АНАЛИЗ ЗАБОЛЕВАНИЯ АДЕНОМИОЗА МАТКИ У ЖЕНЩИН В ПРЕМЕНОПАУЗЕ И ПОСТМЕНОПАУЗЕ (НА ПРИМЕРЕ ФЕРГАНСКОЙ ОБЛАСТИ)

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АНАЛИЗ ЗАБОЛЕВАНИЯ АДЕНОМИОЗА МАТКИ У ЖЕНЩИН В ПРЕМЕНОПАУЗЕ И ПОСТМЕНОПАУЗЕ.
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Аннотация: Изучение клинико-морфологических особенностей аденомиоза у женщин репродуктивного и пожилого возраста. Исследование проведено на основе информации о 50 женщинах в возрасте от 30 до 65 лет, у которых был диагностирован аденомиоз. Актуальность заболевания заключается в трудностях диагностики и лечения, а также в его негативном влиянии на качество жизни женщин, что способствует широкому распространению этого заболевания. В этой связи, задачей исследования является эпидемиологический анализ заболеваемости аденомиозом среди женщин.

Ключевые слова: аденомиоз, фертильный, клинико-морфологический, постменопауза.

PREMENOPAUZ HAMDA POSTMENOPAUZA YOSHIDAGI AYOLLARDA BACHADON ADENOMIOZ KASALLIK TAHLILI (FARG‘ONA VILOYATI MISOLIDA)

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Annotatsiya: Tadqiqotning maqsadi fertil va keksa yoshdagi ayollarda adenomioz kasalligining klinik-morfologik xususiyatlarini o‘rganishdan iborat. Tadqiqot adenomiz kasalligi aniqlangan, 30 yoshdan 65 yoshgacha bo‘lgan 50 nafar ayollarning malumotlari asosida olib borildi. Adenomioz kasalligining dolzarbligi davolash hamda diagnostikadagi qiyinchiliklar hamda ayollarning hayot sifatidagi salbiy ta’sirlar ushbu kasallikning keng tarqalishiga sabab bo‘lmoqda. Bu boradagi vazifalar ayollar orasida adenomioz bilan kasallanish epidemiologik tahlilini asoslash iborat.

Kalit so‘zlar: adenomioz, fertil,klinik-morfologik, postmenopauza.

ANALYSIS OF UTERINE ADENOMYOSIS DISEASE IN PREMENOPAUSAL AND POSTMENOPAUSAL WOMEN (ON THE EXAMPLE OF THE FERGHANA REGION).

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Annotation: The study aims to examine the clinicopathological features of adenomyosis in women of reproductive and elderly age. The study was conducted based on information from 50 women aged 30 to 65 years, diagnosed with adenomyosis. The relevance of the disease lies in the difficulties of diagnosis and treatment, as well as its negative impact on the quality of life of women, which contributes to the widespread prevalence of the disease. In this regard, the objective of the study is to conduct an epidemiological analysis of adenomyosis incidence among women.

Keywords: *adenomyosis, fertility, clinicopathological, postmenopause.*

Introduction: Currently, adenomyosis is considered one of the urgent problems among gynecological diseases. According to medical statistics, adenomyosis is a widely spread condition among women of reproductive age, with its prevalence varying from 12% to 50%. Among gynecological diseases, it ranks third after inflammation processes and uterine fibroids. Adenomyosis is widespread in women of fertility age, and it may lead to infertility, chronic pelvic pain syndrome, and various mono- and poly-organ pathological conditions [1,2].

According to the latest statistical data, this disease is confirmed to be widespread globally. According to recent information, the number of cases of this disease currently affects 175 million women of reproductive age, with an average of one in every 8-10 women being diagnosed with it. In Russia, endometriosis ranks among the leading gynecological diseases, alongside small organ pathologies, infectious inflammation, and fibroids. The diagnostic rate for endometriosis during laparoscopic surgery for infertility is typically between 25-50%. External genital endometriosis has been identified in 35% of patients seeking reproductive technologies for extracorporeal fertilization. The American Society of Reproductive Medicine has issued two recommendations regarding this issue, further confirming the urgency of the problem. The radical treatment for this disease is considered surgical intervention, which, together with hormonal therapy, and post-operative care, is currently of significant importance for each patient [3].

The detection rate of endometriosis during diagnostic laparoscopy for infertility ranges from 25% to 50%. External genital endometriosis has been identified in 35% of patients who sought assisted reproductive technology (ART) treatment at reproductive medicine centers. The American Society for Reproductive Medicine has issued two recommendations on this issue, further confirming the significance of the problem. The radical treatment method for this disease is surgical intervention, and hormonal therapy remains essential in both independent treatment and preoperative management [1,3]. Adenomyosis occurs in approximately 20-30% of women of reproductive age. In postmenopausal women, this rate decreases; however, in some cases, symptoms may persist [8]. Due to the effects of industrial waste and changes in lifestyle, the number of cases of this disease has been increasing each year. Adenomyosis is a gynecological condition characterized by the growth of endometrial tissue within the muscular layer of the uterus. This condition can occur in both fertile and elderly women. In women of reproductive age, adenomyosis is often associated with the menstrual cycle and may affect fertility [4]. In elderly women, adenomyosis often begins after menopause. However, in some cases, symptoms may persist without being noticeable, and signs can remain for a long time [5,8].

Analysis and Diagnostic Methods:

1.Ultrasound (US) - Thickening of the uterine wall and the presence of adenomatous nodules.
2.Histological analysis - Identifying uterine tissue through biopsy.
3.MRI - Plays an important role in enhancing diagnostic accuracy and is used to improve detection [4].

Significance of the Study:

1.For women of reproductive age, the treatment of infertility and the preservation of reproductive health are of crucial importance.
2.For elderly women, preventing complications and managing symptoms play a key role in their care [9].

The different forms of adenomyosis can often present with minimal symptoms or even be asymptomatic. However, in some cases, the clinical manifestation may develop rapidly, leading to conditions that require surgical intervention. The main symptom of this disease is pain, which occurs in all patients. Additionally, dysmenorrhea is observed in 55.7% of cases, rapid growth occurs in both cases, and anemia symptoms are seen in one-third of cases [3,7,8].

Aim of the Study: The purpose of this research is to study the clinical and morphological types of adenomyosis in women of different ages, their characteristics, and to explore effective diagnostic methods.

Materials and Methods: For the primary histological verification of adenomyosis in women of different age groups, data from 50 patients was collected. Among the patients, 18 (36%) were of reproductive age, 32 (64%) were older women, and 20 were in the control group. The study was conducted using clinical indicators, cytological, ultrasound (US), and colposcopic examinations. All patients were monitored under the supervision of the Rio and RIATM Fergana regional branch.

Results and Discussion: According to the research findings, 35% of the patients were under 35 years old; 41% were between 36 and 45 years old; and 24% were over 46 years old.

The patients were urgently admitted to the hospital, complaining of symptoms such as bleeding, various degrees of pain syndrome, and different forms of uterine contractions. Pain during menstruation was reported by 24.8% of the patients, pain during uterine contractions by 22.7%, and pre-menstrual pain by 7.8%. In all cases, the patients exhibited an enlargement of the uterus, often associated with the enlargement of fibroid nodules, and the activity and formation of adenomyosis foci. In focal adenomyosis, part of the uterine wall was thickened, while in the diffuse form, the entire myometrium thickened uniformly. The nodular form was rarely observed, and the size of the intratumoral nodules varied, and their boundaries were not well-defined. Along with this, the incidence of different forms of endometriosis was studied (10-12).

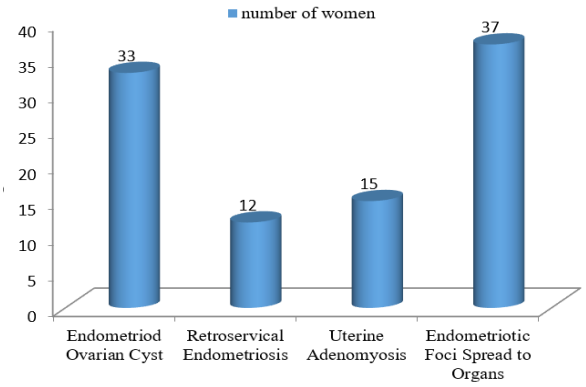

Table 1. Clinical indications of the study.

Thus, the results of morphological studies show that endometriosis remains one of the most widespread pathologies in women (Figures 1 and 2).

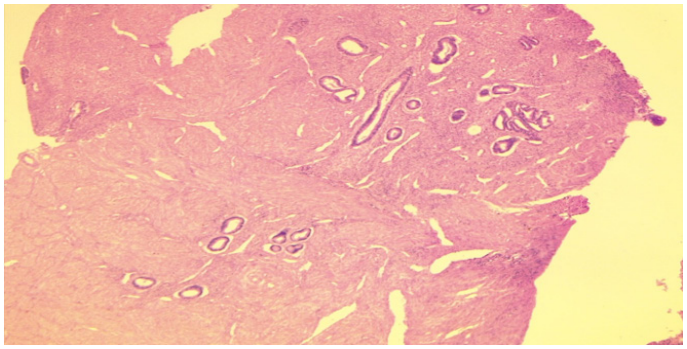

Figure 2. Endometrial mucosa infiltrating the myometrium and glandular structures.Magnification:×40. H&E.

Morphological analysis of various forms of adenomyosis and ovarian endometriosis plays an important role in identifying and preventing diseases that may recur, and it is crucial for prophylactic purposes.

Conclusion:

1.Adenomyosis and ovarian endometriosis may manifest in various forms, which can progress with either no symptoms or minimal symptoms during long-term treatment. However, it was observed that in cases with clinical manifestations, the condition can progress rapidly and may require surgical intervention.

2. The primary symptom observed in 100% of cases was pain (50.7%), along with disturbances in the menstrual cycle and rapid growth in every second patient, and anemia symptoms in one-third of cases.

3. In patients with endometriosis, cases involving inflammation and complications such as chronic pain, especially in cases of obstructive symptoms, were associated with the pathology of the affected organs.

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