This form of acute disease usually manifests itself 3-4 days after the onset of development. Its first symptoms may be: discharge of a large amount of cloudy fluid from the vagina, which may have an unpleasant odor; an increase in temperature up to 39 ° C; the uterus is dense and enlarged, manual examination gives unpleasant, painful sensations; heartbeat; general weakness; traction or deviation, often giving way to the sacrum or lower back, various pains in the lower abdomen; bleeding from the uterus, rarely develops; accumulation of pus in the uterus, with a severe course. If treatment is not started at this stage of the disease, it becomes chronic. The acute stage of the disease lasts about 10 days and can manifest itself with serious symptoms, but it can be treated faster than the chronic condition. Subacute This is the intermediate stage of the disease. It appears during the chronic formation of the acute stage. In the acute stage of the disease, a woman who does not consult a doctor calms down and decides

to start self-treatment, because the symptoms at this stage weaken and / or become scarce. What's going on: Menstrual disorders are often characterized by decreased blood flow during menstruation until they disappear; the localization of pain does not change, but they are much weaker; if the temperature rises, to a subfebrile value (37-38 ° C); Due to the disruption of the restoration of the functional layer of the endometrium, as well as the inflammation affecting the uterine vessels, bleeding may occur at the end of menstruation (this is a longterm is accepted). Chronic Transition usually occurs with an untreated acute form of the disease.

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