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ПРЕМЕНОПАУЗАЛ ДАВРДА БАЧАДОНДАН АНОМАЛ ҚОН КЕТИШЛАР

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АНОМАЛЬНЫЕ МАТОЧНЫЕ КРОВОТЕЧЕНИЯ В ПРЕМЕНОПАУЗАЛЬНОМ ПЕРИОДЕ

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Резюме. Долзарблиги: Аномал бачадондан қон кетишлар (АБК) гинекологик касалликлар таркибида етакчи ўринни егаллайди, бу қўлаб тадқиқотлар ва амалиётлар билан тасдиқланган ва уларнинг пайдо бўлиш частотаси ёшга қараб ортади, менопаузадан олдин ва постменопаузада 50% гача етади. АБКнинг учдан бир қисми органик сабабларга кўра юзага келади: эндометриал гиперпластик жараёнлар (ХПЕ), бачадон миомаси, аденомиёз, камроқ онкологик касалликлар. Натижада, уларни ўрганиш ва беморларни олиб бориш усуллари такомиллаштириши долзарбдир. Мақсад – Аномал бачадондан қон кетиши бўлган пременопаузал ёшдаги беморларни олиб боришни такомиллаштириши. Материаллар ва методлар: Тадқиқот Самарқанд давлат тиббиёт университети I-клиникаси гинекология бўлимида 2021-2022 йилларда олиб борилган. Тадқиқотда умумий тиббий, клиник лаборатор ва инструментал диагностика усуллари қўлланилган. Натижалар: Тадқиқотда аномал бачадондан қон кетишларнинг сабаблари ва даволаш усуллари ўрганилди ҳамда даволаш усуллари такомиллаштириши бўйича тавсиялар берилган. Хулоса: Аномал бачадондан қон кетишни босқичма-босқич даволаш яна бир бор тўлиқ таххис қўйиш заруратини тасдиқлайди. Аномал бачадондан қон кетишининг этиологик сабабини ва организмнинг хусусиятларини ҳисобга олган ҳолда, пременопаузал ёшдаги аёлларни бошқариш тактикасини қўллаш тавсия этилади.

Калим сўзлар: эндометрийнинг гиперпластик жараёнлари, пременопаузал давр, бачадондан аномал қон кетишлар, органик сабаблари, даволаш усуллари.

Abstract. Relevance: Abnormal uterine bleeding (AUB) occupies a leading place in the structure of gynecological diseases, which is confirmed by many studies and practice, and the frequency of their occurrence increases with age, reaching up to 50% in pre- and postmenopause. A third of AUB is due to organic causes: endometrial hyperplastic processes (HPE), uterine myoma, adenomyosis, less often oncological diseases. As a result, studying them and improving the methods of managing patients is relevant. Purpose - Improving the methods of managing premenopausal patients with abnormal uterine bleeding. Material and methods: The study was conducted in the gynecological department of the 1st clinic of the Samarkand State Medical University for 2021-2022. The study used general medical, clinical laboratory and instrumental diagnostic methods. Results: The study investigated the causes and treatments for abnormal uterine bleeding and recommendations for improving treatment methods are given. Conclusion: The phased treatment of abnormal uterine bleeding once again confirms the need for a thorough diagnosis. It is recommended to use the tactics of managing women of premenopausal age based on the etiological cause of abnormal uterine bleeding, taking into account the characteristics of the organism.

Keywords: endometrial hyperplastic processes, premenopausal period, abnormal uterine bleeding, organic causes, methods of treatment.

Relevance. Abnormal uterine bleeding (AUB) occupies a leading position in the structure of gynecological diseases, which is confirmed by many studies and practice, moreover, the frequency of their occurrence increases with age, reaching up to 50% in pre- and postmenopause [1,3,5,12,18]. One third of AUB is due to organic causes: endometrial hyperplastic processes (HNP), uterine myoma, adenomyosis, and less commonly, oncological diseases. Uterine

bleeding in 2/3 of premenopausal patients recur, in 60% of cases they lead to iron deficiency anemia [7,9,11,13].

Based on the prevalence of this phenomenon, there is a need for a more detailed study of the cause of AUB, improvement of diagnostic and treatment methods [2,6,8,10,11,15].

In their study Kenzhebai Elvira Agybaevna and others argue that the most important task in clinical

practice in the treatment of AUB is the rapid stop of bleeding, and the establishment of the clinical and pathogenetic variant of AUB is secondary and requires additional time and certain examination methods [14,16].

Objective: Improving the methods of managing premenopausal patients with abnormal uterine bleeding.

Research materials and methods. The study was carried out by the method of continuous prospective monitoring of 40 patients hospitalized in the gynecological department from January 2021 to June 2022 of the clinical base of the Department of Obstetrics and Gynecology No. 1 of Samarkand State Medical University with a diagnosis of "Abnormal uterine bleeding". General medical methods were used (analysis of complaints, anamnesis of the disease and anamnesis of life, the results of an objective examination and gynecological examination), clinical and laboratory (general blood count, urinalysis, flora smear, study of hormonal levels) and instrumental methods (ultrasound diagnostics, colposcopy) diagnostics, calculation of average and relative indicators. The tactics of managing patients with AUB are determined and recommendations for their improvement are proposed. The data obtained during the analysis of materials were accumulated and analyzed in a database developed using the Microsoft Office program (Access 2010).

Results. The tactics of managing 40 patients with abnormal uterine bleeding in premenopausal age were analyzed. The average age of all patients who applied for inpatient treatment in the gynecological department was 46.3 ± 4.76 years. The majority were women aged 45 to 50 years, there were relatively fewer women aged 40 to 45 years. The average duration of hospital stay was 5.2 ± 2.6 days. The main complaints upon admission to the hospital were associated with copious blood discharge from the genital tract in patients and aching pain, 17 women (42.5%) had irregular prolonged scanty blood discharge. In the structure of gynecological pathology, the most common were cysts of the left/right ovaries (20%), uterine myoma (25%); less often - inflammatory diseases of the pelvic organs - 22.5%, while endometriosis (32.5%) and endometrial hyperplasia (40%) were quite common.

The first stage in all patients was aimed at stopping bleeding by medical hemostasis. At this stage, injectable forms of etamsylate 2.0-4.0 ml intravenously or intramuscularly are used; oxytocin 5 IU intramuscularly for at least 5 days. Vikasol was also prescribed, ascorutin tablets 3 times a day, 1 tablet. Hemostatic therapy using oxytocin 5 IU after 12 hours, the duration of the appointment was on average 3.7 ± 1.2 days. The appointment of etamsylate 2.0-4.0 ml was noted in 18 (45%) patients. The multiplicity

of the appointment was 1-2 times a day, the duration of treatment was 3-5 days.

In 4 (10%) of 40 women admitted to the gynecological department, there was a decrease in hemoglobin below 70 g/l. These patients, as prescribed by the doctor, received iron preparations ("Serrofer" 5.0 ml diluted in 200 ml of saline intravenously for 5 days; with a subsequent transition to "Ferronal" 2 tablets orally), patients with an average degree of anemia (40%) had it is recommended to take iron-containing drugs without specifying the name of the drug. In addition, 18 women (45%) were given folic acid 1.0 mg orally for 20 days.

Further choice of treatment method is determined by the degree of anemia, clinical and etiological factors, and diagnostic parameters.

The second stage for patients who were not helped by the first stage included hormonal hemostasis (estrogens, gestagens, combined oral contraceptives) and included anti-relapse therapy, which was also carried out on an outpatient basis. The conditions for prescribing drugs are moderate bleeding from the genital tract, no signs of posthemorrhagic anemia, and the exclusion of other causes of uterine bleeding. The histological structure of the endometrium, the age of the patient, concomitant metabolic disorders, the presence of extragenital and genital diseases are also taken into account.

If a woman does not plan pregnancy in the coming years, then the introduction of an intrauterine hormonal releasing system with Mirena levonorgestrel for a period of 5 years is recommended. For hormonal hemostasis, COCs containing ethinyl estradiol (0.03 mg) and progestogen are used. On the first day, 1 tablet is prescribed 3-4 times a day, depending on the intensity of bleeding, then the dose is reduced by 1 tablet every 3 days to 1 tablet per day, after which COCs are continued for up to 21 days or more.

Among 40 patients hospitalized in the gynecological department, anti-cancer hormonal therapy at discharge was recommended only to 5 (12.5%) women. In each case, the drug was prescribed for 3 to 6 months according to the scheme. The following were recommended: Visanna (dienogest), Qlaira (dienogest + estradiol valerate), Novinet (ethinyl estradiol + desogestrel), Belara (chlormadinone + ethinyl estradiol), IUD Mirena (levonorgestrel).

Among 40 patients, in 15 (37.5%) cases, patients underwent separate diagnostic curettage. Surgical treatment was recommended for patients with bleeding from a myomatous node with a node size of more than 30-40 mm. Patients with endometrial hyperplasia after curettage for 3-5 days were still prescribed antihemorrhagic treatment. Most often, bleeding and spotting stopped after the 2nd day.

Conclusions. The phased treatment of abnormal uterine bleeding once again confirms the need for

a thorough diagnosis. When AUB is associated with hyperplastic processes, antihemorrhagic treatment was effective in 12.5% of cases. Hormonal hemostasis was effective in 30% of cases. 37.5% needed a separate diagnostic curettage. In patients with bleeding from the myomatous node, antihemorrhagic therapy and hormonal hemostasis gave a temporary effect. It is recommended to use the tactics of managing women of premenopausal age based on the etiological cause of abnormal uterine bleeding, taking into account the characteristics of the organism.

Literature:

1. Davis E., Spartzak P. B. Abnormal uterine bleeding. – 2018.
2. Khafaga A., Goldstein S. R. Abnormal uterine bleeding // Obstetrics and Gynecology Clinics. – 2019. – Т. 46. – №. 4. – С. 595-605.
3. Khudoyarova D. et al. Manifestations of examination of chronic pyelonephritis in pregnant women (clinical case) // Thematics Journal of Microbiology. – 2022. – Т. 6. – №. 1.
4. Pulatov U., Hamdullaev M. Lus therapy in pregnant women with chronic rhinosinusitis // Zamonaviy dunyoda tabiiy fanlar: Nazariy va amaliy izlanishlar. – 2022. – Т. 1. – №. 18. – С. 37-40.
5. Rizaev J.A. et al. Morphological Changes in the Oral Mucous Membrane in Patients with COVID-19, American Journal of Medicine and Medical Sciences, 12, 5, 466-470, 2022
6. Rakhimovna K. D., Abdumuminovna S. Z. Overcoming postoperative pain syndrome after gynecological surgery // ResearchJet Journal of Analysis and Inventions. – 2022. – Т. 3. – №. 06. – С. 117-120.
7. Alimjanovich, Rizaev Jasur et al. Clinical and immunological aspects of the relationship of the oral cavity and COVID-19, Thematics Journal of Education, 7, 2, 2022
8. Rakhimovna K. D., Abdumuminovna S. Z. The role of staphylococcal infection in the structure of inflammatory diseases // Web of Scientist: International Scientific Research Journal. – 2022. – Т. 3. – №. 6. – С. 1180-1183.
9. Rakhimovna K. D., Abdumuminovna S. Z. Vacuum-extraction of the fetus by different methods // Academia Globe: Inderscience Research. – 2022. – Т. 3. – №. 06. – С. 238-240.
10. Todjjeva N. I., Shopulotov S.A. Communication of pre-clampsia of severe degree and extrogenital diseases // Биомедицина ва амалиёт журнали. – С. 77.
11. Todjjeva N., Vohidov S., Rajabov A. Endometrium and its hyperplastic processes // Eurasian Journal of Medical and Natural Sciences. – 2022. – Т. 2. – №. 6. – С. 355-359.
12. Wouk N., Helton M. Abnormal uterine bleeding in premenopausal women // American family physician. – 2019. – Т. 99. – №. 7. – С. 435-443.

13. Кузнецова И. В. Гиперпластические процессы эндометрия // Вопросы гинекологии, акушерства и перинатологии. – 2007. – Т. 6. – №. 5. – С. 68-77.
14. Кенжебай Э. А., Ким М. С., Азизова Э. Д. Современная диагностика и лечение аномальных маточных кровотечений // Евразийское Научное Объединение. – 2021. – №. 5-2. – С. 98-100.
15. Меркулова А. Г. Особенности гистероскопического исследования пациенток с аномальными маточными кровотечениями разных возрастных групп // Молодежная наука и современность. – 2020. – С. 43-46.
16. Романова И. С., Косик Д. Ю. Тактика ведения пациенток с аномальными маточными кровотечениями // Редакційна колегія. – С. 169.
17. Тоджиева Н. И. и др. Совершенствование методов лечения гиперпластических процессов эндометрия в перименопаузе // Профессионал года. – 2018. – Т. 2018. – С. 81-84.
18. Чернышенко Т. А. и др. Возможности внутриматочной хирургии в лечении больных с аномальными маточными кровотечениями в перименопаузальном периоде // Кремлевская медицина. Клинический вестник. – 2017. – №. 4-2. – С. 26-33.

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Резюме. Актуальность: Аномальные маточные кровотечения (АМК) занимают ведущее место в структуре гинекологических заболеваний, что подтверждается многими исследованиями и практикой, причем частота их встречаемости увеличивается с возрастом, достигая до 50% в пре- и постменопаузе. Треть АМК обусловлена органическими причинами: гиперпластическими процессами эндометрия (ГПЭ), миомой матки, аденомиозом, реже онкологическими заболеваниями. Вследствие чего изучение их и совершенствование методов ведения пациентов является актуальным. Цель – Совершенствование методов ведения пациенток в перименопаузе с аномальными маточными кровотечениями. Материал и методы: Исследование проведено в гинекологическом отделении 1-ой клиники Самаркандского государственного медицинского университета за 2021-2022 годы. В исследовании были использованы общемедицинские, клиничко-лабораторные и инструментальные методы диагностики. Результаты: В ходе исследования изучались причины и методы лечения аномальных маточных кровотечений и даны рекомендации по совершенствованию методик лечения. Выводы. Поэтапное лечение аномальных маточных кровотечений еще раз подтверждает необходимость тщательной диагностики. Рекомендуется использовать тактику ведения женщин перименопаузального возраста, исходя из этиологической причины аномальных маточных кровотечений с учетом особенностей организма.

Ключевые слова: гиперпластические процессы эндометрия, перименопаузальный период, аномальные маточные кровотечения, органические причины, методы лечения.