УДК 618.14—002

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ИССЛЕДОВАНИЯ ВОСПАЛИТЕЛЬНЫХ ЗАБОЛЕВАНИЙ ПОСЛЕАБОРТНОГО ЭНДОМЕТРИТА У ЖЕНЩИН С ПАТОЛОГИЕЙ РЕПРОДУКТИВНОЙ ФУНКЦИИ

Резюме: Хронический эндометрит (ХЭ), несмотря на сведения о его высокой распространенности (60-65 %) и многочисленности научных изысканий, продолжает оставаться terra incognita современной гинекологии. Неизменно высокая частота ХЭ опровергает причастность проблемы к разряду банальных..

Несмотря на утверждения о высокой информативности гистероскопической визуализации в диагностике ХЭ [5, 7], ряд методологических дефектов может искажать реальную картину, отрицательно влияя и на патоморфологическое заключение. Концепция сведения макроскопических признаков к визуально доминирующему типу позволит усовершенствовать стратегию ведения подобных больных.

Внедрение в клиническую практику гистероскопических макротипов существенно расширит возможности диагностики ХЭ, позволит конкретизировать характер поражения эндометрия и определить оптимальную патогенетически обоснованную тактику ведения каждой когорты больных.

Ключевые слова: беременность, эндометрит, репродуктивная фнукция, оплодотворения, аборт, матка.

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STUDIES OF INFLAMMATORY DISEASES OF POST-ABORTION ENDOMETRITIS IN WOMEN WITH PATHOLOGY OF REPRODUCTIVE FUNCTION

Resume: Chronic endometritis (CE), despite information about its high prevalence (60-65%) and numerous scientific studies, continues to be the terra incognita of modern gynecology. The consistently high frequency of HE refutes the involvement of the problem in the category of banal..

Despite the claims about the high informative value of hysteroscopic imaging in the diagnosis of HE [5, 7], a number of methodological defects can distort the real picture, negatively affecting the pathomorphological conclusion. The concept of reducing macroscopic features to a visually dominant type will improve the management strategy of such patients.

The introduction of hysteroscopic macrotypes into clinical practice will significantly expand the possibilities of diagnosing HE, will allow to specify the nature of endometrial lesions and determine the optimal pathogenetically justified management tactics for each cohort of patients.

Keywords: pregnancy, endometritis, reproductive reproduction, fertilization, abortion, uterus.pregnancy, endometritis, reproductive function, fertilization, abortion, uterus.

Relevance. Inflammatory diseases of the reproductive system continue to occupy one of the first places among the causes of reproductive disorders. The frequency of chronic endometritis is high in women with reproductive disorders and does not tend to decrease in modern conditions[3,7].

Along with the high incidence of chronic inflammatory diseases of the cervix, vagina, and uterine appendages, the frequency of endometritis (E) has recently increased. According to the materials of various researchers, the frequency of E occurs on average from 14 to 25% of cases. Most often, chronic

endometritis is detected in women with habitual miscarriage and accounts for 60-87.5% of cases[6,9].

In women with impaired reproductive function against the background of E, there was a tendency to decrease the expression of progesterone receptors both at the stage of their formation in the proliferative phase and during the implantation window, which should be considered as one of the pathogenetic stages of the development of habitual miscarriage. The inflammatory process in the endometrium, manifested by clear morphological changes on the 6th-9th day of the menstrual cycle, changes the formation of estrogen and progesterone receptors, and this trend increases in the secretory phase of the menstrual cycle. A decrease in progesterone reception probably leads to a violation of the normal differentiation of the endometrium and causes active proliferation due to the preserved level of expression of estrogen receptors in all components of the endometrium. This confirms that the leading mechanism of the formation and development of proliferative processes in the uterus is a violation of the expression of steroid hormone receptors [1,3,5].

When studying E with an autoimmune component, attention was drawn to the lag in secretory transformation of the endometrium with full hormonal activity of the corpus luteum with normal progesterone content in the blood. It is possible that antiendometrial antibodies may have an independent effect on hormone-receptor interactions in endometrial tissue, disrupting the morphofunctional state of the endometrium[2].

An important role in the development of HE today belongs to obligate anaerobic microorganisms - bacteroids and peptostreptococci - in combination with microaerophiles — mycoplasmas and gardnerella, as well as facultative anaerobic microorganisms, such as Escherichia, enterococci, group B streptococci [7]. Thus, in case of miscarriage associated with CE, viral-bacterial contamination of the endometrium is detected in 55.8% of women, whereas pure bacterial contamination of the endometrium is verified only in 12.3% of

patients, and monovirus contamination of the endometrium, mainly HSV or CMV— in 31.9% of women.

Among persistent viruses in the genesis of HE, herpes viruses (HSV, Herpes zoster and CMV), enteroviruses (Coxsackie viruses A and B) and adenovirus infections are of the greatest importance.

The purpose of the study. The purpose of this study was to determine significant medical and social factors in the formation of chronic inflammation in the endometrium in women with reproductive disorders.

Materials and methods of research. The study used anamnestic data of 127 women with chronic endometritis and reproductive disorders. The control group consisted of 50 healthy women without reproductive disorders. The age of women in both groups was comparable and amounted to 31 ± 4.2 years.

The results of the study. According to the data presented, in women with spontaneous abortions up to 10 weeks of pregnancy at admission, there was: profuse bleeding with clots in the main group at 8.57+4.73%, in the comparison group - 0% ($p<0.05$), shortening of the cervix, respectively: 65.73+5.46% and 29.0+6.38% ($p<0.05$). Hyperthermia, including above 38° C, was observed in 14.28+8.22% of women in the main group, 0% in the comparison group, tachycardia, respectively: 5.71+3.9% - 0% ($p<0.05$).

Clinical signs of abortion in terms of 10-16 weeks joined pain syndrome in the main group at 40.0±of 9.79% in the comparison group at 25.0+of 9.68% of cases ($p<0.05$).

Vaginal examination in the main group of women polerovirus uterus without distinct contours in five cases (20,0+8,00%), ($p<0.05$).

All of the above clinical signs inherent in women with abortion in terms 17-21 week. A distinctive feature is the localization of pain in the lumbar region: in the main group in 50.0+7.9%, in the comparison group in 14.29+5.9% of observations ($p<0.05$).

The nature of bleeding has also changed. If in the first two groups of women bleeding from minor to abundant was noted, then in this group in 28.59+1.8% of cases, the nature of discharge from the genital tract was scanty or absent.

According to the results of laboratory research methods in women with unspecified abortions, a significant tendency to thrombocytopenia ($p<0.01$), leukocytosis ($p<0.01$) and a shift of the leukoformula to the left ($p<0.001$) was revealed in the general blood test compared with the comparison group. The calculation of indicators of nonspecific immunological reactivity indicates the activation of the immunoallergic component in the genesis of pregnancy termination and the aggravation of immunosuppression in women with pregnancy pathology in the main group. Significant differences related to the indicators of cellular phagocytic protection (CPF): in the main group - 989.11, in the comparison group - 1093.01 ($p<0.05$); leukocyte intoxication index (LII): in the main group - 4.5, in the comparison group - 2.19 ($p<0.05$).

Evaluation of the results of a general urine test in women of the main group compared with the comparison group revealed significant differences in . regarding leukocyturia (7,79+1,29%; 3,78+0,53%; $p<0.05$). In smears on the degree of purity of the vagina in women with complicated spontaneous abortions, an increase in the frequency of occurrence of an inflammatory reaction was revealed (68.57+4.53%;

43.64±4.73%; $p<0.001$), during microbiological examination of the contents of the cervical canal, chlamydia prevailed (18,Yu±3,76%; 7,27±2,48%; ($p<0.05$).

Echographic signs: heterogeneity of the endometrial structure (100%), enlarged uterine cavity (100%) confirm the presence of endometritis in the main group ($p<0.001$).

The different nature of the relationship between the occurrence of postabortem endometritis and morphological signs of inflammation at different

terms of termination of pregnancy has been established: with a gestation period of less than 10 weeks, diagnostic criteria are leukocyte infiltrates (g>0.8), with a thickness of the walls of the villi vessels less than 7 microns; with a gestation period of 10-16 weeks, the specific density of decidual tissue (g=0.84-0.89); with a gestation period of more than 16 weeks, the specific density of fibrinoid (1=0.806).

The accuracy of the developed model for predicting the development of post-abortion endometritis by histological preparations of endometrial scrapings and fetal membranes was 91.5%, in the comparison group - 34.7%.

The developed algorithm for providing medical care to women who have undergone spontaneous termination of pregnancy has reduced the frequency of complications - by half.

Conclusion. The features of the clinical and morphological picture revealed by us in the post-abortion period after spontaneous miscarriages at different gestation periods make it possible to predict immediate and long-term complications (inflammatory diseases, menstrual and reproductive function disorders).

The introduction of interdepartmental and interdisciplinary interaction into healthcare practice makes it possible to optimize the conjugacy of therapeutic and preventive work at all levels of outpatient and specialized care for women in the post-abortion period after spontaneous miscarriage.

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