

# БИМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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**TODJIYEVA Nigina Iskandarovna**  
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### **HYPERPLASTIC PROCESSES OF ENDOMETRIUM IN PREMENOPAUSE: IMPROVEMENT OF TREATMENT METHODS**

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#### **ANNOTATION**

**The purpose of the study:** to improve the methods of treatment of hyperplastic processes of the endometrium.

**Materials and methods:** the object of the study were 40 women with hyperplastic processes and 20 control group of healthy women who underwent a complete clinical and laboratory examination with a biopsy and subsequent treatment.

**Results:** in the course of the study, the efficacy of treatment with Median in premenopausal women was studied, and therapeutic efficacy was found when using the drug for more than 6 cycles.

**Conclusion:** Long-term administration of Median is effective and prevents relapses.

**Keywords:** hyperplastic processes of the endometrium, premenopause, combined oral contraceptives, premenstrual syndrome, treatment methods.

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### **ГИПЕРПЛАСТИЧЕСКИЕ ПРОЦЕССЫ ЭНДОМЕТРИЯ В ПРЕМЕНОПАУЗАЛЬНОМ ПЕРИОДЕ: СОВЕРШЕНСТВОВАНИЕ МЕТОДОВ ЛЕЧЕНИЯ**

#### **АННОТАЦИЯ**

**Цель исследования:** совершенствование методов лечения гиперпластических процессов эндометрия.

**Материалы и методы:** объектом исследования явились 40 женщин с гиперпластическими процессами и 20 контрольная группа здоровых женщин, которым проведено полное клинико-лабораторное обследование с биопсией и с последующим лечением.

**Результаты:** в ходе исследования изучено эффективность лечения препаратом Медиана у женщин пременопаузального возраста, выявлено терапевтическая эффективность при применении препарата более 6 циклов.

**Заключение:** препарата Медиана в пролонгированном приеме является эффективным и предупреждает рецидивы.

**Ключевые слова:** гиперпластические процессы эндометрия, пременопауза, комбинированные оральные контрацептивы, предменструальный синдром, методы лечения

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## PREMENOPAUZAL DAVRDAGI ENDOMETRIYNING GIPERPLASTIK JARAYONLARI: DAVOLASH USULLARINI TAKOMILLASHTIRISH

### ANNOTATSIYA

**Tadqiqot maqsadi:** endometriyning giperplastik jarayonlarini davolash usullarini takomillashtirish.

**Materiallar va usullar:** tadqiqot obyekti giperplastik jarayonlari bo'lgan 40 nafar ayol hamda 20 nafar nazorat guruhidagi sog'lom ayollar bo'lib, ular to'liq klinik va laboratoriya tekshiruvlaridan, biopsiya va keyingi davolashdan o'tkazilishgan.

**Natijalar:** tadqiqot davomida premenopauzal yoshdagi ayollarda Mediana preparati bilan davolash samaradorligi o'rganildi va preparat 6 sikldan ko'proq foydalanilganda terapevtik samaradorligi aniqlandi.

**Xulosa:** Medianning uzoq muddatli qo'llanilishi samarali va qaytalanishlarning oldini oladi.

**Kalit so'zlar:** endometriy giperplastik jarayonlari, premenopauza, aralash og'iz kontratseptivlari, premenstrual sindrom, davolash usullari.

**Kirish.** Endometriy giperplaziyasi (EG) bachadon shilliq qavati patologiyasining eng keng tarqalgan shakli bo'lib, u endometriyning fiziologik bo'lmagan proliferatsiyasi sifatida kuzatiladi, bu bezlar va to'qimalarning stromal tarkibiy qismlarining qayta tuzilishi bilan birga keladi. Endometriydagi giperplastik jarayonlarning mexanizmlari haligacha yaxshi tushunilmagan, bu esa ushbu patologiyaga ega bemorlarni patogenez jihatidan asoslangan davolash tizimini ishlab chiqishni qiyinlashtiradi [5, 8, 11, 17].

Umumiy nuqtai nazarga ko'ra, EG rivojlanishida yetakchi rol progesteron ta'sirining yetishmasligi bilan birga haddan tashqari estrogenik stimulyatsiyaga tegishli. Garchi bu fikrdan tashqari boshqa yangi faktlar mavjud bo'lsa-da, estrogenik kontsepsiya hali ham yetakchi rolda qolmoqda [1, 3, 15].

EGning atipiyasiz shaklini davolash usullaridan eng keng tarqalgani bu gormonlarni almashtirish terapiyasini o'tkazishdir [7, 10, 12]. Bir qator tadqiqotlarga ko'ra, gormonal terapiyaning atipiyasiz EG da samaradorligi past ya'ni 42% gacha [3, b.1755]. Boshqalar fikriga ko'ra, EG ning qaytalanishi faqat gormonal terapiya bilan davolangan ayollarning 26 foizida aniqlanadi [9, b.305; 12, 357-bet]. Gormonal preparatlarni buyurishdan oldin endometriyning gistologik tekshiruvini o'tkaziladi.

Hozirgi vaqtda shifokorlar arsenalida EGni davolash uchun keng turdagi mahsulotlar mavjud. Ularga progestin, aralash og'iz kontratseptivlari (AOKlar), antigonadotrop dorilar, GnRG agonistlari kiradi. Gormon terapiyasining samaradorligi hozirgacha ancha yuqoriligicha qolmoqda. Bir qancha mualliflarning fikricha [2, 4, 6, 11, 18], gormon terapiyasi bilan davolangan bemorlarda umumiy endometriy giperplaziyasining (UEG) qaytalanishi 26 %da va bu terapiyasiz davolangan ayollarning 72,1 % da kuzatilgan.

So'nggi yillarda tobora ko'proq odamlar minimal yon ta'sirga ega bo'lgan davolanishni izlashmoqda. Uzoq tarixga ega ya'ni 50 yildan ortiq foydalanib kelingan AOKdan foydalanish, ayniqsa uning so'nggi avlodlarini nafaqat ularning yuqori terapevtik samaradorligini, balki boshqa

ijobiy ta'sirlarni ham aks ettiradi. Ma'lumki, 12 oy davomida AOKlaridan foydalanish endometriy saratoni xavfini 50% ga kamaytiradi [5, 6, 10, 11, 16].

Xuddi shu himoya ta'siri endometriy saratonining xavf guruhidagi yuqori ayollarda maksimal darajada va barcha asosiy gistologik turlariga keng qo'llaniladi.

AOKlar ta'sirida endometriyning proliferativ fazasi tez regressiyaga uchraydi, uning ichida bezlarning erta sekretor transformatsiyasi nomoyon bo'ladi va stromada bargli transformatsiya kuzatiladi [8, 12, 14]. Avvalo, regressiya jarayonlari bezli komponent bilan bog'liq, shuning uchun stroma va bez komponentlari nisbatida stromaning nisbiy miqdori ustunlik qiladi. Endometriydagi qon tomirlar sezilarli o'zgarishlarga duchor bo'ladi: spiral arteriolalarning rivojlanishiga qarshi harakat sodir bo'ladi va ularning o'rniga kapillyarlarning keng tarmog'i bachadon tanasining shilliq qavatining sirt qatlamlarini hosil qiladi [10, 15, 17].

**Tadqiqot maqsadi:** endometriyning giperplastik jarayonlarini premenopauzal davrdagi ayollarda davolash usullarini takomillashtirish.

**Tadqiqot materiallari va metodlari.** Samarqand davlat tibbiyot universitetining 1-sonli klinikasiga 2020-2022 yillarda ginekologiya bo'limiga murojaat qilgan ayollardan 40 nafar endometriy giperplaziyasi bo'lgan ayollar asosiy guruh sifatida tadqiqot obyektini tashkil qilishdi. Nazorat guruhiga 20 nafar deyarli sog'lom hisoblangan ayollar kirgizildi. Asosiy guruh bemorlarining o'rtacha yoshi  $44,8 \pm 2,76$ , nazorat guruhi bemorlariniki esa -  $45,7 \pm 1,66$  edi, bu tekshirilgan ayollar guruhida yosh bo'yicha taqqoslashda o'zgarishlar yo'qligidan dalolat beradi.

Premenopauzal davrda endometriyning giperplastik jarayonlari bilan hastalangan 40 nafar bemor kompleks klinik-laborator tekshiruvdan o'tkazildi: umumiy klinik tekshiruv, obyektiv va ginekologik tekshiruv, labarot tadqiqotlardan umumiy qon tahlili, umumiy peshob tahlili, qonning biokimyoviy tahlili, qindan olingan surtma tahlili, gormonlar tahlili, instrumental usullardan UTT va endometriyning biopsiyasi. Endometriy giperplastik jarayonlari bilan kasallangan bemorlarni patomorfologik tekshirish natijalarini olgandan so'ng, uzoq muddatli past dozada monofazali aralash og'iz kontratseptiv (AOK)laridan "Mediana" preparati buyurildi. Bemorlar bir yil preparat qabul qilishi davomida kuzatildi. Bu vaqt oralig'ida klinik va laboratoriya tadqiqot natijalari monitoringi ta'minlandi, bemorlarning tana vazni dinamikasi baholandi. Mediana preparatini qabul qilish 6 oy davom etganidan so'ng bachadon shilliq qavatining holati yana morfologik nazoratdan o'tkazildi. Endometriy qalinligining exografik nazorati UTT yordamida har 3, 6 va 12 oydan keyin amalga oshirildi.

Nazorat guruhida ayollarga ham asosiy guruhga buyurilgan tadqiqot usullari amalga oshirildi. Ushbu bemorlarga endometriy biopsiyasi uning patologiyasini istisno qilish uchun o'tkazildi.

Olingan barcha natijalar ularning o'rtacha qiymati (M) va o'rtacha og'ish ko'rsatkichida (m) hisoblangan. Olingan ma'lumotlarni tahlil qilish uchun quyidagi statistik ishlov berish usullaridan foydalanildi: t - Student mezoni, Pirson korrelyatsiya tahlili.

Ma'lumotlar bazasi Microsoft Office 2013 dasturida bashorat qiluvchi ahamiyatga ega bo'lgan mezonlar va barcha mumkin bo'lgan diagnostika funktsiyalari asosida tuzilgan. Barcha hisob-kitoblar Excel dasturining statistik funksiyasi va Statistic 6.0 dan foydalangan holda amalga oshirildi.

**Tadqiqot natijalari.** Baemorlar shikoyatlari tahlil qilinganda davolanishdan oldin menorragiya (57.5%) va metroragiya (42.5%) ko'rsatkichi baland bo'lgan. Qorinning pastki qismida og'riqqa 37.5% ayollar shikoyat qilgan. Vazomotor va emotsional vegetative alomatlar 7.5% da uchragan. Nazorat guruhi ayollarida hech qanday shikoyat aniqlangamagan.

Asosiy guruh bemorlarining shikoyatlari dinamikasi 1-jadvalda va 1-rasmda aks ettirilgan.

**Jadval 1**

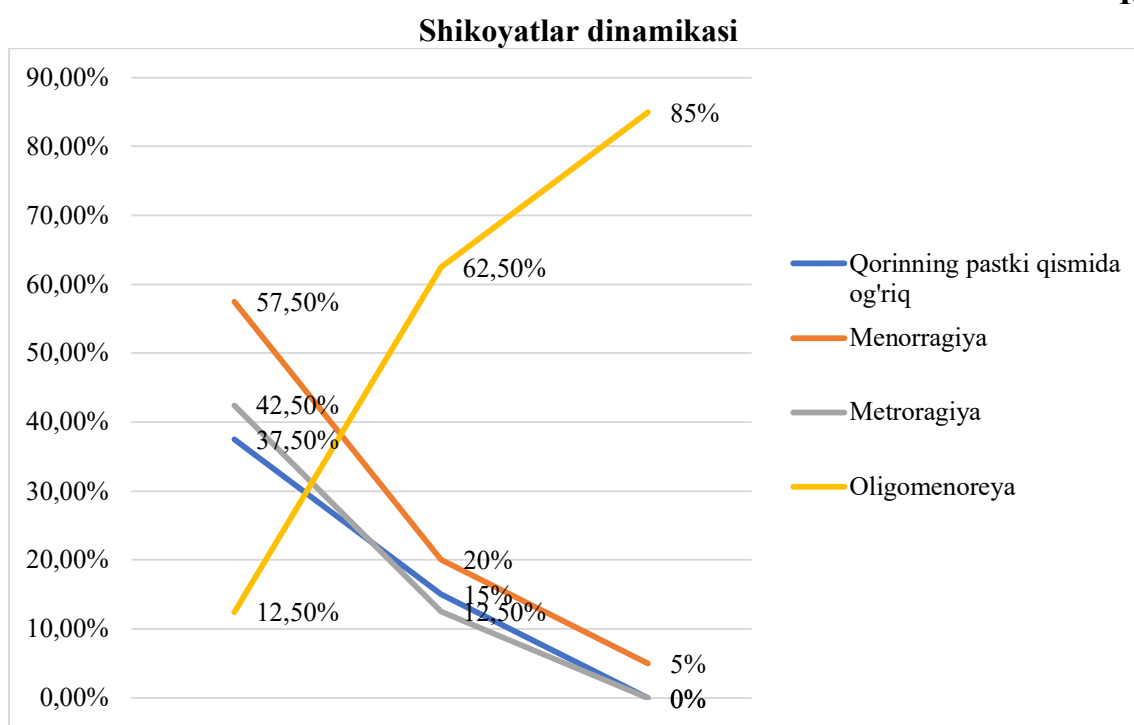
**Bemorlarning gormonal terapiya jarayonidan oldingi va terapiya davomidagi asosiy shikoyatlari.**

Shikoyatlar	Davolanishdan oldin	6 oy davolanishdan so'ng

	n	%	n	%
Menorragiya	23	57.5	2	5
Metrorragiya	17	42.5	-	-
Qorinning pastki qismida og'riq	15	37.5	-	-
Hayz ko'rishdan oldin va keyin ajralmalar kelishi	11	27.5	4	10
Oligomenoreya	5	12.5	25	62.5
Amenoreya	-	-	7	17.5
Vazomotor va emotsional-vegetativ alomatlar	3	7.5	-	-

Jadvaldan ko'rinib turibdiki OAKning Mediana preparatini 6 oy qabul qilishdan keyin, 25 (62,5%) nafar bemorda oligomenoreya aniqlangan ya'ni bachadondan qon ketish holatlari butkul to'xtatilgan. Yil oxirida tekshirilgan bemorlarning 34 nafarida (85,0%) oligomenoreya aniqlangan. Bundan tashqari, tadqiqot davomida PMS belgilarini yo'q qilishda ijobiy ta'sir ko'rsatishi aniq bo'ldi, bu esa EG bo'lgan ayollarda hayot sifatini yaxshilanishiga olib keladi. PMS nomoyon bo'ladigan 30 (75%) nafar ayollarda ko'rsatilgan terapiyada ijobiy natijalar kuzatilib, hayot sifatining yaxshilanishiga erishildi.

Rasm 1



Bemorlarda terapiya kursining boshlanishidan 6 oy o'tgach, hayz ko'rish deyarli barcha bemorlarda to'xtatilgan, faqat 1 ta (2,5%) bemorda hayz ko'rish 3-4 kunlik shaklda kam miqdorda saqlanib qolgan; Qorinning pastki qismidagi og'riqlardan shikoyat qiladigan bemorlar kamroq bo'lgan, bu hayz ko'rish sikli bilan bog'liq deb tahmin qilishimiz mumkin. Chunki 6 oylik davodan so'ng ushbu shikoyat bironta ayolda uchramagan. Terapiya tugagandan so'ng, hayz ko'rish davrida oz miqdorda shilliq jigarrang ajralmalar kelishini 12.5% ayollar qayd etishgan.

EG bilan xastalangan bemorning bachadon bo'shlig'idan qirindini gistologik tekshirish paytida barcha holatlarda atipiyasiz endometriy giperplaziya aniqlangan shundan 21 (52,5%) bemorlarda umumiy tipik endometriy giperplaziyasi, 19 (47,5%) bemorlarda og'ir tipik endometriy giperplaziya mavjud. Nazorat guruhida endometriy giperplaziyasi aniqlanmagan.

Barchamizga ayon xalqimiz ichida gormonal preparatlar qabul qilish vazn oshishiga olib keladi degan fikr mavjud. Ushbu fikr tufayli ham ko'plab ayollar davolanishmaydi yoki davolanishni oxirigacha olib borishmaydi. Mediana preparatini qabul qilish davomida biz asosiy guruh ayollarining tana vaznini nazorat qildik. Tadqiqot shuni korsatdiki to'g'ri ovqatlanish qoidalariga rioya qilgan holda ayollar kunlik vazifalarini bajarishganda tana vazni kamayishi va yanada barqarorlashishi kuzatildi.

Preparatni qabul qilishning taxminan 3-oyligida (27-35 kun oralig'ida) bemorning 42.5%da tana vaznining 0,5 kg gacha kamayishi kuzatildi, 6 oy davomida uzluksiz dori-darmonlarni qabul qilganidan keyin esa tana vaznining pasayishi 32.5% ayollarda 1-2 kg gacha tashkil qildi. Ushbu natija bir yil davomida saqlanib keldi. Jismoniy mehnat bilan shug'ullangan ayollarda esa tana vazni 3-5 kg gacha kamaydi. Shuni takidlash kerakki, 17.5% kamharakat va jismoniy mehnat bilan umuman shug'ullanmaydigan ayollarda tana vazni yil davomida 3 kg gacha ortdi.

Ushbu ma'lumotlardan xulosa qilishimiz mumkinki, AOK lari tana vazniga to'g'ridan to'g'ri ta'sir ko'rsatishmaydi. Odatiy hayot tarzida AOKlar tana vazni barqaroq saqlanib qolishiga yoki 1-2 kg kamayishiga olib keladi. Lekin to'g'ri ovqatlanish qoidalariga rioya qilinmasa, hayot tarzi o'troqshaklda bo'lsa tana vazni oshishi kuzatiladi.

Mediana tarkibiga kiruvchi Drospirononning antimineralokortikoid ta'sirining qo'shimcha natijalari qon bosimining barqarorligi edi. Mediana preparatini qabul qilishda qon bosimini dinamik nazorat qilish, davolashni boshlashdan oldin barqaror gipertenziyasi bo'lgan 17 (42.5%) kishi bo'lgan. Shundan 9tasida (52.9% ushbu bemorlar ichida, 22.5% umumiy asosiy guruh bemorlari ichida) AQB barqarorlashishi tendentsiyasi aniqlangan.

Bemorni davolashdan oldin va keyin o'tkazilgan UTT da bachadonning endometriy qavati qalinligini exografik holatiga alohida e'tibor qaratdik. Tekshirilayotgan bemorlarning asosiy guruhida o'rtacha terapiya boshlangan paytdan boshlab 3 oydan o'tgandan keyin endometriyning yupqalashishi  $2,39 \pm 1,13$  mm ni tashkil etdi, bu natijalarni ishonchli tarzda davolash samaradorligini ko'rsatdi. Ya'ni endometriyning qalinligi 3 oy davodan keyin o'rytacha  $10,1 \pm 1,88$  mm ni tashkil etdi.

Terapiya tugagandan so'ng o'tkaziladigan ultra tovush tekshiruvida bachadon shilliq qavatining giperplastik jarayonining exoskopik belgilari aniqlanmadi. Gormonal terapiyani qabul qilgan bemorlar asosiy davo (1 yil mobaynida Mediana preparatini qabul qilishi) tugagandan keyin 30-35 kun davomida nazoratda bo'lishdi. Ularda endometriy qalinligining o'rtacha ko'rsatkichlari  $6,11 \pm 1,38$  mm ni tashkil etdi (2-jadval).

**Jadval 2**

**Terapiyadan oldingi va keying UTT ma'lumotlari**

Natijalar	Davolanishdan oldin	3 oy davolanishdan so'ng	6 oy davolanishdan so'ng
M-exo, mm	8,1+0,9	2,39 ± 1,13	3,99 ± 0,75
Tuxumdonlar hajmi sm <sup>3</sup>	12,4±0,5	7,4+0,1	8,9+0,3
Endometrium qalinligi, mm	18,1+0,9	10,1 ± 1,88	6,11 ± 1,38

Terapiya ta'sirini baholash uchun Mediana preparati qo'llanilgandan 6 oydan keyin endometriy biopsiyasi tadqiqot uchun olingan endometriy to'qimalari namunalarining gistologik tekshiruvini barcha asosiy guruh ayollarida o'tkazildi.

Aniqlanishicha, preparatni qabul qilishdan 6 oy o'tib 36 (90%) nafar bemorlarda endometriy giperplaziyasining morfologik belgilari umuman aniqlanmagan, faqat 10% ayollarda endometriy giperplaziyasi o'chog'lari aniqlangan.

Menorargiya bo'yicha qolgan shikoyatlarni hisobga olgan holda, 52 yoshli EG bilan og'rigan 1 (2.5%) nafar bemorda davolash samarali emas deb baholangan.

Davolanish boshlanganidan 6 oy o'tgach, endometriyning takroriy biopsiyasi o'tkazilganda, mavjud morfologik turdagi EG rivojlanishini aniqlansa ularga jarrohlik davo usulini qo'llash () va so'ngra yana gormonal terapiyadan foydalanish tavsiya etilgan. Agar biopsiya natijasida giperplaziya

malignizatsiyasi belgilari aniqlansa darhol bachadon eksterpatsiyasi masalasi hamda onkologik dispanser kuzatuvini tavsiya etilgan.

Shuni ta'kidlash kerakki, biz jiddiy salbiy ta'sirlarni va ishlatilgan terapiyaning intoleransiyasini topmadik. Ko'pgina bemorlarda gormonal dorilarni qabul qilish ijobiy kechdi. Gormonal terapiyaning salbiy ta'siri orasida kuchli qon ketishi qayd etilgan. Medianani qabul qilish to'xtatilganda 6 nafar bemorlarda (15%) ushbu salbiy ta'sir qayd etilgan. Qon ketishning bu davomiyligi bunda  $4,9 \pm 0,2$  kunni tashkil qilgan. Ko'pincha yo'qotilgan qon miqdori kam edi, shuning uchun terapiya davom ettirilgan va ushbu nojo'ya ta'sir bartaraf etilgan.

Terapiya tugaganidan keyin 3 oy ichida 82,1% bemorlarda qiyosiy morfologik (endometriyning bezli giperplaziyasining yo'qolishi) va klinik (hayz siklini normallasishi) ta'sirining tezligi qayd etildi.

Terapiya tugagandan so'ng uni baholash maqsadida 17 (42.5%) bemorga alohida diagnostik qirish orqali material olish o'tkazildi, 23 (57.5%) holatda bachadon bo'shlig'ining aspiratsiyasi o'tkazildi. Bachadon bo'shlig'ini tirnash paytida olingan endometriy qalinligi 15 (37.5%) holatda o'rtacha, 2 (5%) holatda kam deb baholanadi.

Terapiyaning samaradorligini baholash uchun endometriyning gistologik tekshiruvini o'tkazildi. Gormonal terapiya o'tkazilgan bemorlar guruhida olingan materialning morfologik ko'rinish quyidagicha bo'ldi: 36 (90%) holatda endometriy atrofiyasi kuzatildi, 4 (10%) nafarda esa endometriy proliferatsiya bosqichining dastlabki bosqichidagi holatga o'xshash holatda edi.

**Xulosalar.** Tadqiqot natijasida biz quyidagi xulosalarga keldik:

1. Ayollarning premenopauzal davrida EGning asosiy klinik ko'rinishlari quyidagicha nomoyon bo'ladi: menorragiya (57.5%) va metroragiya (42.5%), qorinning pastki qismida og'riq (37,5%), hayzdan oldin va keyingi ajralmalar kelishi (27,5%), vazomotor va emotsional vegetativ belgilar (7.5%).

2. EG bilan xastalangan bemorning bachadon bo'shlig'idan qirindini gistologik tekshirish paytida barcha holatlarda atipiyasiz endometriy giperplaziya aniqlangan shundan 21 (52,5%) bemorlarda umumiy tipik endometriy giperplaziyasi, 19 (47,5%) bemorlarda og'ir tipik endometriy giperplaziya mavjud.

3. EG bilan og'riq bemorlarga Mediana AOK dori-darmonlarini uzoq muddat (1 yil) davomidada qabul qilishganda terapevtik ta'sir ko'rsatishning samarali va klinik qaytalanishlarni oldini olishi aniqlangan.

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