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DIAGNOSTICS AND TACTICS OF MANAGING PATIENTS WITH A HYPERPLASTIC PROCESS IN ENDOMETRY

Resume: The most typical symptom of good and malignant proliferative endometrial processes is uterine bleeding (meno or metrorrhagia).

The source of bleeding, as a rule, is the areas of hyperplastic endometrium with pronounced dystrophic changes and foci of necrosis. Characteristic violations of menstrual function in the pathology of endometrium are: menorahia, metroragia, menometroragia, oligomenorrhea. Hyperplasia of the endometrium in some cases may occur against amenorrhea.

Key words: endometrium, hyperplastic process, proliferation, menstrual dysfunction, dystrophic changes.

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ДИАГНОСТИКА И ТАКТИКА ВЕДЕНИЯ БОЛЬНЫХ С ГИПЕРПЛАСТИЧЕСКИМ ПРОЦЕССОМ В ЭНДОМЕТРИИ

Резюме: Наиболее типичным симптомом добро и злокачественных пролифератив ных процессов эндометрии являются маточные кровотечения (мено или метроррагии).

Источник кровотечения, как правило, составляют участки гиперплазированного эндометрия с выраженными дистрофическими изменениями и очагами некроза. Характерными нарушениями менструальной функции при патологии эндометрии являются: менорагия,

метрорагия, менометрорагия, олигоменорея. Гиперплазия эндометрии в некоторых случаях может возникнуть на фоне аменореи.

Ключевые слова: эндометрия, гиперпластических процесс, пролиферация, менструальная дисфункция, дистрофическая изменения.

Introduction: The most typical symptom of good and malignant proliferative processes of endometrium are uterine bleeding (meno or metrorrhagia).

The source of bleeding, as a rule, is the areas of hyperplastic endometrium with pronounced dystrophic changes and foci of necrosis. Characteristic violations of menstrual function in the pathology of endometrium are: menorahia, metroragia, menometroragia, oligomenorrhea. Hyperplasia of the endometrium in some cases may occur against amenorrhea. The most important clinical manifestation of the disease is chronic anovulation.

Complaints, caused by metabolic and endocrine disorders, occur in any variant of endometrial hyperplasia. The most characteristic complaints: headaches, excessive weight gain, pathological hair, sleep disturbances, recurring thirst, pink stria, decreased performance, irritability [1, 2, 4, 10].

One of the most important links in the prevention of uterine body cancer (RTM) is the timely diagnosis and adequate treatment of the background and precancerous processes of the endometrium [5, 8, 9, 10].

The set of methods used for the diagnosis of proliferative endometrial processes (PES) is significant. The main methods for examining the uterine cavity of the first stage are aspiration biopsy, radiometry of the 32P isotope, ultrasound, dopplerometry, hysteroscopy, diagnostic curettage. To clarify the diagnosis and determine therapeutic tactics, use hysterosalpingography, hysterosalpingou ultrasound; computer transmission and magnetic resonance imaging; lympho-, arterio-, phleboangiography; a number of special laboratory tests: immunological, immunohistochemical, endocrinological studies, the study of hormonal receptors. Discussions on the diagnostic value of each of these

methods separately, their rational combination, the sequence of application continue [1, 3, 4, 7, 9].

When conducting a screening examination, a method of cytological and histological examination of aspirates from the uterine cavity is mandatory. The diagnostic efficiency of cytological examination ranges from 58.3 to 94% [4, 6].

Among non-invasive methods of investigation, echography, which is effective at the preclinical stage of the disease, deserves attention. The introduction of ultrasound in gynecological practice made it possible to indirectly judge the state of the endometrium in terms of the thickness and structure of the median M-echo. Hyperplasia of the endometrium greatly increases these indices. The thickness of hyperplastic endometrium rarely exceeds 2 cm, but in some cases reaches 2.5-3 cm [4, 6, 10].

Ultrasound diagnosis in pathological processes of the endometrium has a number of restrictive criteria:

In the reproductive and perimenopausal periods, the study should be performed in the early 1 st phase of the menstrual cycle;

while the middle uterine structures (M-echo) of the "normal" endometrium should not exceed 6 mm;

in post-menopause, the main ultrasound sign of atrophy corresponds to the thickness of the mid-uterine structures, not exceeding 4 mm.

In a multicentre study involving 930 patients in the postmenopausal period in 18 Italian clinics, endometrial cancer (EE) was diagnosed in 107 women. Its frequency with an endometrium thickness of up to 4 mm was 0.6%; 5-8 mm - 5.4%; 9-11 mm - 12.5%; more than 11 mm - 33.5% [2, 8].

An important diagnostic criterion for RE is an increase in the thickness of the middle M-echo. The generalized data from the literature indicate that, as a threshold criterion for PES in postmenopause, most researchers choose an M-echo thickness of 4 or 5 mm [2, 5, 9].

To improve the echographic diagnosis of neoplastic processes, one should be guided not only by the thickness, but also by the structure of the endometrium. In most cases, the tumor echogenicity is either increased (45%) or medium (45%). Reduced echogenicity of the ER is only found in 10% [2, 5].

Materials and methods of research: To solve the problems, we examined 60 women diagnosed with endometrial hyperplastic processes.

Results and discussion: With the development of modern diagnostic equipment, Doppler and Doppler studies were widely available. To quantify the blood supply, it is advisable to use an ultrasound with the calculation of volume and three-dimensional Doppler indices, namely: the vascularization index (VI - displays the saturation of the tissue with blood vessels, expressed in%), the index of blood flow (flow index, FI - shows the average intensity of blood flow, is expressed as an integer from 0 to 100) and the ratio of vascularization to flow (VFI - characterizes both vascularization and blood flow, and is expressed by an integer, from 0 to 100).

This was confirmed by a study conducted in 2016 in which it was proved that in the aspiration biopsy the diagnosis of cancer occurred in 45% of cases, while in the case of the WFD in 30% of cases, that is, more than a third of endometrial cancer cases were missed complete curettage of the cervical canal and uterine cavity

Conclusions: 1.Therefore, the possibilities of modern diagnostics and treatment of endometrial hyperplastic processes are constantly being improved, opening new prospects for their treatment.

2. Summarizing the above, we can conclude that the key to the success of the treatment of hyperproliferative processes of the endometrium is the correct interpretation of the results of histological examination and understanding of the etiology and pathogenesis of the revealed changes. Important stages of the diagnostic process are ultrasound transvaginal examination, dopplerometry, hysteroscopy, as well as the use of unified modern

classifications of GE. In the near future, it is also possible to use genetic diagnostic techniques that, to some extent, predict the course of the process and the response to therapy, which can be of help in choosing the tactics of treatment.

3. The proven possibility of developing iatrogenic changes in the endometrium dictates the need for a balanced approach and careful administration of any hormonal preparations. With the development of modern pharmacology and the introduction of the method of creating artificial menopause with the help of gonadotropin-releasing hormone agonists, the possibilities of effective organ-preserving treatment of complex types of hyperplasia significantly decreased as the total hormonal load was reduced.

4.Thus, at present there is a sufficient number of informative methods for early diagnosis and timely prevention of PES, which helps to prevent the development of oncopathology with the correct system of medical and organizational measures.

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