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РАННЯЯ ДИАГНОСТИКА ЭНДОМЕТРИОЗА У ЖЕНЩИН РЕПРОДУКТИВНОГО ВОЗРАСТА

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Аннотация: *в статье изучены вопросы ранней диагностики малых эндометриозных кист яичника до 2,5-3 см, своевременного консервативного лечения диеногестом в течение 3-6 месяцев и реализации репродуктивной функции женщин молодого возраста.*

Ключевые слова: *кистозный овариальный эндометриоз, лечение эндометрием, диагностика эндометрием*

EARLY DIAGNOSIS OF ENDOMETRIOSIS IN WOMEN OF REPRODUCTIVE AGE

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Abstract: *in the article questions of early diagnosis of small endometriosis ovarian cysts up to 2.5-3 cm, timely conservative treatment of dianogest within 3-6 months and realization of reproductive function of young women.*

Key words: *cystic ovarian endometriosis, endometrioma treatment, endometrioma diagnostics*

Material and methods: the main group of the study included women of reproductive age with various forms of ovarian endometriosis. Diagnostic methods were clinical, laboratory and instrumental. One of the new diagnostic and prognostic markers was the oncomarker CA-125 used in blood serum in dynamics twice in the 1st phase of the cycle and during menstruation. With its sharp increase by 1.5-1.7 times on the days of menstruation, endometriosis can be suspected and a small endometriotic cyst in the ovary can be verified through ultrasound.

Results of the study: The most common form of genital endometriosis is the defeat of the endometriosis-ovaries. Endometriosis is called a "missed" disease, since on average, 7-8 years pass from the moment the first symptoms of the disease appear to the diagnosis [4].

Early diagnosis of ovarian endometriosis, especially superficial forms, is extremely difficult. This is due to variability, the absence of specific signs, the multifaceted nature of disorders and the lack of a standardized methodology for assessing the data obtained from instrumental examination methods, including echographic examination methods. Ultrasound endocavity research methods are considered the most optimal, publicly available, informative in the algorithm for examining patients with various forms of ovarian formations, although these methods do not allow the detection of superficial implants or small endometriotic ovarian cysts. There is not enough information in the available publications on the early diagnosis of ovarian endometriosis by ultrasound methods.

In recent years, in order to diagnose endometriosis, they have resorted to the determination of tumor markers in biological fluids. The sensitivity of this method can be increased to 66% if the level of, for example, the CA-125 tumor marker is determined twice: during the follicular phase and during menstruation. The ratio of indicators of the level of CA-125 during menstruation to the indicator during the follicular phase of the cycle, exceeding 1.5-1.7 times, will indicate the possible presence of endometriosis, then only verify the localization of the focus of the cyst in the ovary.

In the treatment of patients of reproductive age, the most important is the preservation of fertility. Most clinical guidelines indicate that if the size of an endometriotic ovarian cyst (ECO) is more than 3 cm, then it is removed due to the fact that endometriomas do not spontaneously regress and due to the risk of malignancy (ovarian cancer is the eighth most common type of cancer diagnosed in 1-1.5% of women in order to improve the results of assisted reproductive technologies.

Drug (hormonal) treatment with small sizes of endometrial cysts allows you to save the ovarian and follicular reserve and, as a result, the fertility of a woman. Hormonal treatment leads to regression of endometrial lesions, creating a state of hypoestrogenism or progestogen dominance. In our study, it was possible to further achieve spontaneous pregnancy in 10 patients. Recently, a new drug has been used to treat endometriosis, containing 2 mg of dienogest. Numerous clinical studies have shown that this drug successfully relieves pain associated with endometriosis, suppresses the expression of nerve growth factor, which is a key mediator of the generation of pain associated with endometriosis, including dysmenorrhea, premenstrual pain, dyspareunia and diffuse pelvic pain compared with placebo.

The results of the study indicate a negative effect of surgical extraction of ovarian endometrioma on the ovarian reserve in women of reproductive age. Given the importance of improving and maintaining women's reproductive health, it is necessary to further improve the methods of diagnosing and treating endometriosis, especially at the outpatient stage.

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