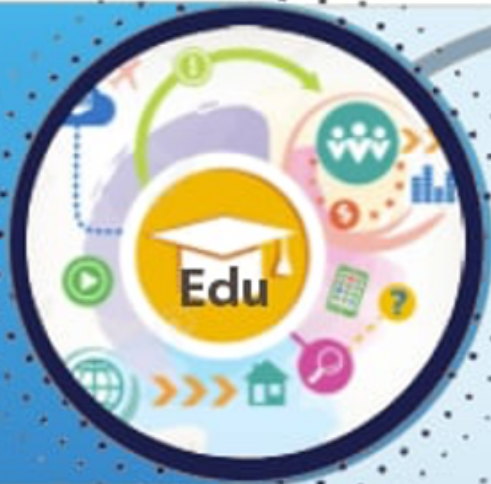




TASHKENT MEDICAL ACADEMY



Journal of Educational and Scientific Medicine

Issue 1 (2) | 2023



OAK.uz
Google Scholar

Supreme Attestation Commission of the Cabinet
Ministry of the Republic of Uzbekistan

ISSN: 2181-3175

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

Sh.O.Sharipova¹, S.B. Burxonova², Z.F. Solieva³, E.O.Gafurxonova⁴

ABSTRACT

Background. Among the causes of infertility associated with endometrial pathology, synechia 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 hysteroscopy 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 synechia 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 hysteroscopy, and 34 women underwent polypectomy. The use of hysteroscopy 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 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.

Keywords: infertility, endometrial synechia, endometrial polyp, hysteroscopy

¹ Master of the 2nd year of the Department of Obstetrics and Gynecology of the Tashkent Medical Academy, Tashkent, Uzbekistan, e-mail: sharipovashahnoza55@gmail.com

² Master of the 2nd year of the Department of Obstetrics and Gynecology of the Tashkent Medical Academy, Tashkent, Uzbekistan, e-mail: burxonova.sitora09@gmail.com

³ Master of the 2nd year of the Department of Obstetrics and Gynecology, Tashkent Medical Academy, Tashkent, Uzbekistan, e-mail: zebosolieva@mail.ru

⁴ Master of the 2nd year of the Department of Obstetrics and Gynecology of the Tashkent Medical Academy, Tashkent, Uzbekistan, e-mail: ezozagafurova@gmail.com

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 hysteroresectoscopy. Hysteroresectoscopy 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 hysteroresectoscopy-is of great importance for women of reproductive age planning a pregnancy [17]. The introduction of hysteroresectoscopy into clinical practice has significantly expanded the possibilities of eliminating various endometrial pathologies [18-20].

However, many aspects of the use of hysteroresectoscopy 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 hysteroresectoscopy 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.

Hysteroresectoscopy was performed using the endoscopic equipment "Karl Storz". Hysteroresectoscopy 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 hysteroresectoscopic 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 hysteroresectoscopy 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 hysteroresectoscopy 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 synechiosis in women with hysteroresectoscopic 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. Hysteroresectoscopy 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).

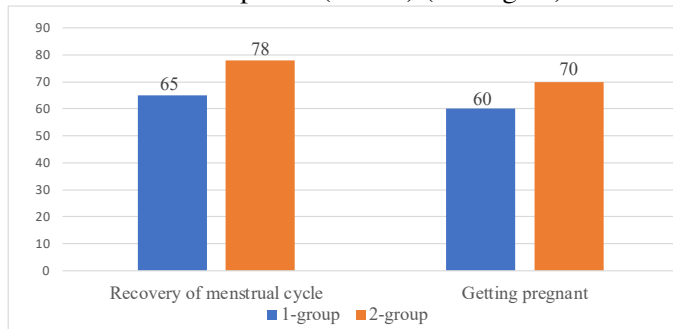


Figure. Recovery of menstrual cycle and pregnancy weight in women included in the study, %

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 hysteroresectoscopy 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 hysteroresectoscopy 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 hysteroresectoscopy 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 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.

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.

REFERENCES

1. Adamyan L.V. Rezultati vosstanovleniya reproduktivnoy funktsii u bolnix s vnutrimatochnoy peregorodkoy posle xirurgicheskogo lecheniya i novye puti resheniya problemi // Problemi reproduktivnoy funktsii. – 2011. – T.17(1). – S. 35–40.
2. Abashidze A. A. Struktura besplodiya. O chem ne stoit zabivat // Spravochnik vracha obshchey praktiki. – 2014. – № 4. – S. 81–84.
3. Belyakin S.A. Gisterorezektoskopiya v lechenii ginekologicheskix zabollevaniy // Voennomeditsinskiy jurnal. – 2011. – №9. – S.59-61.
4. Korneeva I.Ye. Obshya kontseptsiya diagnostiki i klassifikatsii form besplodiya. Besplodniy brak. Sovremennye podxodi k diagnostike i lecheniyu: rukovodstvo. Pod. red. G.T. Suxix, T.A. Nazarenko. 2–e izd. ispr. i dop. - M.: GEOTAR–Media, 2010. – S. 21–52.
5. Falkone T. Reprodukivnaya meditsina i xirurgiya / Clinical reproductive medicine and surgery / T. Falkone, V. V. Xerd, per. s angl. pod red. G. T. Suxix. – Moskva: GEOTAR–Media, 2013. – 948 s.
6. Shukurov F.I. Rezultati intraoperatsionnix tsitomorfoloicheskix issledovaniy pri struktornoj patologii yaichnikov u jenshin s besplodiem//Jurnal

Byulleten assotsiatsii vrachey Uzbekistana, 2016, №3.-S. 58-60.

7. Shukurov F.I., Djabbarova Yu.K. Immunogistoximicheskie osobennosti endometriya u jenshin s besplodiem, obuslovlenniy dobrokachestvenni-mi strukturnimi izmeneniyami yaichnikov//Jurnal teoreticheskoy i klinicheskoy meditsini, 2018, №2.-S.107-110.

8. Shukurov F.I. Primenenie gisteroskopii v diagnostike vnutrimatochnoy patologii u jenshin s besplodiem obuslovlennim dobrokachestvennimi strukturnimi izmeneniyami yaichnikov//Sbornik tezisev XI Mejdunarodniy kongress po reproduktivnoy meditsine.–Moskva, 2017. –S.458-460.

9. Shukurov F.I., Shukurov Sh.F. Opit vosstanovleniya menstrualnoy funktsii u jenshin s dobrokachestvennimi strukturnimi izmeneniyami yaichnikov posle zndoxirurgicheskogo lecheniya//Sbornik tezisev XII Mejdunarodniy kongress po reproduktivnoy meditsine.–Moskva, 2018.-S 151-183.

10. Shukurov F.I., Ayupova F.M. Opit ispolzovaniya gisteroskopii v diagnostike i lechenii vnutrimatochnoy patologii u jenshin s besplodiem, obuslovlennim dobrokachestvennimi strukturnimi izmeneniyami yaichnikov// Mejdunarodniy kongress «Operativnaya ginekologiya-novie texnologii»/International congress.–Sankt-Peterburg,2018.-S.54-56.

11. Shukurov F.I., Ayupova F.M. Rol ultrazvukovogo issledovaniya s tsvetnim doplerovskim kartirovaniem v diagnostike dobrokachestvennix strukturnix izmeneniy yaichnikov// Sbornik tezisev XXXII mejdunarodnogo kongressa «Novie texnologii v diagnostike i lechenii ginekologicheskix zabolevaniy» s kursom endoskopii–Moskva, 2019. - S.65-67.

12. Yuldasheva N.Z., Shukurov F.I., Bekbaulieva G.N. Primenenie suppozitoriev Longidaza v rehabilitatsii reproduktivnoy funktsii u jenshin s besplodiem, obuslovlennim dobrokachestvennimi strukturnimi

izmeneniyami yaichnikov//Jurnal Novosti dermatovenerologii i reproduktivnogo zdorovya, 2017.-№ 3-4 (I).-S.172-173.

13. Dawood A. Predisposing factors and treatment outcome of different stages of intrauterine adhesions / A. Dawood, A. Al-Talib, T. Tulandi // J. Obstetrics Gynaecol. Can. – 2010. – Vol.32(8). – P. 767–770.

14. Deans R. Review of intrauterine adhesions / R. Deans, J. Abbott // J. Minim. Invasive Gynecol. – 2010. – Vol.17. – P. 555–569.

15. Charles E. Miller. Reconstructive and Reproductive Surgery in Gynecology // Journal of Minimally Invasive Gynecology. – 2012. – Vol 19, №3. - P. 403.

16. Etiology treatment, and reproductive prognosis of women with moderate-to-severe intrauterine adhesions / S. Xiao [et al.] // International Journal of Gynecology and Obstetrics. – 2014. – Vol.125. – P. 121–124.

17. F.I.Shukurov., F.A. Ayupova. The Role of Reproductive Surgery in Diagnostics and Treatment of Combined Pathologies in Women with In fertility Caused by Ben ign Structural Changes of Ovaries// American Journal of Medicine and Medical Sciences, Volume 9, Number 6, May–2019 P-210-212.

18. Shukurov F.I., Nigmatova G.M. Akusherlik va ginekologiya. Darslik. Toshkent – 2022, 374 – bet.

19. Shukurov F.I., Nigmatova G.M. Yordamchi reproduktiv texnologiyalar. O'quv qo'llanma. Toshkent – 2022, 81 – bet.

20. Shukurov F.I. Use of contraceptives in rehabilitation of reproductive function in women with infertility after endochirurgical intervention in ovarians//Reproductive choice: empowering progress against stereotypes 13 th Seminar of the European Society of Contraception and Reproductive Health Park Inn by Radisson Pribaltiyskaya Saint Petersburg, Russia Final programme and book of abstracts. 2017-C.22-23.

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

**GISTEROREZEKTOSKOPIYANING O'RNI
Sharipova Sh.O., Burxonova S. B., Solieva Z.F.,
Gafurxonova E.O.**

**Toshkent tibbiyot Akademiyasi
ABSTRAKT**

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

Materiallar. Tadqiqotga 80 nafar bepust 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 bepustlik sabablarini aniqlash bilan birga ularni bartaraf etishga yordam beradi, bu esa endometriy patologiyasi tufayli bepust ayollarning 83,4 % homilador bo'lishiga olib keldi.

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

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

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

**Шарипова Ш.А., Бурханова С. Б., Солиева З. Ф.
Гафурхонова Э.А.**

**Ташкентская Медицинская Академия
АБСТРАКТ**

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 обследование.

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