

DIAGNOSTIC MARKERS FOR PREDICTION OF ENDOMETRIAL HYPERPLASTIC PROCESSES IN THE PERIMENOPAUSAL PERIOD



Nurkhanova Nilufar Odil kizi
Bukhara State Medical Institute, Republic of Uzbekistan, Bukhara

ПЕРИМЕНОПАУЗА ДАВРИДА ЭНДОМЕТРИЙНИНГ ГИПЕРПЛАСТИК ЖАРАЁНЛАРИНИ ТАШХИСЛАШ МЕЗОНЛАРИ

Нурханова Нилуфар Одил қизи
Бухоро давлат тиббиёт институти, Ўзбекистон Республикаси, Бухоро ш.

ДИАГНОСТИЧЕСКИЕ МАРКЕРЫ ПРОГНОЗИРОВАНИЯ ГИПЕРПЛАСТИЧЕСКИХ ПРОЦЕССОВ ЭНДОМЕТРИЯ В ПЕРИМЕНОПАУЗАЛЬНОМ ПЕРИОДЕ

Нурханова Нилуфар Одил кизи
Бухарский государственный медицинский институт, Республика Узбекистан, г. Бухара

e-mail: nika_bestfuture@mail.ru

Резюме. Эндометрийнинг гиперпластик жараёнлари (ЭГЖ) гинекологияда энг кўп учровчи патология бўлиб, у кўп ҳолларда перименопауза давридаги аёлларда аниқланади ва ўзидан тиббий-ижтимоий муаммо эканлиги билан муҳим аҳамият касб этади. Кўп сонли муаллифлар таъкидлашича, ЭГЖ билан кечки репродуктив ва перименопауза даврдаги 50-60 % аёллар тўқнашадилар. Уларнинг улкан аҳамияти шундан иборатки, бу патологияга учраган аёллар 35-55 ёшига келиб, бачадондан қон кетиши сабабли стационарга мурожаат этишига мажбур бўлади. Сабаблардан яна бири эса, ЭГЖ нинг ёмон сифатли ўсмага айланиши мумкин эканлиги бўлиб, у атипик гиперплазия ҳолатидан инвазив рак ҳолатига 50% ҳолларда ўтиши аниқланган. Юқорида кўрсатилган перименопауза давридаги эндометрийнинг безли гиперплазияси ёки полипозининг малигнизация хавфи 4-5% дан 10 % гачани ташиқил этиши мумкин. Ушбу мақолада перименопауза давридаги гиперпластик жараёнларини ташиқиллашга алоқадор салмоқли мезонлар ҳақида маълумотлар келтирилган.

Калит сўзлар: эндометрий, гиперплазия, морфология, перименопауза.

Abstract. Hyperplastic processes of the endometrium (HPE) are the most common pathology in gynecology, especially in women in perimenopausal age and are of significant value in the biomedical and socio-economic problem. According to many authors, almost 50-60% of women of late reproductive age and in the perimenopausal period suffer from HPE. The significant clinical significance of HPE lies in the fact that they are one of the main causes of uterine bleeding in women aged 35-55 years and their hospitalization. Another reason for the close attention to HPE is the possibility of their malignant transformation, since atypical hyperplasia progresses to invasive cancer with a frequency of up to 50% of cases. The above risk of developing malignancy of glandular hyperplasia and endometrial polyposis occurs in 4-5% and can reach up to 10% in peri-postmenopause. This article provides the most significant criteria for predicting hyperplastic conditions in the perimenopausal period.

Key words: endometrium, hyperplasia, morphology, perimenopause.

Relevance. In peri- and postmenopausal women, pathological processes in the endometrium are most often asymptomatic, however, the risk of malignant neoplasms is higher than the general population indicators, especially in the presence of bleeding and ongoing recurrences of pathological processes in the endometrium [2, 4, 10].

The problem of PGE should be considered from the standpoint of modern pathological features, the choice of treatment methods should be based on

the obtained data on morphological changes in the functional layer of the endometrial mucosa [1,3,7,8].

Despite the many scientific studies on this pathology, their influence on the increased risk of developing malignancy of the process and the tactics of its management, the issues of prognosis, early diagnosis and treatment of its subclinical forms are still not fully understood and scientifically substantiated. Endometrial cancer in more than 95% of cases manifests in postmenopausal bleeding [5,6,9]. In this sit-

uation, the primary task of the doctor is to exclude or confirm the malignant process. Histological endometrial cancer is confirmed in approximately 10% of postmenopausal women with complaints of bleeding (1-14% according to different authors). In almost 60% of cases, endometrial atrophy is detected, and with approximately the same frequency - endometrial polyps, endometrial hyperplasia and other changes in the endometrium of benign genesis. Thus, in most cases, the cause of bleeding in postmenopause are changes in the endometrium of a benign nature. The aim of the study is to increase the efficiency of diagnosis and treatment of pathological processes of the endometrium without bleeding in elderly and senile patients, to reduce the frequency of recurrence of these diseases and the risk of malignant neoplasms.

Material and research methods. To assess the frequency and structure of pathological changes in the endometrium in women of advanced and senile age, outpatient records of 98 women over 60 years of age were analyzed. All patients were treated for endometrial hyperplasia in the Department of Emergency Gynecology of the Republican Scientific Center for Emergency Medical Care of the Bukhara Branch, who underwent hysteroscopy with separate diagnostic curettage of the walls of the uterine cavity and cervical canal, according to indications -

hysteroscopy followed by histological and immunohistochemical examination of samples fabrics. Ultrasound of the pelvic organs was performed both to diagnose intrauterine pathological processes and to monitor the results of the treatment. Statistical analysis was carried out using the Fisher-Student and Pearson statistics package. Written consents for diagnostic curettage and treatment were taken from all patients.

Research results. The age of the patients ranged from 60 to 67 years (mean age 63.5 years), the average age of menopause onset was 44.9 ± 6.8 years. The frequency of various PES in elderly women registered at the dispensary was 2.5% or 24.8 per 1000 people. According to the histological examination, 88 (30.5%) postmenopausal patients with an endometrial thickness of more than 4 mm showed endometrial atrophy and no pathological changes. Pathology was revealed in 20 (19.6%) patients, including: submucosal and intramural-submucosal uterine fibroids - in 16 (16.3%) patients, chronic endometritis - in 10 (10.2%), polyps were most often detected endometrium - in 8 (8.1%). Endometrial hyperplasia was not detected in any case. Endometrial adenocarcinoma was found in 6 (6.1%) patients; the incidence was 0.1 per 100 examined. Data are shown in Figure 1. See Figure 1 below.

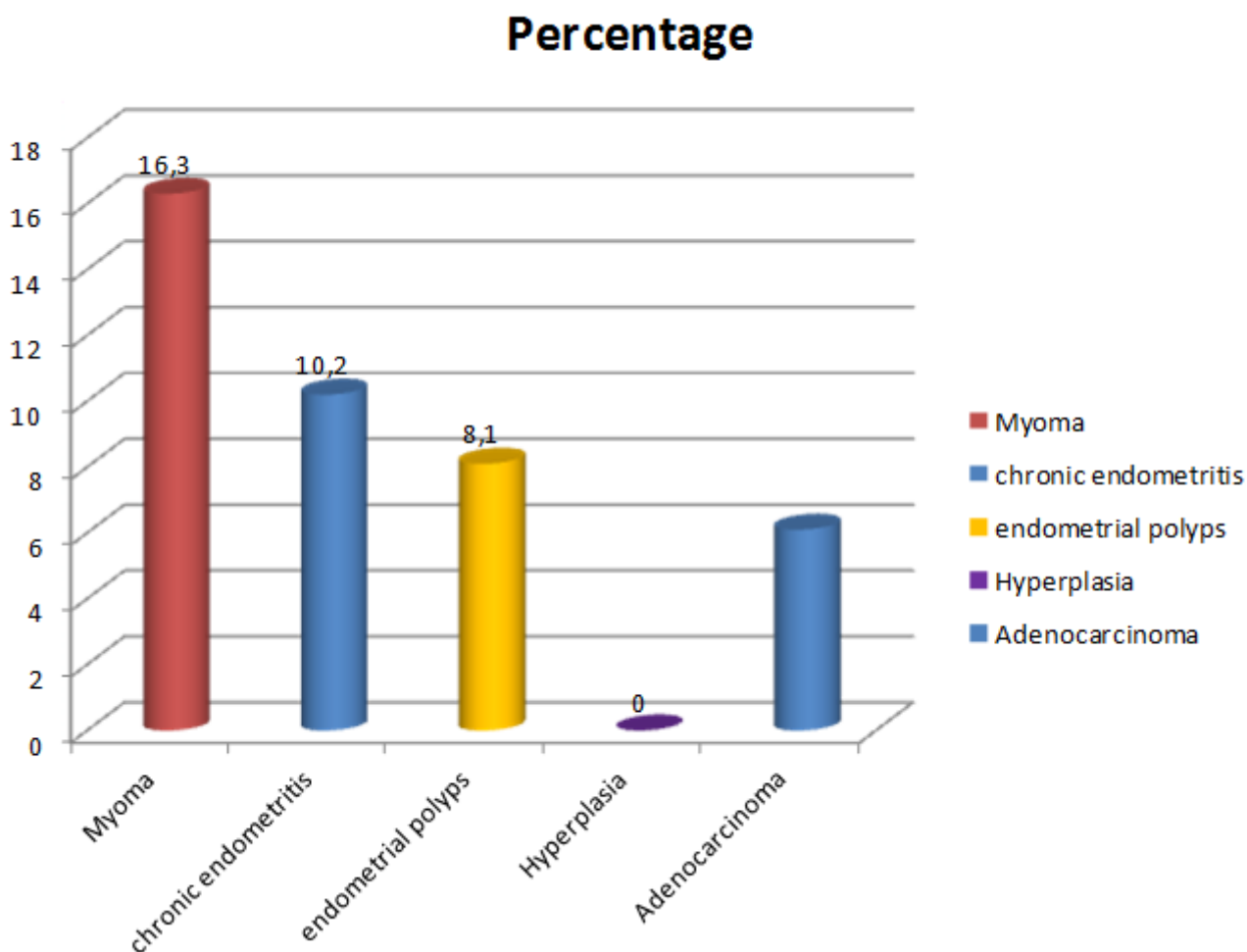


Fig. 1. Types of pathologies identified by ultrasound in the studied patients

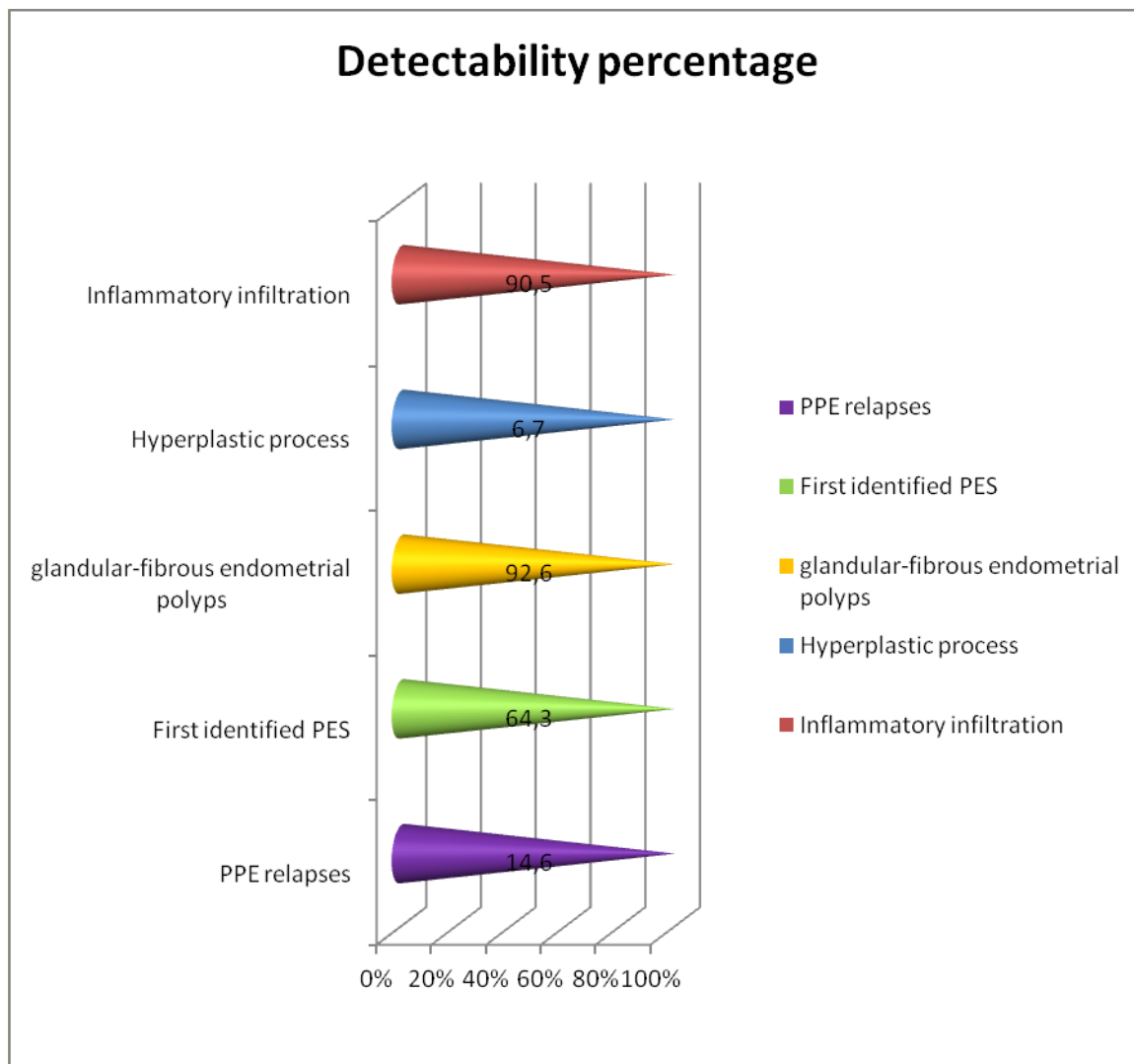


Fig. 2. Processes of relapse that occurred during the treatment

The sensitivity and specificity of ultrasound were 76.4% and 99.2%, respectively. The risk of malignant neoplasms is quite high (about 1 case per 1000 people), which dictates the importance of adequate examination and timely treatment of women in this age group.

PPE relapses were detected in 42 (14.6%) women. For the first time identified PPE in postmenopause and their recurrence occurred in 27 (64.3%) women, of which 25 (92.6%) had endometrial glandular fibrous polyps, and 2 (7.4%) had adenocarcinoma. PPE first detected in reproductive age or premenopause with relapse in postmenopause was noted in 15 (35.7%) women, of which 14 (93.3%) had endometrial glandular fibrous polyps, and 1 (6.7%) had endometrial adenocarcinoma. In general, from recurrent pathological processes in the endometrium, glandular fibrous polyps of the endometrium predominated - 39 (92.9%) cases. In 38 (90.5%) cases, regardless of the initially detected endometrial polyp or its recurrence, inflammatory (lymphomacrophage, with an admixture of leukocytes and/or plasmocytes) infiltration is expressed in

the stroma of the polyp. All of these data are given in Figure 2.

As a result of a retrospective analysis of medical documentation, it was concluded that one of the leading causes (55.6% of cases) of polyp recurrence in the studied cases was the refusal to use hysteroscopy during separate diagnostic curettage of the walls of the uterine cavity and cervical canal. In 40.1% of cases, the localization of endometrial polyps, detected for the first time and during their recurrence, coincided. An analysis of the treatment of relapses of pathological processes in the endometrium during repeated hospitalizations revealed the advantages of using an individual approach in the prevention of further relapses: in accordance with the indications, patients underwent hysteroresectoscopy or targeted removal of polyps with endoscopic forceps, endometrial electroablation. There were no recurrences during the follow-up period up to 1 year.

Adenocarcinoma was detected in 3 (7.1%) patients, endometrial hyperplasia was not detected, no cases of cancer in the polyp were detected. The data obtained exceed the frequency of endometrial adenocarcinomas in the general population of women

(about 0.01%), and violations of the differentiation of the epithelium of the glands in polyps were noted in 100% of such cases. Based on the data obtained, it can be concluded that elderly and senile patients with recurrent endometrial pathology should be attributed to the risk group for developing endometrial adenocarcinoma.

In order to study the pathogenesis of glandular-fibrous endometrial polyps in patients of elderly and senile age, we studied 19 samples of glandular-fibrous endometrial polyps: 9 patients in the postmenopausal period (main group) and 10 patients in reproductive age (comparison group). An immunoperoxidase method was used using 6 primary specific monoclonal antibodies to estrogen receptors, progesterone, Ki-67 protein, bcl-2 apoptosis inhibitor, Bax apoptosis inducer, and cytochrome P450 aromatase enzyme.

The results of immunohistochemical reactions were evaluated using one of the generally accepted semi-quantitative morphometric methods, calculating the expression coefficients of one or another antigen. As a result of immunohistochemical studies, it was shown that in the tissue of glandular-fibrous endometrial polyps in postmenopausal patients, the expression of estrogen and progesterone receptors is statistically significantly lower. No difference was found in the expression of the Ki-67 proliferation marker (except for its increase in stromal cells), but an increase in bcl-2 expression in combination with a decrease in Bax indicates suppression of apoptosis. In addition, the appearance of ACR450 expression indicates the possibility of a local increase in the concentration of estrogen, which enhances cell proliferation. Under conditions of suppression of apoptosis, this increases the risk of neoplastic transformation.

Discussion. In recent years, authoritative American and European societies of obstetricians and gynecologists (AAGL, ESGE, SCOG) indicate that there is no need for screening ultrasound of the pelvic organs in postmenopausal women due to the high incidence of false positive results, low prognostic value and, as a result, unjustified invasive interventions in asymptomatic elderly patients. It is believed that malignant diseases of the endometrium manifest early enough uterine bleeding.

Literature:

1. Ashurova N.G. et al Rol' kol'poskopii v rannej diagnostike zabolovaniy shejki matki //Al'manah molodoy nauki. – 2018. – №. 4. – S. 21-23.
2. Ahmetova E.S. Vospalitel'nye citokiny pri displasticheskikh processah endometriya / E.S. Ahmetova, T.E. Belokrinickaya, YU.A. Vitkovskij // Materialy 9-go Vserossijskogo nauchnogo foruma «Mat' i ditya». - Moskva, 2007 g. - S. 328-329.
3. Bessmertnaya V.S. Receptory k estrogenam i progesteronu v endometrii zhenshchin pri besplodii //

Vestn. RUDN. Ser. Medicina. 2007. - № 2. -S. 48 - 52.

4. Bochkareva N.V. et al Rol' insulinopodobnyh faktorov rosta i svyazyvayushchih ih belkov v patogeneze i prognoze raka endometriya // Rossijskij onkologicheskij zhurnal, №3. - 2009. - S.46-50.

5. Davydov A.I. Atipicheskaya giperplaziya endometriya: voprosy morfogeneza, klassifikacii, diagnostiki i lecheniya // Vopr. gin., akush. i perinatol. 2009. - T. 8, №3 -S.93-96.

6. Dubrovina S.O. et al Patogeneticheskie aspekty giperplasticheskikh processov v endometrii u zhenshchin s metabolicheskim sindromom // Ross, vestn. akushera-ginekologa. 2008. - №3. - S.41-44.

7. Zaripova D.Ya. et al Osobennosti techeniya perimenopauzal'nogo perekhoda zhenshchin s ozhireniem. Novosti dermatovenerologii i reproduktivnogo zdorov'ya. № 1-2.2020 Str.39-42.

8. Zaripova D.Ya. et al Rol' Aleandronovoj kisloty (Ostalon) v lechenii perimenopauzal'nogo osteoporoza. Doktor ahborotnomasi 2019; 4(3) Str-23-27.

9. Zaripova D.Ya. et al Vliyanie magnij deficitnogo sostoyaniya i disbalansa steroidnyh gormonov zhiznedeyatel'nosti organizma zhenshchiny. Tibbiyotda yangi kun. 2019 3-27. Str. 14-17

10. Holalkere N.S. et al Issues in imaging malignant neoplasma of the female reproductive system. Curr. Probl. Diagn. Radiol. 2009;38(1):1–16.

ДИАГНОСТИЧЕСКИЕ МАРКЕРЫ ПРОГНОЗИРОВАНИЯ ГИПЕРПЛАСТИЧЕСКИХ ПРОЦЕССОВ ЭНДОМЕТРИЯ В ПЕРИМENOПАЗУАЛЬНОМ ПЕРИОДЕ

Нурханова Н.О.

Резюме. Гиперпластические процессы эндометрия (ГПЭ) являются наиболее часто встречаемой патологией в гинекологии, особенно у женщин перименопаузального возраста и представляют значимую ценность в медико-биологической и социально-экономической проблеме. По данным многих авторов ГПЭ страдают почти 50-60% женщин позднего репродуктивного возраста и в период перименопаузы. Весомая клиническая значимость ГПЭ заключается в том, что они являются одной из наиболее основных причин маточных кровотечений у женщин в возрасте 35-55 лет и их госпитализации в стационар. Другая причина пристального внимания к ГПЭ – это возможность их злокачественной трансформации, так как атипическая гиперплазия прогрессирует в инвазивный рак с частотой до 50% наблюдений. Вышеуказанный риск развития малигнизации железистой гиперплазии и полипоза эндометрия встречается в 4-5% и может достигать до 10% в пери-постменопаузе. В данной статье приводятся наиболее весомые критерии прогнозирования гиперпластических состояний в перименопаузальном периоде.

Ключевые слова: эндометрий, гиперплазия, морфология, перименопауза.