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**RESULTS OF MODERN SCIENTIFIC RESEARCH**

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<b>19.</b>	Nilufar Z. Imamova	METHODOLOGY FOR DEVELOPING CREATIVE QUALITIES OF FUTURE TEACHERS IN THE PROCESS OF INDEPENDENT TRAINING	<b>86-90</b>
<b>20.</b>	Ataqulova Manzura Nematovna, Turopova Guljahan	BIOLOGICAL FEATURE AND PATHOGENIC SIGNIFICANCE OF THE MALARIA FLY	<b>91-93</b>
<b>21.</b>	Furkatov Akbarshoh	OXIDATIVE STRESS AND MALE INFERTILITY	<b>94-98</b>
<b>22.</b>	Mrfuzayl B. Sayfullaev, Abdigaffar G. Gadaev, Rustam I. Turakulov, Oybek Z. Abdukholikov	SIGNIFICANCE OF ALDOSTERONE-SYNTHESIS GENE POLYMORPHISM IN THE DEVELOPMENT OF FIBROSIS PROCESSES IN CARDIORENAL SYNDROME DEVELOPED ON THE BASIS OF CHRONIC HEART FAILURE	<b>99-109</b>
<b>23.</b>	Jasur B. Kushmanov	PHRASEOLOGICAL UNITS AND METHODS OF THEIR TRANSLATION	<b>110-112</b>
<b>24.</b>	Muftaidinova Shakhnoza Kiyomiddinovna, Muminova Ziyoda Abrorovna, Abdullajonova Muslimakhon Ulugbekovna	CLINICAL PICTURE OF ENDOMETRIOSIS IN ADOLESCENTS	<b>113-114</b>

## CLINICAL PICTURE OF ENDOMETRIOSIS IN ADOLESCENTS

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**ABSTRACT:** Endometriosis is a chronic gynecological disease in which there is growth and development of tissue similar to the endometrium outside the uterine cavity, causing pain and infertility, thereby reducing the quality of life of women of reproductive age [1]. Unfortunately, this disease occurs even in adolescents, and this figure reaches up to 49-75% [2]. Endometriosis is the most common cause of secondary dysmenorrhea in adolescent girls and is characterized by pain despite treatment with non-steroidal anti-inflammatory and hormonal drugs [3].

**KEYWORDS:** Of our study was to identify the risk group of adolescent girls for the development of endometriosis.

### INTRODUCTION

The study included 40 teenage girls aged 14 to 18 from the general education school. We conducted a gynecological questionnaire (questionnaire), which included questions regarding the individual characteristics of the menstrual cycle and the intensity of the pain syndrome during menstruation.

### RESULTS

Based on the results of the survey, we divided adolescents into groups based on the points scored. Girls who scored between 8 and 14 were included in the group with a high risk of developing the disease, which amounted to 45%. 25% of girls scored from 5 to 7 points (group II with medium risk) and group III (low risk) - 20% scored below 5 points. We examined some indicators of high-risk girls and found the following results: the age of high-risk adolescents was 15.4 years on average. The age of menarche averaged 15.1 years. The body mass index in most girls was within the normal range. The main complaints of high-risk girls were chronic pelvic pain (70%),

dysmenorrhea (85%), heavy menstrual flow (10%), bleeding outside the menstrual cycle (5%). Unfortunately, only 15% of high-risk girls reported their problems to their parents, 3% to a gynecologist. Of course, when adolescents hide health problems or do not seek medical attention during this time, we may miss the time and chance to provide timely care to such patients and prevent the development of further complications, such as the spread of endometriosis or infertility in reproductive age.

### CONCLUSION

Adolescent girls with pain syndrome and dysmenorrhea should be attributed to a high risk group for the development of endometriosis. For early diagnosis of endometriosis, it is necessary to conduct a preventive examination of adolescent girls who are at high risk every 6 months and consult a pediatric gynecologist in polyclinics.

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