

FEATURES OF CLINICAL HISTORY IN WOMEN WITH POLYCYSTIC OVARY SYNDROME

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Abstract. Polycystic ovary syndrome is a fairly common multifactorial disease characterized by severe damage to reproductive health. The given article is based on data from a clinical examination of 78 women with polycystic ovary syndrome. The main complaints of women were menstrual irregularities, as well as changes in reproductive function.

Keywords: PCOS, infertility, menstrual cycle.

Actuality. Polycystic ovary syndrome (PCOS) is a fairly common multifactorial disease, which represents one of the most pressing problems in modern gynecological endocrinology. [2, 8]. This is a heterogeneous, genetically determined disease, which is characterized by dysmenorrhea, prolonged anovulation and the development of infertility, as well as hyperandrogenism. The disease usually occurs against the background of cystic changes in the ovaries, disruption of the processes of folliculogenesis and an increase in their size. Every year, the attention of many gynecologists and endocrinologists is focused on solving this problem. [1, 4, 7, 12].

It should be mentioned that studying the causes of the development of the disease poses great difficulties, since the issues of etiopathogenesis remain unresolved. The variety of clinical symptoms, the complexity of differential diagnosis, and the nonspecific course of the disease lead to difficulty in verifying the diagnosis, as well as to an increase in the number of surgical interventions on the ovaries and the development of infertility.

The features of the PCOS clinic in modern literature are covered very contradictorily: from asymptomatic course to severe clinical symptoms [5, 14].

The purpose of the investigation was to study the clinical features of the disorder in women with PCOS.

Materials and methods of research: the study was based on survey data from 76 women with PCOS. The age of patients ranged from 18 to 41 years.

The diagnosis of PCOS was established on the basis of: complaints, somatic and gynecological history, general and gynecological examination (examination of the vagina and cervix in the speculum, vaginal-abdominal examination). Additional examination methods included the study of functional diagnostic tests, determination of hormones (estradiol, progesterone) in blood serum, ultrasound examination of the pelvic organs, and laparoscopy if indicated.

The clinical examination included the study of retrospective and current anamnesis: age, complaints, somatic diseases; characteristics of menstrual function before the disease (age of menarche, time of onset, regularity, duration of the menstrual cycle, duration and nature of menstruation - moderate, scanty, heavy, painful, painless); changes in menstrual function due to the disease (regularity, duration of the menstrual cycle, duration and nature of menstruation - scanty, heavy, painful, intermenstrual bleeding); gender function - age of onset of gender activity, methods of contraception; the nature of the generative function (number of pregnancies, births,

abortions, miscarriages, ectopic pregnancies, primary and secondary infertility); gynecological operations, diseases.

During a gynecological examination, the structural features and condition of the external genitalia, vagina, uterus and its appendages, the presence of tumor-like formations in the pelvis, their location, size, mobility, pain, and consistency were assessed.

Study results: the main reason for patients to see a doctor was menstrual irregularities - in 70 people (92.1%), respectively. Of these, 45 (64.2%) women had frequent cycle disruptions in the form of amenorrhea, and 35 (35.8%) women had oligomenorrhea. 19 (25%) women complained of pain. Pain was most often localized in the lower abdomen, radiating to the lower back in 15 patients, to the thigh in 4 patients, and to the rectum in 1 patient. The nature of the pain was aching in 43.5% of patients, pulling in 13.0%, stabbing in 10.7%, cutting and cramping in 6.5% of women.

From the anamnesis it was established that 42 (55.2%) patients had extragenital diseases, of which varying degrees of obesity (57.6%), cardiovascular pathology in 32.6%, diseases of the gastrointestinal tract - in 13.0% , diseases of the genitourinary system - 13.0%, endocrine pathology - 10.9%, diseases of the ENT organs - 8.7%. 82.6% had a history of childhood infections.

The average age of menarche in patients was 13.4 ± 0.7 years. Menarche occurred between 12 and 15 years of age in 54.3% of women, before 11 years of age in 23.9%, and over 15 years of age in 21.7%. In total, early and late menarche occurred in 6.5%. The average duration of menstruation and menstrual cycle was 5.4 ± 0.3 . The menstrual cycle was irregular in 87.8% of those examined.

Changes in the menstrual cycle due to the detection of PCOS were manifested by a delay of menstruation by 15-60 days in 36.9%. Anovulation was observed in 77.4% of cases.

The average age at the onset of sexual activity was 18.8 ± 0.4 years. 60.9% of women had regular sex life during marriage. 80.4% of those examined were protected from pregnancy.

In patients with PCOS, pregnancies in 15.2% of cases ended in abortion. Primary infertility was found in 52.5%, secondary infertility occurred in 20.9%. Of the concomitant gynecological pathologies, uterine fibroids (33.9%), chronic adnexitis (64.8%) and Bacterial Vaginosis (30.4%) predominated.

Conclusion. It should be summarised that the main complaints while visiting a doctor in patients with PCOS were various menstrual irregularities. Despite the fact that menarche occurred on time, it was noted that early and late menarche in total occurred in 45.6%. Among the menstrual irregularities associated with the detection of PCOS, a delay of menstruation of 15 to 60 days was significantly often recorded. Among concomitant gynecological pathologies, uterine fibroids (73.9%) and chronic adnexitis (34.8%) predominated.

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