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**MODERN METHODS OF
DIAGNOSIS AND TREATMENT
OF GYNECOLOGICAL DISEASES**

certain consequences for pregnancy and their babies. However, with proper medical care, people and their children with Rh incompatibility can have healthy pregnancies and deliveries. When the mother is Rh negative, it may result in incompatibility between pregnant and her baby's (Rh positive) blood cells.

Purpose and task. The purpose of this article is to study the pathogenesis of incompatibility between mother and babies blood. In addition, which conditions can be risk factors for this pathological process, and to show the methods that reduce and treat this condition.

Method and Material. We searched datas from the Maternity complexes in Tashkent and reference lists of retrieved studies. Recruitment target: 100 women. We experienced all Rh-negative and indirect agglutinin test negative primigravida and un-sensitized multigravida who are willing to participate in the study. Women with this criterion are excluded: Rh-negative mothers with Rh-negative husbands. The reaction of indirect agglutination is positive. The treatment was prenatal administration of 300 meg (1500 IU) Rh-D immunoglobulin. There was no intervention.

Results Primary outcomes: frequency of immunization during pregnancy at term, at delivery, and at 6 months. Secondary outcomes: incidence of neonatal hyperbilirubinemia, need for phototherapy and need for exchange transfusion. Rh negative women want to be informed and participate in decision making to prevent Rh alloimmunization. It is justified to work with Rh negative women to develop decision aids and other educational tools to assist in the decision making process.

Discussion. Participants in this study reported a lack of information on the prevention of RhD alloimmunization. They were looking for information to overcome gaps in knowledge and willingness to participate in the decision-making process.

Conclusion Rh incompatibility during pregnancy is relatively rare. However, doctors recommend that all pregnant women get screened and tested early in pregnancy. There are many testing and treatment options available for people with Rh incompatibility. Regular antibody testing can be a particularly important part of preventing problems for both the parent and the child. With regular treatment, pregnant women with Rh incompatibility can have healthy pregnancies and deliveries.

Keywords. RhD negative; Pregnancy; Rh-D immunoglobulin; incompatibility.

THE ROLE OF TYROSINE KINASE RECEPTORS IN THE DEVELOPMENT OF ENDOMETRIOSIS AND TUMOR PROCESSES

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Endometriosis is defined as the presence of ectopic endometrial tissue outside the uterine cavity, most often in the ovaries and peritoneum. Endometriosis is considered a potential preinvasive condition and according to the histological classification of ovarian tumors of the World Health Organization (WHO) is classified as a tumor-like lesion. Although endometriosis is considered a benign disease, it has many signs characteristic of cancer: invasion of endometrial epithelial tissue into distant organs, uncontrolled growth, reduced apoptosis, activation of angiogenesis [1, 2]. Moreover, in experiments with mice, convincing evidence was obtained of the ability of endometrioid tissue to metastasize by migration and engraftment on many abdominal organs [3]. The presence of common characteristics of the development of ectopic endometrium, especially in deep infiltrative endometriosis, and cancer suggests not only the same pathogenesis mechanism, but common therapy approaches. Therefore, it cannot be excluded that many factors used today as a target for cancer therapy may manifest themselves similarly in endometriosis. In this regard, ephrin receptors (Eph) are of particular interest, belonging to the largest family of receptor tyrosine kinases expressed on the surface of epithelial cells during their active division. In cancer cells, many Eph exhibit an abnormally high level of expression, the suppression of which is accompanied by

problem, as it directly affects the perinatal morbidity and infant mortality rate, which is 40 times higher in premature newborns in relation to full-term children (Protopopova N.V., et al., 2009). Occupying one of the first places in practical obstetrics and neonatology, spontaneous or induced premature births determine the level of perinatal morbidity and mortality. Thus, according to statistics, among early neonatal mortality, the proportion of premature babies ranges from 60% to 70%, and stillbirth during premature birth is recorded 8-13 times more often than during urgent childbirth (Azbukina L.N., 2015).

The purpose of the study: to study the risk factors for the development of premature birth in pregnant women living in the Khorezm region and to develop prognostic criteria to assess the outcomes of pregnancy.

Material and research methods. To determine the frequency of premature birth, anamnesis analysis, the course and outcome of pregnancy and childbirth, the condition of the newborn, depending on the gestation period, we conducted a retrospective analysis. The analysis included 6162 birth histories, of which 2269 were preterm birth histories of women who were in the Khorezm Perinatal Center in 2022. A retrospective analysis of birth histories showed that the PR was 36.8%.

Results. The analysis of the results showed that the development of premature birth was influenced by chronic somatic pathology and a combination of several nosologies, such as chronic tonsillitis ($F=17.3$; $P<0.01$), chronic pyelonephritis ($F=14.6$; $P<0.01$).

According to some researchers, varicose veins occur in 40-95% of women during pregnancy. Moreover, it first appears in 50-96% of women at the onset of pregnancy (Mozheyko L.F., et al., 2016). In the structure of diseases in women with premature birth, varicose veins were more common than in the control ($F=8.4$; $P<0.01$), which indicates disorders in the hemostasis system and plays an important role in the function of the fetoplacental complex.

In recent decades, there has been a significant increase in the incidence of diabetes mellitus among women of reproductive age.

The development of preterm labor was significantly influenced by the state of reproductive function: the presence in the anamnesis of spontaneous miscarriages ($F=11.8$; $P<0.05$), non-developing pregnancy ($F=10.6$; $P<0.05$), premature birth ($F=26.3$; $P<0.001$), perinatal losses ($F=5.5$; $P<0.01$). The development of preterm labor was significantly influenced by hereditary burden ($F=40.5$; $P<0.001$) for unfavorable pregnancy outcomes.

Despite the high frequency of other indicators, such as anemia, thyroid diseases, heart defects, genital tumors, the difference in their detection was not of a reliable statistical nature, and therefore we excluded them from the register of risk factors for the development of premature birth.

Thus, the developed prognostic assessment of risk factors for the development of preterm labor can serve for a differentiated approach to calculating the individual risk index in order to optimize the pre-pregnancy preparation of women both before pregnancy and after in order to prescribe an individual rehabilitation complex to restore reproductive function and prevent the negative impact of established factors.

Conclusion. Based on the data obtained, prognostic and clinical factors have been established that directly affect the development of preterm labor both by individual signs and in combination. The developed prognostic matrix, taking into account the anamnestic and clinical signs of the development of premature birth, can serve for early diagnosis and timely therapy.

PREGNANCY IN RHESUS NEGATIVE WOMEN

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Relevance. Currently, there are relatively few people who are Rhesus negative. But if such a person is a woman and pregnant, it can cause dangerous situations. A negative Rh test can have

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