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## Research Article

# REGULARITY OF PATHOMORPHOLOGICAL CHANGES OF ENDO AND MYOMETRY IN THE DEVELOPMENT OF ABNORMAL UTERINE BLEEDING IN WOMEN IN PERIMENOPAUSE

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**Andrey Vladimirovich**

Assistant, Department Of Obstetrics And Gynecology №, Tashkent Medical Academy, Uzbekistan

**Amanboeva Farangiz Bakhridin Kizi**

Master Of The Department Of Obstetrics And Gynecology, Tashkent Medical Academy, Uzbekistan

**Adizova Zarina Otabek Kizi**

Master Of The Department Of Obstetrics And Gynecology, Tashkent Medical Academy, Uzbekistan

## ABSTRACT

A special place in the problem of abnormal uterine bleeding is occupied by the issues of qualitative diagnosis of patients with abnormal uterine bleeding, the cause of which is pathomorphological changes in the endomyometrium, such as: endometrial hyperplasia, uterine myoma, adenomyosis, a combination of fibroids and endometrial hyperplasia, a combination of adenomyosis and endometrial hyperplasia. Abnormal uterine bleeding is observed in 10-30% of women of reproductive age, in perimenopause - their frequency increases to 50%.

## KEYWORDS

Pathomorphological causes, abnormal uterine bleeding, endometrial polyp, endometrial hyperplasia.

## INTRODUCTION

The term AUB covers severe uterine bleeding, which may be caused by anatomic pathology of the reproductive system and women with normal anatomy in whom AUB may be due to ovulatory dysfunction, coagulopathic and iatrogenic causes. [1,3,7,10].

Abnormal uterine bleeding is a broad term that describes irregularities in the menstrual cycle involving frequency, regularity, duration, and volume of flow outside of pregnancy. Up to one-third of women will experience abnormal uterine bleeding in their life, with

irregularities most commonly occurring at menarche and perimenopause. A normal menstrual cycle has a frequency of 24 to 38 days and lasts 2 to 7, with 5 to 80 milliliters of blood loss. Variations in any of these 4 parameters constitute abnormal uterine bleeding. This activity reviews abnormal uterine bleeding diagnosis and treatment and explains the importance of an interprofessional approach to evaluating and treating abnormal uterine bleeding.

Revisions to the terminology were first published in 2007, followed by updates from the International Federation of Obstetrics and Gynecology (FIGO) in 2011 and 2018. The FIGO systems first define abnormal uterine bleeding, then give an acronym for common etiologies. These descriptions apply to chronic, nongestational AUB. In 2018, the committee added intermenstrual bleeding and defined irregular bleeding as outside the 75th percentile.

Pathological changes in the uterus in AUB can be divided into the following classification.

PALM -

P-polyp

A-adenomyosis

L-leiomyoma

M-myoma

Hyperplastic processes of the endometrium are a common pathology, the frequency of which increases by the period of age-related hormonal changes in perimenopause. Hyperplastic processes of the endometrium in most cases are manifested by abnormal uterine bleeding [2,4].

The second most common cause of abnormal bleeding is endometrial and cervical polyps [3,4]

Clinical classification of endometrial polyps.

1. Polyps covered with a functional layer of the endometrium
2. Glandular polyps
3. Fibrous polyps
4. Glandular-fibrous polyps
5. Adenomatous polyps.

The clinical picture of uterine fibroids and adenomyosis is also manifested by abnormal uterine bleeding.

A special place in the problem is occupied by the issues of high-quality diagnostics and the development of management tactics for patients with abnormal uterine bleeding caused by uterine fibroids, adenomyosis, a combination of fibroids and endometrial hyperplasia, adenomyosis and endometrial hyperplasia. [2,4,8]

The risk of uterine malignancy is significantly higher with a combination of endometrial pathology with fibroids and adenomyosis compared with patients suffering from similar diseases in an isolated form.

According to many authors, there is a high probability of a combination of fibroids and adenomyosis (85%), fibroids and endometrial hyperplasia (65%), endometrial hyperplasia and adenomyosis (16.2%) [8,9].

In this regard, the search for the most accessible and highly informative methods of early diagnosis, as well as the choice of adequate treatment for abnormal uterine bleeding caused by anatomical pathologies of the endo- and myometrium or a combination of them, is of great diagnostic value.[3,4,8,10]

Purpose of the study: To determine the pathomorphological causes of abnormal uterine bleeding in perimenopausal women.

To achieve our goal, we examined 55 perimenopausal women with abnormal uterine bleeding who underwent the following examination methods:

- anamnesis and assessment of the nature of bleeding
- clinical blood test
- gynecological examination
- color doppler mapping
- sonohysterography
- curettage of the uterine cavity with subsequent histology
- hysteroscopy with targeted biopsy and histology.

#### Results of the study and their discussion

The age of women varied from 45 to 49 years. From the anamnesis of relapse, abnormal uterine bleeding was observed in 15 (27%) women. In the remaining 40 (72%), AUB was observed for the first time.

Gynecological examination: an examination using mirrors to differentiate bleeding from the vagina or from the cervix, a bimanual examination of the pelvic organs, including the size and contours of the uterus and its appendages, was carried out for all examined women. In 6 (11%) women, on bimanual examination, the size of the uterus was within the normal range, the appendages were not palpable. In 36 (65%), the size of the uterus during bimanual examination was increased in size, in 25 (69%) of them, pain was also observed during the examination. In 13 (24%) women, an increase in the uterus and appendages was observed.

Laboratory evaluation included a clinical blood count and a coagulogram. All examined women had anemia of various degrees, of which severe anemia was observed in 15 (27%). Blood coagulation disorder was in 5(9%), 4(80%) of them were towards hypercoagulation, and 1(20%) - hypocoagulation.

In the majority of women in the period of perimenopause, the cyclical changes in the endometrium remain. A transvaginal ultrasound probe was not performed because the examined women had bloody discharge at the time of the study.

After ultrasound studies, it was revealed that 46% of women had no morphological disorders of the endo-myometrium. In 54% (30) cases, pathomorphological changes in the uterus were observed. In 10 (33.3%) of them, endometrial polyps were found, in 8 (15%) endometrial hyperplasia, in 5 (9%) uterine fibroids, 5.3% of them were submucosal, adenomyosis was in 1 (1.8%) women, a combination of endometrial hyperplasia and uterine leiomyoma 2 (3.6%), a combination of leiomyoma and adenomyosis 7 (15%). The frequency of pathomorphological causes of abnormal uterine bleeding is shown in the table.

Curettage of the uterine cavity with subsequent histology was performed in 35 (64%) of the examined patients in order to diagnose and stop bleeding. Histological responses were as follows: glandular hyperplasia of the endometrium in 11 (31.5%) patients, glandular cystic hyperplasia in 6 (17%) patients, endometrial polyposis in 9 (25%), atypical hyperplasia in 1 (3%), endometrial cancer in 1 (3%), in the remaining 7 (20%), an inflammatory process of the endometrium was revealed.

#### CONCLUSION

According to the results of pathomorphological studies, the most common causes of abnormal uterine bleeding in perimenopause are endometrial hyperplastic processes (36%), which are often combined with adenomyosis and uterine myoma (20.8%).

The most informative methods of examination were Doppler ultrasound, diagnostic curettage of the uterine cavity.

## REFERENCES

1. Ablakulova V.S. On the risk of recurrence of endometrial polyps. Second medical journal. Uzbekistan. 1999; 1; 53-55S.
2. Ailamazyan E. K. Gynecology: from puberty to menopause.- M.: MEDpress, 2017.- 512 p.
3. Vikhlyaeva E. M., Zheleznov B. Yu., Zaporozhan V. N. Guide to endocrine gynecology. Hyperplastic processes of the endometrium / Ed. E. M. Vikhlyaeva.— M.: Med. inform. Agency, 2017.— P. 684-710.
4. Dubossarskaya ZM Reproductive endocrinology: Educational method. allowance. - Dnepropetrovsk: Lira LTD, 2018. - 416 p. 26. Panay N., Studd J. Treatment of gestagen intolerance // Progress in the management of the Menopause.— N. Y., 1998.— P. 151-167.
5. Zaidieva Ya.Z. Abnormal uterine bleeding in perimenopause // Russian Bulletin of the Obstetrician-Gynecologist 5, 2018 p. 92-99.
6. Chernukha G.E., Ilyina L.M. Inflammation is the biological basis for heavy menstrual bleeding. Gynecological Endocrinology 2015; 20-7