

A MODERN VIEW ON THE DIAGNOSIS AND TREATMENT OF UTERINE FIBROIDS IN WOMEN OF REPRODUCTIVE AGE

Kamarova Ibodat Nuriddinovna is an assistant at the Department of Obstetrics and Gynecology No. 3 of the Samarkand State Medical University.

Saloxiddinov Mizrob Sayfiyevich is a clinical resident of the 2nd year, Department of Obstetrics and Gynecology No. 3 of the Samarkand State Medical University.

Annotation

Topical issues of organ-preserving treatment of uterine fibroids in women of reproductive age are considered. The study involved 70 women of reproductive age with uterine fibroids in need of organ-saving surgical treatment (myomectomy).

Key words: UPA, esmia, uterine fibroids, conservative myomectomy.

Relevance: Currently, every fourth to fifth woman in the world has uterine fibroids and 80% of women aged 30-40 years are at risk of this disease. The trigger factors in the development of uterine fibroids are traumatic, infectious, chemical, mechanical effects, inflammation and endometriosis, which can be considered as links in the same process. The palette of exogenous and endogenous factors of the etiology and pathogenesis of uterine fibroids is diverse. Undoubtedly, it is necessary to take into account the individual hereditary predisposition to the development of uterine fibroids, which varies widely. Dozens of genotypes have been studied, the polymorphism of which is associated with the risk of developing uterine fibroids. Almost every work devoted to the study of uterine fibroids notes the role of hereditary factors in the development of this disease. It is known that fibroids are 2-3 times more common in close relatives than in the population. Due to the fact that only 40% of leiomyomas have chromosomal aberrations, the remaining 60% are genetic. In addition, among fibroids with a disturbed karyotype, there are fibroids with a mosaic type of disorders, and, interestingly, fibroids with a mosaic karyotype are also monoclonal. Such findings led researchers to conclude that cytogenetic aberrations may be secondary, and clonal leiomyoma growth may begin before the appearance of chromosomal aberrations. It is known that different chromosomal disorders implement different pathological mechanisms. Based on this, it can be concluded that, probably, the growth and development of the myomatous node can proceed in various ways. Differences in the nature of mutations of benign fibroids and leiomyosarcomas suggest that the development of the node initially follows one of two histological pathways, and this principle can be applied for early diagnosis and prediction of tumor growth. Proliferating uterine fibroids are benign, active, multiple, fast-growing tumors with increased proliferative potential and are often accompanied by.

Material and methods. The study was conducted at the Department of Obstetrics and Gynecology No. 1, TMA, base No. 9 maternity hospital. The study involved 70 women of reproductive age with uterine fibroids in need of organ-saving surgical treatment (myomectomy). They are divided into 2 groups: 1-group - 38 women with multiple fibroids, 2-group of 32 women with one myomatous node. All patients received the drug esmia 1 tablet per day for 90 days before surgical treatment. Preoperative preparation with the drug was carried out in order to reduce the blood supply to the myometrium, reduce the size of fibroid nodes. The criteria for inclusion in the study were:

1. The age of the patients is from 25 to 43 years old.
2. A woman's desire to realize her reproductive function. Distribution of patients by age
Age 25-29 L 30-35 L 36-43 L

Number of patients Number of patients % Number of patients % Number of patients %

Group I 14 36.8 10 26.3 12 31.6

Group II 12 37.5 8 25 12 37.5

Total: 26 74.3 18 51.3 24 69.1

As can be seen from Table 1, both groups were dominated by women aged 30 to 35 years - in group I - 10 (26.3%), in group II - 8 (26.3%).

Upon admission to gynecology, patients of both groups complained of uterine bleeding, abdominal pain, impaired function of adjacent organs, impaired reproductive function, abdominal enlargement due to large and gigantic tumor sizes, dizziness, weakness and increased fatigue as a result of chronic anemia. The pain syndrome manifested itself in the form of algodismenorrhea, cramping, pulling, aching and pressing pains, with irradiation to the lower back, rectum, lower extremities and bladder. Dysfunction of adjacent organs was noted in the form of frequent, difficult, painful urination and violation of the act of defecation. 26 (10.7%) women had no complaints, however, upon careful collection of anamnesis, we found that every 3 patients noted an increase and duration of menstrual blood loss.

Complaints of patients I group II group

abs % abs %

Uterine bleeding 16 42.1 7 21.8

Pain syndrome 27 71 22 68.75

Violation of urination 5 13.1 4 12.5

Violation of the act of defecation 1 2.6 1 3.1

Violation of childbearing function 3 7.9 24 75

Abdominal enlargement in volume 5 13.1 4 12.5

Dizziness,

weakness and 10.5

4 1 3.1

increased

fatigue

Clinical research method

During the examination of the patients, anamnestic and catamnestic data, complaints, gynecological and special research methods were studied. The existing complaints in patients, the time of their appearance, duration, and changes in the background of uterine fibroids growth were clarified. The family history was studied taking into account the presence of gynecological pathology.

The time of menarche, the nature of the menstrual cycle, sexual and reproductive functions, and the presence of extragenital diseases were clarified. The presence of a history of general surgical and

gynecological surgical treatment was noted. Data on the prescription of detection of uterine fibroids, taking hormonal drugs were recorded.

A gynecological examination was performed, including an examination of the external genitalia, cervix in mirrors, and a bimanual examination.

The growth pattern of dominant uterine fibroids

In single uterine fibroids	In multiple uterine fibroids
Subserous 10 14	
Interstitial 18 22	
Submucous 4 2	
Total: 32 45.7%	38 54.3%

Results. In group 1, the decrease in uterine volume when taking Esmia was 24-28%. The volume of blood loss averaged 450,500 ml. There was a change in the size of fibroid nodes, the most significant effect was in group 2. The average decrease in node volume when taking Esmia was $34 \pm 8\%$, which is significantly higher than with multiple nodes. The volume of blood loss was an average of 350 ml.

Conclusion. To reduce the volume of the uterus and fibroids, it is enough to prescribe a course of esmia for 3 months. This treatment method can be useful before organ-saving surgical treatment, especially in the case of women with a single myomatous node. One of the main indicators of combined treatment of uterine fibroids in women of reproductive age is the restoration of a woman's reproductive function.

REFERENCES

1. Aylamazyan E.K. Gynecology: textbook for medical universities. -St. Petersburg: SpetsLit, 2008. - 132 p.
2. Antropova E.Yu., Tukhvatullina L.M. Uterine artery embolization in the treatment of patients with uterine fibroids // Difficult patient. - 2006. - No. 9. - S.
3. Babunashvili E.L. Reproductive prognosis in uterine fibroids: Dis. ...candidate of medical Sciences. - Moscow, 2004. - 145 p.
4. Burlev V.A., Pavlovich S.V., Volkov N.I. The effect of gonadotropin-releasing hormone agonist on proliferative activity and apoptosis in patients with uterine fibroids // Problems of reproduction. - 2003. - No. 3. - Pp. 27-31.
5. Olimovna K. I. N. M. PREVENTION AND TREATMENT OF COMPLICATIONS OF POSTOPERATIVE SUTURE OF THE PERINEAL WOUND // Journal of modern educational achievements. – 2023. – Vol. 2. – No. 1. – pp. 113-116.
6. Kamarova I. N., Sadikova K. A. MODERN ASPECTS OF REHABILITATION OF WOMEN WITH POSTPARTUM PERINEAL INJURIES //Journal of Integrated Education and Research. – 2023. – Vol. 2. – No. 1. – pp. 9-11.
7. Kamarova I. N. et al. RESTORATIVE PHYSIOTHERAPY FOR WOMEN