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СОВРЕМЕННЫЕ МЕТОДЫ ДИАГНОСТИКИ ГИПЕРПЛАСТИЧЕСКИХ ПРОЦЕССОВ ЭНДОМЕТРИЯ

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Резюме:В настоящее время для практического здравоохранения по-прежнему остаются актуальными вопросы диагностики и лечения гиперпластических процессов эндометрия. Появление новых лекарственных препаратов, широкое внедрение современных диагностических технологий и малоинвазивной хирургии требуют разработки новых подходов к ведению таких пациенток.

Ключевые слова: эндометрий, гиперпластические процессы, хроническая соматическая болезни.

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MODERN METHODS FOR EARLY DIAGNOSTICS OF HYPERPLASTIC ENDOMETRY PROCESSES

Resume: At present, for practical healthcare, the issues of diagnosis and treatment of endometrial hyperplastic processes remain relevant. The emergence of new drugs, the widespread introduction of modern diagnostic technologies and minimally invasive surgery require the development of new approaches to the management of such patients.

Key words: endometrium, hyperplastic processes, chronic somatic diseases.

Relevance. The most typical symptom of benign and malignant proliferative processes of the endometrium is uterine bleeding (meno- and / or metrorrhagia).

The source of bleeding, as a rule, is constituted by sections of the hyperplastic endometrium with pronounced dystrophic changes and foci of necrosis. Typical violations of menstrual function in endometrial pathology are: menorrhagia, metrorrhagia, menometorrhagia, oligomenorrhea. Endometrial hyperplasia in some cases can occur against the background of amenorrhea. The most important clinical manifestation of the disease is chronic anovulation.

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

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

The set of methods used to diagnose proliferative processes of the endometrium (PES) is significant. The main methods for studying the uterine cavity of the first stage are: aspiration biopsy, 32P isotope radiometry, ultrasound, dopplerometry, hysteroscopy, diagnostic curettage. To clarify the diagnosis and determine the therapeutic tactics, hysterosalpingography, hysterosalpingoultrasonography are used; 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 about the diagnostic value of each of these methods individually, their rational combination, the sequence of application continues [1, 3, 4, 7, 9].

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

Among non-invasive research methods, ultrasound, which is effective in the preclinical stage of the disease, deserves attention. The introduction of ultrasound into gynecological practice made it possible to indirectly judge the condition of the endometrium by the thickness and structure of the median M-echo. Endometrial hyperplasia significantly increases these indicators. The thickness of the hyperplastic endometrium rarely exceeds 2 cm, but in some cases reaches 2.5–3 cm [4, 6, 10].

Ultrasound diagnostics for 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 1st phase of the menstrual cycle;

while the median uterine structures (M-echo) of the “normal” endometrium should not exceed 6 mm;

in postmenopausal women, the main ultrasound symptom of atrophy corresponds to the thickness of the median uterine structures not exceeding 4 mm.

In a multicenter study that covered 930 postmenopausal patients in 18 clinics in Italy, endometrial cancer (ER) was diagnosed in 107 women. Its frequency with an endometrial 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 ER is an increase in the thickness of the median M-echo. The generalized literature data indicate that, as a threshold criterion for PES in postmenopausal women, most researchers choose the thickness of the M-echo 4 or 5 mm [2, 5, 9].

To improve the echographic diagnosis of neoplastic processes, one should focus not only on the thickness, but also on the structure of the endometrium. In

most cases, the echogenicity of the tumor is either increased (45%) or medium (45%). Reduced echogenicity of ER was detected only in 10% [2, 5].

Materials and research methods: To solve the tasks, we examined 60 women with a diagnosis of endometrial hyperplastic processes.

Results and discussion: With the development of modern diagnostic equipment, Dopplerographic and Dopplerometric studies have become widely available. For a quantitative assessment of blood supply, it is advisable to use ultrasound with the calculation of volume and three-dimensional Dopplerometric indices, namely: vascularization index (vascularization index, VI - displays the saturation of the tissue with vessels, expressed in%), blood flow index (flow index, FI - displays the average blood flow intensity, expressed as an integer from 0 to 100) and the relationship of vascularization to blood flow (vascularization-flow index, VFI - characterizes both vascularization and blood flow, and expressed as an integer, from 0 to 100).

This was confirmed by a study conducted in 2019, in which it was proved that underdiagnosis of the cancer with an aspiration biopsy occurred in 45% of cases, while with RDD in 30% of cases, that is, almost a third of cases of endometrial cancer were missed during complete curettage of the cervical canal and uterine cavity

Conclusion. Thus, the possibilities of modern diagnosis and treatment of endometrial hyperplastic processes are constantly improving, opening up new prospects for their treatment.

Summarizing the foregoing, we can conclude that the key to success in the treatment of endometrial hyperproliferative processes 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 transvaginal ultrasound, dopplerometry, hysteroscopy, as well as the use of unified modern classifications of HE. In the near future, the use of genetic diagnostic techniques is also possible, allowing to some extent to

predict the course of the process and the response to therapy, which can be of help in choosing treatment tactics.

The proven possibility of developing iatrogenic changes in the endometrium necessitates a balanced approach and careful prescription of any hormonal drugs. 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 amid a decrease in the total hormonal load have significantly expanded.

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

LIST OF REFERENCES:

1. Ablation of the endometrium during proliferative processes of the endometrium / Yu. A. Golova, V. G. Breusenko, B. I. Baisova [et al.] // Mother and Child: Materials of X All-Russian. forum. - M., 2009. - S. 382–383.

2. Isaeva L.V. Long-term results of treatment of recurrent endometrial hyperplastic processes in patients with metabolic syndrome / L.V. Isaeva // Mother and child: materials X All-Russian. forum. - M., 2009 .-- S. 315.

3. Minchenko E. K. Constitutional features of women with hyperplastic diseases of the uterus / E. K. Minchenko, V. B. Tskhai, V. G. Nikolaev // AG-INFO. - 2007. - No. 4. - S. 34–36.

4. The presence of metabolic syndrome in women with hyperplastic processes of the uterus depending on the somatotype / V. G. Nikolaev, V. B. Tskhai, T. A. Makarenko [et al.] // Family Health - XXI Century: Materials of the VII International Scientific conferences. - Perm (Russia) - Valletta (Malta), 2003. - C.201–202.

5. Evaluation of the risk of developing endometrial cancer in patients with hyperplastic processes of the endometrium and uterine myoma at various age periods / N. V. Bochkareva, L. A. Kolomiyets, I. V. Kondakova [et al.] // Tumors of the female reproductive system. - 2009. - No. 1–2. - S. 102–107.
6. The role of dopplerometry in the differential diagnosis of pathological processes of the endometrium / A. I. Pashov, V. B. Tskhai, Yu. A. Dykhno [et al.] // Sib. honey. review. - 2002. - No. 4. - P. 18–25.
7. Tskhai V. B. Hysteroscopy in the diagnosis of the morphological variant of endometrial cancer / V. B. Tskhai, A. I. Pashov, Yu. A. Dykhno // Sib. onkol. journal - 2007. - No. 1. - S. 173–174.
8. The frequency of benign diseases of the uterus (uterine fibroids and endometriosis) in patients with benign and malignant transformation of the endometrium / V. B. Tskhai, A. I. Pashov, Yu. A. Dykhno [et al.] // Tyumen honey. journal - 2003. - No. 3-4. - S. 18–19.
9. Ultrasound imaging and dopplerometry in the differential diagnosis of morphological variants of endometrial cancer / A. I. Pashov, N. A. Leitis, V. B. Tskhai [et al. [// Actual issues of oncoradiology: materials of the interregional conference. - Krasnoyarsk, 2004 .-- S. 113–115.
10.Hysteroscopy for asymptomatic postmenopausal women with sonographically thickened endometrium / T. Schmidt, M. Breidenbach, F. Nawroth [et al.] // Maturitas. - 2009. - Vol. 62, N 2. - P. 176–178.