

Impact Factor: 6.145

ISSN: 2181-0990
DOI: 10.26739/2181-0990
www.tadqiqot.uz

JRHUNR

JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH



TADQIQOT.UZ

VOLUME 4,
ISSUE 1 **2023**

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ УЗБЕКИСТАН

Журнал репродуктивного здоровья и уро-
нефрологических исследований

JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH

Главный редактор: Б.Б. НЕГМАДЖАНОВ

Учредитель:

Самаркандский государственный
медицинский университет

Tadqiqot.uz

Ежеквартальный
научно-практический
журнал

№ 1
2023

ISSN: 2181-0990

DOI: 10.26739/2181-0990

Главный редактор:
Chief Editor:

Негмаджанов Баходур Болтаевич
доктор медицинских наук, профессор,
заведующий кафедрой Акушерства и гинекологии №2
Самаркандского Государственного медицинского университета

Doctor of Medical Sciences, Professor,
Head of the Obstetrics and Gynecology Department
No. 2 of the Samarkand State Medical University

Заместитель главного редактора:
Deputy Chief Editor:

Каттаходжаева Махмуда Хамдамовна
доктор медицинских наук, профессор
Заведующая кафедрой Акушерства и гинекологии Ташкентского
Государственного стоматологического университета

Doctor of Medical Sciences, Professor
Head of Departments of Obstetrics and Gynecology
Tashkent State Dental University

ЧЛЕНЫ РЕДАКЦИОННОЙ КОЛЛЕГИИ | MEMBERS OF THE EDITORIAL BOARD:

Луис Альфонсо де ла Фуэнте Хернандес
(De La Fuente Hernandez Luis Alfonso)
профессор, член Европейского общества репродукции
человека и эмбриологии (Prof. Medical Director of
the Instituto Europeo de Fertilidad. (Madrid, Spain))

Зуфарова Шахноза Алимджановна
Республиканский центр репродуктивного здоровья
населения, директор, д.м.н., профессор -
(Republican Center for Reproductive Health of Population,
Director, Doctor of Medical science, Professor)

Агабьян Лариса Рубеновна
к.м.н., профессор Самаркандского
государственного медицинского университета
Candidate of Medical Sciences, Professor,
Samarkand State Medical University

Зокирова Нодира Исламовна
д.м.н., профессор, Самаркандского государственного
медицинского университета (Doctor of Medical Sciences,
Professor, Samarkand State Medical University)

Кадыров Зиёратшо Абдуллоевич
д.м.н., профессор Эндоскопической урологии факультета
непрерывного медицинского образования медицинского
института РУДН, (Россия)
Doctor of Medical Sciences, Professor, of Endoscopic
Urology, Faculty of Continuing Medical Education, Medical
Institute of the Russian Peoples Friendship University, (Russia).

Пахомова Жанна Евгеньевна
д.м.н., профессор Ташкентской медицинской
академии, председатель ассоциации
акушеров-гинекологов Республики Узбекистан
Doctor of Medical Sciences, Professor of the Tashkent
Medical Academy, Chairman of the Association
of Obstetricians and Gynecologists of the Republic of Uzbekistan

Ответственный секретарь:
Махмудова Севара Эркиновна
PhD по медицинским наукам, Самаркандского
государственного медицинского университета
PhD in Medical Sciences, Samarkand State Medical University

Окулов Алексей Борисович
д.м.н., профессор Московского государственного
медико-стоматологического университета (Россия)
Doctor of Medical Sciences, professor Moscow State
University of Medicine and Dentistry (Russia).

Аллазов Салах Алазович
д.м.н., профессор Самаркандского государственного
медицинского университета
Doctor of Medical Sciences, Professor,
Samarkand State Medical University

Ахмеджанова Наргиза Исмаиловна
д.м.н., Самаркандского государственного
медицинского университета
Doctor of Medical Sciences, Samarkand
State Medical University

Негматуллаева Мастура Нуруллаевна
д.м.н., профессор Бухарского медицинского института
Doctor of Medical Sciences, Professor,
Bukhara Medical Institute

Локшин Вячеслав Нотанович
д.м.н., профессор, член-корр. НАН РК,
президент Казахской ассоциации
репродуктивной медицины (Казахстан)
Doctor of Medical Sciences, Professor,
Corresponding Member of the National Academy
of Sciences of the Republic of Kazakhstan,
President of the Kazakhstan Association
of Reproductive Medicine (Kazakhstan).

Аскеров Арсен Аскерович
д.м.н., профессор Кыргызско-Российского
Славянского университета, президент Кыргызской
ассоциации акушеров-гинекологов и неонатологов
Doctor of Medical Sciences, Professor, Kyrgyz - Russian
Slavic University, President of the Kyrgyz Association
of Obstetricians and Neonatologists

Зокиров Фарход Истамович
PhD по медицинским наукам, Самаркандского
государственного медицинского университета
PhD in Medical Sciences,
Samarkand State Medical University

Page Maker | Верстка: Хуршид Мирзахмедов

Контакт редакций журналов. www.tadqiqot.uz
ООО Tadqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Телефон: +998 (94) 404-0000

Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Phone: (+998-94) 404-0000

ОБЗОРНЫЕ СТАТЬИ

1. **Ахмедов Исламжон Юсуфжонович, Яцык Сергей Павлович, Ахмедов Юсуфжон Махмудович**
МЕГАУРЕТЕР В ДЕТСКОМ ВОЗРАСТЕ/MEGAURETHER IN CHILDHOOD/BOLALIKDAGI MEGAURETHER.....6
2. **Бахронов Акмалжон Алишерович, Хасанов Ойбек Гофир угли**
ФАКТОР НЕКРОЗА ОПУХОЛИ А И ЕГО РОЛЬ В ПАТОЛОГИИ/ TUMOR NECROSIS FACTOR A AND ITS ROLE IN PATHOLOGY/ O'SIMTA NEKROZI OMILI A VA UNING PATOLOGIYSIDAGI O'RNI.....11
3. **Насимова Нигина Рустамовна, Жалолова Ирода Абдужабборовна**
ЭТИОЛОГИЯ И ПАТОГЕНЕЗ ДИСФУНКЦИИ ТАЗОВОГО ДНА. ФАКТОРЫ РИСКА РАЗВИТИЯ ETIOLOGY AND PATHOGENESIS OF PELVIC FLOOR DYSFUNCTION. RISK FACTORS FOR DEVELOPMENT/TOS BO'SHLIG'IDAGI DISFUNKTSIYASINING ETIOLOGIYASI VA PATOGENEZI. RIVOJLANISH XAVFI.....15
4. **Негмаджанов Баходур Болтаевич, Мухаммедова Фариза Фарходовна, Раббимова Гулнора Тоштемировна, Хамроева Лола Каххоровна**
ОСОБЕННОСТИ ТЕЧЕНИЯ ЮВЕНИЛЬНОЙ БЕРЕМЕННОСТИ/FEATURES OF THE COURSE OF JUVENILE PREGNANCY/VOYAGA ETMAGAN HOMILADORLIKNING XUSUSIYATLARI.....19
5. **Туркманов Маъмур Матмусаевич, Хасанов Ойбек Гофир угли**
ХРОНИЧЕСКАЯ БОЛЕЗНЬ ПОЧЕК ПРИ РЕВМАТОИДНОМ АРТРИТЕ: АССОЦИАЦИЯ С СЕРДЕЧНО-СОСУДИСТЫМ РИСКОМ/CHRONIC KIDNEY DISEASE IN RHEUMATOID ARTHRITIS: ASSOCIATION WITH CARDIOVASCULAR RISK/REVMATOID ARTRITDA SURUNKALI BUYRAK KASALLIGI: YURAK-QON TOMIR XAVFI BILAN.....23
6. **Туркманов Маъмур Матмусаевич**
ХРОНИЧЕСКАЯ БОЛЕЗНЬ ПОЧЕК У БОЛЬНЫХ РЕВМАТОИДНЫМ АРТРИТОМ: ЧАСТОТА, ФАКТОРЫ РИСКА, ВАРИАНТЫ ПОРАЖЕНИЯ ПОЧЕК/CHRONIC KIDNEY DISEASE IN PATIENTS WITH RHEUMATOID ARTHRITIS:INCIDENCE, RISK FACTORS, AND VARIANTS OF RENAL DAMAGE/REVMATOID ARTRIT BILAN OG'RIGAN BEMORLARDA SURUNKALI BUYRAK KASALLIGI:BUYRAK SHIKASTLANISHINING CHASTOTASI, XAVF OMILLARI, VARIANTLARI.....26
7. **Юлдашев Санжар Келдиярович, Хикматуллаева Малика Рахимжоновна**
ИСТОЦЕЛЕ И ФЕРТИЛЬНОСТЬ. СОВРЕМЕННОЕ РЕШЕНИЕ ПРОБЛЕМЫ/ ISTMOCELE AND FERTILITY. A MODERN SOLUTION TO THE PROBLEM/ ISTMOSELE VA FERTILLIK. MUAMMONING ZAMONAVIY YECHIMI.....30
8. **Mukhiddinova Durdona Nuriddinova, Nasimova Nigina Rustamovna**
PERIMENOPAUZA DAVRIDAGI AYOLLARDA ENDOMETRIY GIPERPLAZIYASINI GISTEROSKOPIK TASHXISLASH/ HYSTEROSCOPIC DIAGNOSIS OF ENDOMETRIAL HYPERPLASIA IN PERIMENOPAUSAL WOMEN/ ГИСТЕРОСКОПИЧЕСКАЯ ДИАГНОСТИКА ГИПЕРПЛАЗИИ ЭНДОМЕТРИЯ У ЖЕНЩИН В ПЕРИМЕНОПАУЗЕ.....34
9. **Negmadzhanov Baxodur Boltaevich, Xudoykulova Zuxra Sobir qizi, Rabbimova Gulnora Toshtemirovna, Khamroeva Lola Kaxxorovna**
O'SMIR QIZLARDA MENSTRUAL FUNKSIYASI XUSUSIYATLARI TAVSIFI/ ОСОБЕННОСТИ МЕНСТРУАЛЬНОЙ ФУНКЦИИ У ДЕВОЧЕК-ПОДРОСТКОВ/ DESCRIPTION OF THE FEATURES OF MENSTRUAL FUNCTION IN ADOLESCENT GIRLS.....38
10. **Turoпова Sitara Qahhor qizi, Aktamova Nasiba Yo'ldosh qizi, Abdug'aniyeva Hilola Abduhafiz qizi, Nasirova Zebo Azizovna**
KESAR KESISH OPERATSIYASIDAN KEYINGI SEPTIK ASORATLAR/ СЕПТИЧЕСКИЕ ОСЛОЖНЕНИЯ ПОСЛЕ КЕСАРЕВА СЕЧЕНИЯ/ SEPTIC COMPLICATIONS AFTER CESAREAN SECTION.....42

ОРИГИНАЛЬНЫЕ СТАТЬИ

1. **Ибрагимов Курбонмурод Ниязович, Ахмедов Юсуфжон Махмудович**
ХИРУРГИЧЕСКАЯ КОРРЕКЦИЯ ГИПОСПАДИИ У ДЕТЕЙ/ SURGICAL CORRECTION OF HYPOSPADIA IN CHILDREN/ BOLALARDA GIPOSPADIANI JARROXLIK YO'LLARI.....45
2. **Каттаходжаева Махмуда Хамдамовна, Кудратова Дилноза Шарифовна, Ризаева Малика Абдуманновна, Кодирова Зебо Нуриддиновна**
КЛИНИКО-ЛАБОРАТОРНЫЕ ОСОБЕННОСТИ ПАЦИЕНТОК С ДОБРОКАЧЕСТВЕННЫМИ ЗАБОЛЕВАНИЯМИ ШЕЙКИ МАТКИ/ CLINICAL AND LABORATORY FEATURES OF PATIENTS WITH BENIGN DISEASES OF THE CERVIX/ BACHADON BO'YNI YAXSHI SIFATLI O'SMA KASALLIKLARI BILAN KASALLANGAN BEMORLARDA BEMORLARDA KLINIK-LABORATOR XUSUSIYATLARI.....49
3. **Назирова Муяссар Убаевна, Каттаходжаева Махмуда Хамдамовна, Асилова Саодат Убаевна**
КЛИНИКО - ДИАГНОСТИЧЕСКИЕ ПОКАЗАТЕЛИ ОСТЕОПОРОЗА У ЖЕНЩИН В ПЕРИМЕНОПАУЗАЛЬНОМ ПЕРИОДЕ/CLINICAL AND DIAGNOSTIC INDICATORS OF OSTEOPOROSIS IN WOMEN'S PERIMENOPAUSAL PERIOD/AYOLLARDA PERIMENOPOUZAL DAVRIDA OSTEOPOROZNING KLINIK VA DIAGNOSTIK KO'RSATKICHLARI.....52
4. **Насирова Зебинисо Азизовна, Расулова Парвина Рустамовна**
РОЛЬ ЖИРОВОГО КОМПОНЕНТА ПРИ ИЗМЕНЕНИИ МАССЫ ТЕЛА ВО ВРЕМЯ БЕРЕМЕННОСТИ/ THE ROLE OF THE FAT COMPONENT IN BODY WEIGHT CHANGE DURING PREGNANCY/ HOMILADORLIKDA TANA VAZNINING O'ZGARISHI PAYTIDA YOG ' TARKIBIY QISMINING ROLI.....56
5. **Шамсиева Малика Шухратовна, Негмаджанов Баходур Болтаевич, Насимова Нигина Рустамовна, Жалолова Ирода Абдужабборовна**
ПРИМЕНЕНИЕ ТЕСТА ФЕМОФЛОР-16 ДЛЯ ОЦЕНКИ МИКРОБИОЦЕНОЗА ВЛАГАЛИЩА У ЖЕНЩИН С ВОСПАЛИТЕЛЬНЫМИ ЗАБОЛЕВАНИЯМИ ПОЛОВОЙ ОРГАНЫ/ APPLICATION OF THE FEMOFLO-16 TEST TO ASSESS VAGINAL MICROBIOCENOSIS IN WOMEN WITH INFLAMMATORY DISEASES OF THE GENITAL ORGANS/JINSIY ORGANLARNING YALLIG'LANISH KASALLIKLARI BO'LGAN AYOLLARDA VAGINAL MIKROBIOTSENSOZNI BAHOLASH UCHUN FEMOFLO-16 TESTINI QO'LLASH.....59

6. **Karimova Gulchehra Samadovna**
BACHADON BO'SHLLIG'IDAGI SHARTLI PATOGEN MIKROFLORANING HOMILA TUSHISHIDA O'RNINI POLY USLOVNO-PATOGENNOY MIKROFLORAY POLOSTI MATKI PRI VYKIDYSHAXI THE ROLE OF CONDITIONALLY PATHOGENIC MICROFLORA IN THE UTERINE CAVITY IN FETAL DESCENT.....63
7. **Negmadjanov Baxodur Boltayevich, Rabbimova Gulnora Toshtemirovna, Sanoqulova Maxliyo Orifovna**
BACHADON CHANDIG'I BO'LGAN AYOLLARDA "NISHA" SIMPTOMINI TASHXISLASH VA DAVOLASHNING YANGI IMKONIYATLARI/НОВЫЕ ВОЗМОЖНОСТИ ДИАГНОСТИКИ И ЛЕЧЕНИЯ СИМПТОМА «НИШИ» У ЖЕНЩИН С РУБЦОМ НА МАТКЕ/ NEW POSSIBILITIES FOR DIAGNOSING AND TREATING THE "NICHE" SYMPTOM IN WOMEN WITH A UTERINE SCAR.....67
8. **Negmadjanov Baxodur Boltayevich, Rabbimova Gulnora Toshtemirovna, Abdikarimov Abduvaxob Usmonovich**
KESAR KESISHDAN KEYIN BACHADONDAGI CHANDIQLARDA PLATSENTA BIRIKISH ANOMALIYALARI BO'LGAN AYOLLARDA HOMILADORLIK VA TUG'RUQ KECISHI XUSUSIYATLARI/ ОСОБЕННОСТИ ТЕЧЕНИЯ БЕРЕМЕННОСТИ И РОДОВ У ЖЕНЩИН С АНОМАЛИЯМИ ПРИКРЕПЛЕНИЯ ПЛАЦЕНТЫ В РУБЕЦ НА МАТКЕ ПОСЛЕ КЕСАРЕВА СЕЧЕНИЯ/ FEATURES OF THE COURSE OF PREGNANCY AND CHILD IN WOMEN WITH ANOMALIES OF PLACENTA ATTACHMENT IN UTERINE SCARS AFTER CESAREAN SECTION.....72
9. **Negmadjanov Baxodur Boltayevich, Omonova Parvina Obidboevna**
QIN VA BACHADON APLAZIYASIDA TUXUMDONLAR POLIKISTOZI VA METABOLIK SINDROM KUZATILGAN BEMORLARNI DAVOLASH NATIJALARI/УЛУЧШЕНИЕ ЛЕЧЕНИЯ ПРИ ПОЛИКИСТОЗЕ ЯИЧНИКОВ И МЕТАБОЛИЧЕСКОМ СИНДРОМЕ У ПАЦИЕНТОК С АПЛАЗИЕЙ ВЛАГАЛИЩА И МАТКИ/ RESULTS OF TREATMENT OF PATIENTS WITH OVARIAN POLYCYSTOSIS AND METABOLIC SYNDROME IN VAGINAL AND UTERINE APLASIA.....76
10. **Yuldasheva Nasiba Alisherovna, Komilova Adiba Zokirjonovna**
HOMILADORLIK DAVRIDA AYOLLARDA GERPETIK STOMATITNING IMMUNOLOGIK JIHATLARI/ ИММУНОЛОГИЧЕСКИЕ АСПЕКТЫ ГЕРПЕТИЧЕСКОГО СТОМАТИТА У ЖЕНЩИН ВО ВРЕМЯ БЕРЕМЕННОСТИ/ IMMUNOLOGICAL ASPECTS OF HERPETIC STOMATITIS IN WOMEN DURING PREGNANCY.....79
11. **Jalolova Iroda Abdujabborovna, Negmadzhanov Bakhodur Boltayevich, Rabbimova Gulnora Toshtemirovna, Xamroeva Lola Kaharovna**
OUR EXPERIENCE IN THE TREATMENT OF CONGENITAL VAGINAL STRICTURE IN ADOLESCENTS AND YOUNG WOMEN/ НАШ ОПЫТ ЛЕЧЕНИЯ ВРОЖДЕННОЙ СТРИКТУРЫ ВЛАГАЛИЩА У ПОДРОСТКОВ И МОЛОДЫХ ЖЕНЩИН/ O'SMIRLAR VA YOSH AYOLLARDA TUG'MA VAGINAL TORAYISHNI DAVOLASH BO'YICHA TAJRIBAMIZ.....82
12. **Kamilov Khaidar, Yuldasheva Nasiba Alisherovna, Isroilova Mokhina Ithomjon kizi**
DENTAL EXAMINATION OF PREGNANT WOMEN WITH HERPETIC STOMATITIS/HERPETIK STOMATIT BILAN HOMILADOR AYOLLARNI STOMATOLOGIK TEKSHIRISH/ СТОМАТОЛОГИЧЕСКОЕ ОБСЛЕДОВАНИЕ БЕРЕМЕННЫХ С ГЕРПЕТИЧЕСКИМ СТОМАТИТОМ.....86
13. **Mirzaev Husanjon Shokirjonovich, Rizaev Eler Alimzhanovich**
TO STUDY THE FEATURES OF MARKERS IN PATIENTS AFTER KIDNEY TRANSPLANTATION WITH COMBINED CHRONIC PERIODONTAL DISEASE/ ИЗУЧЕНИЕ ОСОБЕННОСТИ МАРКЕРОВ У БОЛЬНЫХ ПОСЛЕ ТРАНСПЛАНТАЦИИ ПОЧЕК СОЧЕТАННОЙ ХРОНИЧЕСКОЙ ЗАБОЛЕВАНИЕМ ПАРОДОНТА/ SURUNKALI PARODONTA KASALLIK BILAN BUYRAK TRANSPLANTATSIYASIDAN KEYIN BEMORLARDA MARKERLARNING XUSUSIYATLARINI O'RGANISH.....90
14. **Zukhurova Nodira Kobiljonovna, Negmadzhanov Baxodur Boltayevich, Arzieva Gulnora Borieva**
THE STATE OF THE FETO-PLACENTAL COMPLEX IN GESTATIONAL DIABETES MELLITUS AND PERINATAL OUTCOMES/ СОСТОЯНИЕ ФЕТО-ПЛАЦЕНТАРНОГО КОМПЛЕКСА ПРИ ГЕСТАЦИОННОМ САХАРНОМ ДИАБЕТЕ И ПЕРИНАТАЛЬНЫЕ ИСХОДЫ/ GESTATION QANDLI DIABETIDA HOMILA-PLATSENTA KOMPLEKSINING HOLATI VA PERINATAL NATIJALAR.....93

КЛИНИЧЕСКИЙ СЛУЧАЙ

1. **Negmadjanov Bakhodur Boltayevich, Mamatkulova Mokhegul Jahangirovna**
МИОМА МАТКИ У ЖЕНЩИН С СИНДРОМОМ МАЙЕРА-РОКИТАНСКОГО-КЮСТЕРА-ХАУЗЕРА/ UTERINE MYOMA IN WOMEN WITH MAYER-ROKITANSKI-KUSTER-HAUSER SYNDROME/ MAYER-ROKITANSKI-KUSTER-HAUSER SINDROMI BOR AYOLLARDA BACHON MIOMASI.....96



УДК 618.1 (075.8).

Jalolova Iroda Abdujabborovna

Master's Resident

Samarkand State Medical University

Samarkand, Uzbekistan

Negmadzhanov Bakhodur Boltaevich

Doctor of Medical Sciences, Professor

Samarkand State Medical University

Samarkand, Uzbekistan

Rabbimova Gulnora Toshtemirovna

PhD, Assistant

Samarkand State Medical University

Samarkand, Uzbekistan

Xamroeva Lola Kaharovna

Associate professor

Samarkand State Medical University

Samarkand, Uzbekistan

OUR EXPERIENCE IN THE TREATMENT OF CONGENITAL VAGINAL STRICTURE IN ADOLESCENTS AND YOUNG WOMEN

For citation: Jalolova Iroda Abdujabborovna, Negmadzhanov Bakhodur Boltaevich, Rabbimova Gulnora Toshtemirovna, Xamroeva Lola Kaharovna, Our experience in the treatment of congenital vaginal stricture in adolescents and young women, Journal of reproductive health and uro-nephrology research 2023, vol. 4, issue 1. pp.

<http://dx.doi.org/10.5281/zenodo.7701653>

ABSTRACT

Every year there is a noticeable increase in the number of adolescents and young women born with genital abnormalities. Genital malformations account for 3–4% of all congenital malformations and are diagnosed in 6.7–25% of patients with disorders in the reproductive system. We examined 26 adolescents and young women with congenital vaginal stricture, aged 18 to 25 years. The complexity of the problem is determined by the difficulty of timely diagnosis and treatment. A large number of diagnostic errors were revealed, which led to incorrect treatment tactics. [2-3]

Doctors of almost all specialties are faced with-- the need to solve specific issues of prevention of violations of the reproductive function of women long before the onset of puberty. Congenital stricture or vaginal stenosis is a complex congenital malformation. [2-3]

Vaginal stenosis does not lead to a delay in the outflow of menstrual blood, but with the onset of sexual activity there are problems of impossibility or difficulty of sexual life. The anomaly is detected late and causes a lot of social problems. In this regard, early detection of congenital abnormalities of the uterus and/or vagina in girls and adolescents, comprehensive treatment and full-fledged medical rehabilitation should in the future contribute to improving women's sexual health.

Key words: congenital disorders, genital organs, vaginal atresia, stricture, adhesive process, girls, diagnostics, vaginoplasty

Жалолова Ирода Абдужаббаровна

Резидент магистратуры

Самаркандский Государственный

Медицинский университет

Самарканд, Узбекистан

Негмаджанов Баходур Болтаевич

Доктор медицинских наук, профессор

Самаркандский Государственный

Медицинский университет

Самарканд, Узбекистан

Раббимова Гулнора Тоштемировна

кандидат медицинских наук, ассистент

Самаркандский Государственный

Медицинский университет

Самарканд, Узбекистан

Хамроева Лола Каххоровна
кандидат медицинских наук, доцент
Самаркандский Государственный
Медицинский университет
Самарканд, Узбекистан

НАШ ОПЫТ ЛЕЧЕНИЯ ВРОЖДЕННОЙ СТРИКТУРЫ ВЛАГАЛИЩА У ПОДРОСТКОВ И МОЛОДЫХ ЖЕНЩИН

АННОТАЦИЯ

С каждым годом наблюдается заметный рост числа подростков и молодых женщин родившихся с аномалиями развития половых органов. Пороки развития гениталий, составляют 3–4 % всех врожденных пороков и диагностируются у 6,7–25 % пациенток с нарушениями в репродуктивной системе [1].

Нами обследовано 26 подростков и молодых женщин, с врожденной стриктурой влагалища, в возрасте от 18 до 25 лет. Сложность проблемы определяется трудностью своевременной диагностики и лечения. Выявлено большое количество диагностических ошибок, которое привело к неправильной лечебной тактике.

Врачи практически всех специальностей сталкиваются с необходимостью решать специфические вопросы профилактики нарушений репродуктивной функции женщин задолго до наступления периода половой зрелости. Врожденная стриктура или стеноз влагалища является сложным врожденным пороком развития [2-3].

Стеноз влагалища не приводит к задержке оттока менструальной крови, но с началом половой жизни возникают проблемы невозможности или затрудненности половой жизни. Аномалия выявляется поздно и причиняет множество проблем социального характера. В этой связи раннее выявление врожденных аномалий развития матки и/или влагалища у девочек и подростков, комплексное лечение и полноценная медицинская реабилитация должны в перспективе способствовать улучшению сексуального здоровья женщин. [4,5].

Ключевые слова: врожденные нарушения, половые органы, атрезия влагалища, стриктура, спаечный процесс, девочки, диагностика, вагинопластика.

Jalolova Iroda Abdujabborovna

Magistratura rezidenti
Samarqand davlat tibbiyot universiteti,
Samarqand, O'zbekiston

Negmadjanov Baxodur Boltayevich

Tibbiyot fanlari doktori, professor
Samarqand davlat tibbiyot universiteti,
Samarqand, O'zbekiston

Rabbimova Gulnora Toshtemirovna

Tibbiyot fanlar nomzodi, Assistent
Samarqand davlat tibbiyot universiteti,
Samarqand, O'zbekiston

Xamroeva Lola Kaharovna

Tibbiyot fanlar nomzodi, Docent
Samarqand davlat tibbiyot universiteti,
Samarqand, O'zbekiston

O'SMIRLAR VA YOSH AYOLLARDA TUG'MA VAGINAL TORAYISHNI DAVOLASH BO'YICHA TAJRIBAMIZ

ANNOTATSIYA

Har yili jinsiy a'zolar rivojlanishida anomaliyalar bilan tug'ilgan o'smirlar va yosh ayollar soni sezilarli darajada oshdi. Jinsiy organlarning malformatsiyasi, barcha tug'ma nuqsonlarning 3-4 foizini tashkil qiladi va reproduktiv tizimi buzilgan bemorlarning 6,7–25 foizida tashxis qilinadi [1].

Biz 18 yoshdan 25 yoshgacha bo'lgan tug'ma vaginal torayishdan 26 nafar o'smir va yosh ayollarni tekshirdik. Muammoning murakkabligi o'z vaqtida tashxis qo'yish va davolash qiyinligi bilan belgilanadi. Noto'g'ri davolash taktikasiga olib kelgan ko'plab diagnostik xatolar aniqlandi.

Deyarli barcha mutaxassisliklar shifokorlari balog'at yoshidan ancha oldin ayollarning reproduktiv funktsiyalari buzilishining oldini olishning o'ziga xos masalalarini hal qilish zarurligiga duch kelishadi. Tug'ma striktura yoki vaginal stenoza murakkab tug'ma nuqsondir [2-3].

Vaginal stenoza hayz ko'rish qonining kechikishiga olib kelmaydi, ammo jinsiy faoliyatning boshlanishi bilan jinsiy faoliyatning mumkin emasligi yoki qiyinligi muammolari paydo bo'ladi. Anomaliya kech aniqlanadi va ko'plab ijtimoiy muammolarni keltirib chiqaradi. Shu munosabat bilan, qizlar va o'spirinlarda bachadon va/yoki qin rivojlanishidagi tug'ma anomalliklarni erta aniqlash, kompleks davolash va to'liq tibbiy rehabilitatsiya kelajakda ayollarning jinsiy salomatligini yaxshilashga yordam berishi kerak. [4,5].

Kalit so'zlar: tug'ma kasalliklar, jinsiy a'zolar, qin atreziyasi, striktura, yopishqoqlik, qizlar, diagnostika, vaginoplastika.

Congenital malformations - persistent intrauterine abnormalities are caused by one of three reasons: underdevelopment, violation of recanalization or incomplete fusion of the Muller ducts.

Violations of the embryogenesis process at any stage up to the 20th week of gestation lead to the development of a wide variety of uterine and vaginal defects.

In this article, the congenital stricture of the vagina is considered as an example. Stenosis (Greek: Narrow, tight) or stricture (Latin: Stricture - compression) is a congenital or acquired persistent narrowing of the lumen of any hollow anatomical structure of the body. [6-8]

The aim of the study was to analyze errors and improve the management of patients with congenital vaginal stricture.

Materials and methods. To achieve this goal, we conducted a clinical and laboratory analysis of 26 patients with congenital vaginal stricture who applied to the gynecological department of the maternity complex No. 3 and the private clinic "Doctor Shifo Baxt" in Samarkand. All the examined patients and their parents have a carefully collected anamnesis. The average age ranged from 18 to 25 years. The patients were examined only after receiving the voluntary informed consent of the patients and their legal representatives.

Of the total number of examined adolescent patients, there were 19.7%, women of early and active reproductive age, 80.3% of patients. The age of sexual initiation in 71.8% of women ranged from 18 to 25 years.

All patients underwent clinical and laboratory studies, including anamnestic data, general and gynecological examination with an assessment of the features of the structure of the perineum, external genitalia and urethra. Ultrasound examination was performed to clarify the anatomical, topographic and structural features of the internal genitalia. And it was also recommended to perform a vaginoscopy (which was not performed), in case of suspicion of a developmental anomaly with a normally formed vagina, allowing visualization of the lower genital tract. It should be noted that magnetic resonance imaging with a targeted assessment of uterine rudiments is the most reliable diagnostic method of research. [9]

Results: During the treatment, patients complained of the impossibility of sexual intercourse in 26.7% of cases, difficulty in sexual contact in 38% of patients, as well as cyclic pains in the lower abdomen and lower back were noted in 66.1% of patients, fecal and stool incontinence in 12.6% of patients.

The uncertainty of the anatomical boundaries between the "third" vaginas, which makes it difficult to choose the technique of surgery, served as the basis for our thorough study of the structure of the vagina,

the degree of mobility of tissues in relation to the pelvic base, rectum, bladder.

When analyzing patients with vaginal stricture, we encountered diagnostic problems in some atypical cases. In cases of discrepancy between the anamnesis data, the clinical picture and the ultrasound results, magnetic resonance imaging was performed. In the absence of hematocolpos, vaginoscopy turned out to be the most informative, compared with ultrasound and MRI, since this method allowed us to estimate the length of the septum. Careful study of anatomical and topographic features and diagnostics in the preoperative period in patients contributed to the choice of optimal surgical treatment.

The most optimal approach to the treatment of congenital stricture of the vagina is plastic surgery with local tissues by the "W" method of plastic surgery. The operation should allow to avoid restenosis, scarring, to ensure adequate sexual function without the formation of dyspareunia. The advantages of "W" plastic surgery should also include a reduction in injury, complexity and risk of surgery.

Here is an example from practice: Patient I.D., 24 years old, upon admission to the hospital, after a thorough examination, a diagnosis was made: An anomaly of the development of the genitals. Congenital stenosis (stricture) of the middle third of the vagina. Concomitant D.Z the patient underwent surgery - Excision of the stenosing area of the lower third of the vagina. "W" plastic.



Fig. Operation: excision of the stenosing area of the middle third of the vagina. "W" plastic.

After surgery, the patient managed to restore the normal patency of the vagina. There were no complications in the immediate postoperative period. In the long - term period, the patient notes

Conclusion: Thus, vaginal malformations (congenital stricture of the vagina) in girls at any age requires a mandatory examination by a pediatric gynecologist. In order to clarify the nature of the malformation and to resolve the issue of the possibility, as well as the scope of medical care, it is mandatory to perform a comprehensive diagnostic search. If an anomaly of the development of the genitals is detected, in addition to

a standard gynecological examination, vaginoscopy should be performed, and before surgery, an MRI should be performed to assess the anatomical and topographic features of the pelvic organs. The surgical correction of congenital stricture of the vagina is based on the use of local tissues, which is a rational method of treatment that allows to achieve normal patency of the vagina. To assess the condition of patients in the postoperative period, a very important stage is long-term follow-up and rehabilitation with a mandatory assessment of long-term results.

References

1. Krutova V.A., Naumova N.V., Kotlova T.A., et al. Algorithm of diagnosis and treatment of girls with congenital malformations of the reproductive system // Reproductive health of children and adolescents. — 2015. — No. 1. — pp. 30-36. [Krutova VA, Naumova NV, Kotlova TA, et al. An algorithm for diagnostics and treatment of girls with congenital malformations of the reproductive system. Pediatric and adolescent reproductive health. 2015;(1):30–36. (In Russ).
2. Ludwin A. et al. Reliability of the European Society of Human Reproduction and Embryology/European Society for Gynaecological Endoscopy and American Society for Reproductive Medicine classification systems for congenital uterine anomalies detected using three-dimensional // Fertil. Steril. 2015. Vol. 104, N 3. P. 688-697.
3. Uvarova E.V., Davtyan G.M., Buralkina N.A., Kruglyak D.A. Formation of neovagalischa by complex nonoperative colpoptosis in patients with Mayer–Rokitansky–Kuster–Hauser syndrome // Reproductive health of children and adolescents. 2014. No. 6. pp. 40-49.
4. Dietrich J.E., Millar D.M., Quint E.H. Obstructive reproductive tract anomalies // J. Pediatr. Adolesc. Gynecol. 2014. Vol. 27, N 6. P. 396–402. DOI: <https://doi.org/10.1016/j.jpog.2014.09.001> Epub 2014 Sep 11. PMID: 25438708.
5. Abu-Ghanem S., Novoa R., Kaneti J., Rosenberg E. Recurrent urinary retention due to imperforate hymen after hymenotomy failure: a rare case report and review of the literature // Urology. 2011. Vol. 78. P. 180-182.
6. Uvarova E.V., Tarusin D.I. Manual on the examination of the state of the reproductive system of children and adolescents. Moscow : Triad-X, 2009. 232 p.
7. Avetisova L.R. Algomenorrhea in puberty girls /Dis. doctor of Medical Sciences. - M.: 1990. -315 p.

8. Golubeva I.V. Hermaphroditism: clinic, diagnosis, treatment. - M.: Medicine, 1980. - 159 p.
9. Demidova E.M. Clinic and diagnosis of malformations of internal genitalia during puberty /Dis. Candidate of Medical Sciences. -M.:

ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

TOM 4, HOMEP 1

**JOURNAL OF REPRODUCTIVE HEALTH AND
URO-NEPHROLOGY RESEARCH**

VOLUME 4, ISSUE 1

Editorial staff of the journals of www.tadqiqot.uz

Tadqiqot LLC the city of Tashkent,

Amir Temur Street pr.1, House 2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Phone: (+998-94) 404-0000

Контакт редакций журналов. www.tadqiqot.uz

ООО Тадqiqot город Ташкент,

улица Амира Темура пр.1, дом-2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Тел: (+998-94) 404-0000