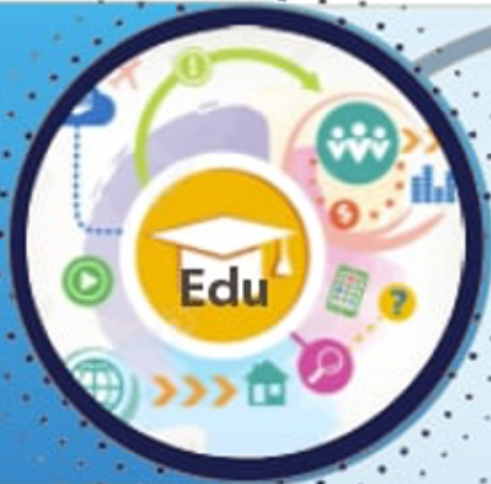




TASHKENT MEDICAL ACADEMY



Journal of Educational and Scientific Medicine

Issue 1 (2) | 2023



OAK.uz
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Supreme Attestation Commission of the Cabinet
Ministry of the Republic of Uzbekistan

ISSN: 2181-3175

Role of Hysteroresectoscopy in Diagnosing and Treatment of Infertility Due to Endometrial Pathology

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ABSTRACT

Background. Among the causes of infertility associated with endometrial pathology, synechiae and polyps occupy a leading position. Endoscopic surgery in the treatment of women with endometrial pathology of reproductive age is considered to be a method of organ preservation. The purpose of the study consists in studying the possibilities of hysteroresectoscopy in the diagnosis and treatment of infertile women associated with endometrial pathology.

Materials. 80 infertile women were included in the study. The main group included 26 women (group I) with endometrial synechiae and 34 women with endometrial polyps (group II). The control group was made up of 20 healthy women. All patients underwent clinical laboratory, histomorphological and instrumental examinations.

Results. 26 women with endometrial synechia underwent adhesiolysis using hysteroresectoscopy, and 34 women underwent polypectomy. The use of hysteroresectoscopy helps to identify the causes of infertility at the same time as eliminating them, which led to pregnancy in 83.4% of infertile women due to endometrial pathology.

Conclusion. The use of hysteroresectoscopic surgical technologies in the diagnosis and treatment of endometrial pathologies leads to the elimination of infertile women and the restoration of fertility in 83.4% of them. The use of hysteroresectoscopy in the diagnosis and treatment of endometrial pathologies leads to a 2.1-fold (83.4%) increase in the pregnancy rate of infertile women associated with these pathologies.

Keywords: infertility, endometrial synechia, endometrial polyp, hysteroresectoscopy

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INTRODUCTION

Endometrial pathologies are the cause of infertility in 10-15% of women's infertility in combination with one itself and other factors in 50% of cases [1-5]. Endometrial pathology is a cumulative concept and includes several diseases that differ from one another in etiology and pathogenesis: types of submucous and centripetal growth of uterine fibroids, adenomyosis, chronic endometritis, endometrial hyperplastic processes and endometrial synechiae [6-10].

The only effective way to treat endometrial pathologies is the method of hysteroscopy. Hysteroscopy is considered to be a less serious surgical method for the treatment of various pathologies of the endometrium, and today it is one of the most advanced and effective methods of treating these pathologies with surgical procedures [11-13].

Endometrial synechiae and endometrial polyps, in addition to uterine bleeding, are often also the main (infertility, abortion) causes of reproductive dysfunction [14-16].

One of the methods of organ preservation surgery without leaving a scar on the endometrium-the use of hysteroscopy-is of great importance for women of reproductive age planning a pregnancy [17]. The introduction of hysteroscopy into clinical practice has significantly expanded the possibilities of eliminating various endometrial pathologies [18-20].

However, many aspects of the use of hysteroscopy in the treatment of infertile women associated with endometrial pathology have not been well enough illuminated to this day.

The purpose of the study consists in studying the possibilities of hysteroscopy in the diagnosis and treatment of infertile women associated with endometrial pathology.

MATERIALS AND METHODS

The study included 80 infertile women aged 20-35 years. The main group included Patients (group II) with 26 endometrial synechiae (group I) and 34 endometrial polyps. The control group was organized by 20 healthy women. All patients were subjected to clinical-laboratory, histomorphological and instrumental examinations.

Hysteroscopy was performed using the endoscopic equipment "Karl Storz". Hysteroscopy was performed in the first phase of the menstrual cycle, which is why during this period it will also be easy to topically diagnose the uterus itself and the tumours in it. In all hysteroscopic surgical

practices performed, the cut tissue and folds were sent for histomorphological examination.

Statistical processing of the results obtained Statistica for Windows v. 7.0. it was implemented in the program that made the program itself jo. The data was described in the form of $M \pm m$. A statistically significant difference was obtained that the difference corresponding to $p < 0.05$.

RESULTS

The patient's average age was 28.4 ± 1.02 years. The duration of infertility was a period from 2 to 6 years. In women undergoing the study, diagnoses made while performing hysteroscopy surgery were confirmed, that is, 26 (32.5%) women were diagnosed with uterine synechiae and 36 (45.0%) endometrial polyps. Of the patients, 38.3% of women with endometrial synechiae mostly complained of hypomenorrhea, amenorrhea, while 61.7% of women with endometrial polyps complained that nomuntazam had long-term bleeding.

Endometrial polyps have often been found to be located at the bottom of the uterus and on the anterior and posterior walls of the uterus. Their shape was determined round, oblong and conical. The dimensions were determined from 0.5 cm to 2 cm, and the number from 1 to 2. The color of the polyps varied from pale pink and light yellow to light red. In all cases, polyps had an organoid structure: characterized by the presence of the base - "legs".

Conclusions of the patomorphological examination of tissues obtained during the execution of the practice of hysteroscopy jarroxlik: in 61.7% of patients, endometrial gland-fibrosis polyps - it is 38.3%, and fibrosis tissues are identified. In 38.3% of patients with synechies in women with hysteroscopic adhesiolysis and in 61.7% of women with hysteroscopic polypectomy performed surgical procedures. In all cases of performing surgical practices, intraoperative complications were not observed. Hysteroscopy in patients undergoing surgical procedures, the recovery of the menstrual cycle was 65% and 78% in groups, respectively.

All 38,3% of endometrial synechiae were inserted into the "Yunona" uterus spiral in order to prevent relapse of existing pathological conditions in women who performed the practice of adhesiolysis surgery, and women who underwent polypectomy-the "Mirena" intrauterine device. The resumption of the menstrual cycle in groups after the removal of the intrauterine

device was observed in Group 1 in Group 21 (61.7%) and women in Group 2 18 (69.2%) (see Figure).

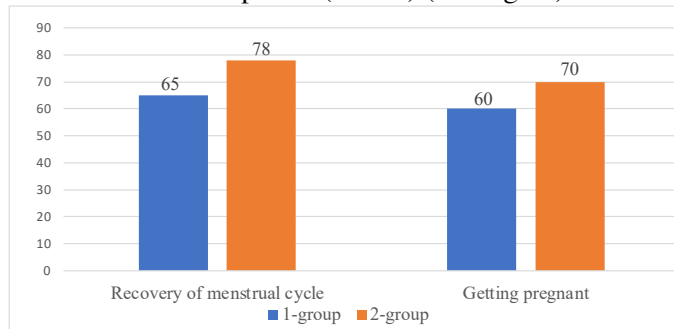


Figure. Recovery of menstrual cycle and pregnancy weight in women included in the study, %

Thus, synechiae and polyps from the pathologies of the uterus occupy a large place in the development of infertility in women, leading to disruption of reproductive activity.

According to our obtained data, the use of hysteroscopy helps to completely eliminate them at the same time as the diagnosis of infertility caused by endometrial pathology, which leads to an increase in the salinity of pregnancy in patients by 2.1 times.

DISCUSSION

In recent years, the problem of infertility in women remains one of the urgent problems of modern reproductology [4-8]. It is known that endometrial pathology occupies a leading position in the structure of female infertility [3-6].

The use of endoscopic surgery in the diagnosis and treatment of infertility associated with endometrial pathology in women of reproductive age is considered one of the effective methods [4.5].

Today, despite the widespread use of hysteroscopy in the diagnosis and treatment of infertility associated with endometrial pathologies, a decrease in the severity of infertility associated with this pathology is not observed [4.5].

In this study of us, the focus was on the use of the method of hysteroscopy in the treatment of endometrial pathology, as well as the evaluation of its results, aimed at assessing its effectiveness.

The economic efficiency of this study was achieved by a 2.2-fold reduction in infertility associated with endometrial pathology and a 2.1-fold increase in the recovery of reproductive function.

Thus, the use of hysteroscopy in the treatment of infertility associated with endometrial pathology leads to an increase in the level of pregnancy in women by up

to 83.4% due to the simultaneous diagnosis and elimination of these pathologies.

CONCLUSION

The use of hysteroscopic surgical technologies in the diagnosis and treatment of endometrial pathologies leads to the elimination of infertile women and the restoration of fertility in 83.4% of them. The use of hysteroscopy in the diagnosis and treatment of endometrial pathologies leads to a 2.1-fold (83.4%) increase in the pregnancy rate of infertile women associated with these pathologies.

Ethics approval and consent to participate - All patients gave written informed consent to participate in the study.

Consent for publication - The study is valid, and recognition by the organization is not required. The author agrees to open the publication

Availability of data and material - Available

Competing interests - No

Financing - No

Conflict of interests - The authors declare that there is no conflict of interest.

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**ENDOMETRIY PATOLOGIYASI BILAN BOG'LIQ
AYOLLAR BEPUSHTLIGINI TASHXISLASH VA
DAVOLASHDA**

GISTEROREZEKTOSKOPIYANING O'RNI
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Gafurova Ye.O.

Toshkent tibbiyot Akademiyasi
ABSTRAKT

Dolzarbliqi. Endometriy patologiyasi bilan bog'liq bepushtlik sabablari orasida sinexiya va poliplar yetakchi o'rinni egallaydi. Reproaktiv yoshdagi endometriy patologiyasi bo'lgan ayollarni davolashda endoskopik jarrohlik organ saqlovchi usul bo'lib hisoblanadi. Tadqiqotning maqsadi endometriy patologiyasi bilan bog'liq bepusht ayollarni tashxislash va davolashda gisterorezektoskopiya jarrohlik usuli imkoniyatlarini o'rganishdan iborat.

Materiallar. Tadqiqotga 80 nafar bepusht ayol kiritildi. Asosiy guruhga endometriy sinexiyasi bilan kasallangan 26 ayol (I-guruh) va endometriy polipli 34 ayol (II guruh) kiritilgan. Nazorat guruhi 20 nafar sog'lom ayoldan iborat edi. Barcha bemorlar klinik-laborator, gistomorfologik va instrumental tekshiruvlardan o'tkazildi.

Natijalari. Endometriy sinexiyasi bilan kasallangan 26 ayollarda gisterorezektoskopiya yordamida adgezioliz, 34 ayolda polipektomiya jarrohlik amaliyoti o'tkazildi. Gisterorezektoskopiya yordamida bepushtlik sabablarini aniqlash bilan birga ularni bartaraf etishga yordam beradi, bu esa endometriy patologiyasi tufayli bepusht ayollarning 83,4 % homilador bo'lishiga olib keldi.

Xulosa. Endometriy patologiyalarni tashxislash va davolashda gisterorezektoskopik jarrohlik texnologiyalaridan foydalanish ayollarda mazkur patologiya bilan bog'liq bepushtlikni pasayishiga va reproduktiv funksiyasini 83,4%da tiklanishiga olib keladi. Endometriy patologiyalarni tashxislash va davolashda gisterorezektoskopiya yordamida bepusht ayollarda homiladorlik darajasining 2,1 baravar (83,4%) oshishiga olib keladi.

Kalit so'zlar. Bepushtlik, endometriy sinexiyasi, endometriy polipi, gisterorezektoskopiya

**РОЛЬ ГИСТЕРОРЕЗЕКТОСКОПИИ В
ДИАГНОСТИКЕ И ЛЕЧЕНИИ ЖЕНСКОГО
БЕСПЛОДИЯ, ОБУСЛОВЛЕННОГО
ПАТОЛОГИЕЙ ЭНДОМЕТРИЯ**

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Актуальность. Среди причин бесплодия, связанных с патологией эндометрия, синехии и полипы занимают лидирующее положение. При лечении женщин репродуктивного возраста с патологией эндометрия эндоскопическая хирургия рассматривается как органаосхраняющим методом. Целью исследования является изучение возможностей хирургического метода гистерорезектоскопии в диагностике и лечении женщин с бесплодием, обусловленным патологией эндометрия.

Материал. В исследование были включены 80 женщин с бесплодием. В основную группу вошли 26 женщин (I группа) с синехиями эндометрия и 34 женщины (II группа) с полипами эндометрия. Контрольную группу составили 20 здоровых женщин. Всем пациенткам были проведены клинико-лабораторное, гистоморфологическое и инструментальное обследования.

Результаты. У 26 женщин с синехиями эндометрия с помощью гистерорезектоскопии был выполнен адгезиолиз, а у 34 женщин была выполнена операция полипэктомии. Использование гистерорезектоскопии вместе с выявлением причин бесплодия помогает устранить их, и повысить частоту наступления беременности у 83,4% женщин.

Вывод. Использование гистерорезектоскопии у женщин в диагностике и лечении патологий эндометрия привело к снижению бесплодия, обусловленного данной патологией, и восстановлению репродуктивной функции на 83,4%. Использование гистерорезектоскопии в диагностике и лечении патологий эндометрия приводит к увеличению частоты наступления беременности у женщин, обусловленной данной патологией в 2,1 раза (83,4%).

Ключевые слова. Бесплодие, синехии эндометрия, полип эндометрия, гистерорезектоскопия