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# **СОВРЕМЕННЫЕ ПОДХОДЫ К СТАНДАРТИЗАЦИИ ОКАЗАНИЯ МЕДИЦИНСКОЙ ПОМОЩИ В АКУШЕРСКО-ГИНЕКОЛОГИЧЕСКОЙ ПРАКТИКЕ**

*Материалы научно-практической конференции*

## **Сборник Тезисов**



*посвященной памяти  
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## **CLINICAL AND MORPHOLOGICAL PARALLELS IN THE COURSE OF UTERINE MYOMA**

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**Abstracts:** Uterine fibroids are the most common tumor in gynecology. The aim of the study was to study the clinical and morphological features of uterine fibroids in women with surgical management tactics. 53 women with symptomatic UF and 48 conditionally healthy women of reproductive and perimenopausal age who were admitted to the Multidisciplinary TMA Clinic (2018-2020), who underwent standard studies, were examined. Clinical and morphological analysis of women with surgical treatment tactics showed that the histology of myomatous nodes is dominated by leiomyoma, with the morphology of scraping – a simple typical endometrial hyperplasia on the background of endometritis.

**Key words:** uterine fibroids, endometrial hyperplasia, hysterectomy.

Uterine fibroid (UF) is the most common tumour in gynaecological practice (20-80%) (Jeng C.-J., 2020; ROAG 2021). UF is the leading cause (40-60%) of hysterectomies performed annually (Philip M.R., 2021).

The aim of the study was to investigate the clinical and morphological features of Uterine fibroid in women with surgical management tactics.

**Materials and methods of study.** We examined 53 women with symptomatic UF and 48 healthy women of reproductive and perimenopausal age (2018-2020). We used general clinical, specifically gynaecological, instrumental, morphological studies of

endometrial aspirates (n=52) and removed uteri (n=11), and statistical methods of investigation.

Results obtained. The mean age of the examined women was  $40.9 \pm 0.7$  years ( $p < 0.05$ ). Women with symptomatic UF (n=53) presented with various clinical manifestations: asymptomatic uterine bleeding (AUB) and anemia in 86.8% (n=46), rapid growth symptom in 11.3% (n=6), pelvic pain symptom in 9.4% (n=5) and sterility symptom in 7.5% (n=4) ( $p = 0.01$ ).

The results of surgical treatment of women with symptomatic UF (n=53) were analysed. All women in the symptomatic UF group (n=52, 98.1%) underwent uterine curettage according to the National Protocol and the scrapings were sent for morphological examination. One woman was excluded as she was unmarried (virgo). When analysing the performance of radical surgery, organ-preserving interventions (uterine artery embolisation (UAE), hysteroscopic and conservative myomectomy) were performed in 7 (13.2%) women of reproductive age (18-42 years). Whereas organ withdrawal operations (supravaginal amputation and hysterectomy) were performed in 1/5 (18.9%) women of late reproductive and perimenopausal age (41-50 years old), because of the absence of the effect of medical treatment.

Results of uterine cavity scrape morphology in women (n=52) showed that endometrial hyperplasia (EH) was the most common cause of AUB in women with symptomatic UF. According to the WHO classification (2014), typical simple EH was found in almost 2/3 of the women studied (64.1%) and complex typical EH in 1/3 (26.4%). Simple typical EH was characterised by a microscopic picture in which: the endometrium was enlarged in volume, structurally different from normal endometrium in that the glands and stroma were active, the glands were distributed irregularly, some of them were cystically enlarged. There is a balance between glandular and stromal proliferation, blood vessels in the stroma are evenly distributed, and there is no atypia of the nuclei. In complex typical EH, the degree of proliferation and the number of glands in the intermediate stroma, which are structurally irregular, are more pronounced than in simple typical EH. There is no atypia of the nuclei, and the balance between glandular and stromal proliferation is

already disturbed here. Numerous studies in recent decades have proved that EHs are the result of hyperaestrogenism, initiating symptomatic UF. Of note, in 1/5 of the women studied (20.7%), UF and EH occurred against a background of histologically confirmed endometritis.

Histological examination of the removed uterine specimens or myomatous nodules showed that leiomyoma (54.5%,  $p>0.05$ ) was the most common in more than half of the women with hysterectomy and leiomyoma (36.4%,  $p>0.05$ ) in 1/3 of them. When studying the medical history of the studied women with UF, the fibrous component predominated in myomatous nodes with a long disease history ( $r=0.431$ ). Results of the macroscopic morphological examination of the leiomyoma showed a clearly delineated spherical nodule of dense consistency, whitish grey colour, fibrous structure, surrounded by a moderately sclerosed tissue pseudocapsule. Microscopically, the leiomyoma consisted of multidirectional bundles of smooth muscle cells (SMC), with a connective tissue layer in which mitosis was practically undetectable. Leiobromiomas were characterised by increased stromal volume, due to its hyalinosis and vascular walls, with thin fibrous septa of SMC atrophied. Blood circulation disturbances resulting in tissue edema and necrosis followed by sclerosis foci, hyalinosis with lime deposition or cysts formation and increased proliferation of tumor cells and stromal elements with polymorphism of cellular structures typical for fibroids occur in UF nodules.

**Conclusion.** Interpretation of morphological examination of postoperative morphological material in women with surgical treatment tactics showed that myomatous nodules histology was dominated by leiomyoma, while scrapie morphology showed simple typical EH, with a background of endometritis. EH is the result of absolute or relative hyperaestrogenism, which is the initiating factor for the development of symptomatic UF, leading to organ failure. Thus, given the high prevalence of the disease in the population, the study of clinical and morphological features of uterine myoma is one of the topical issues in gynaecology at the present stage.