ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

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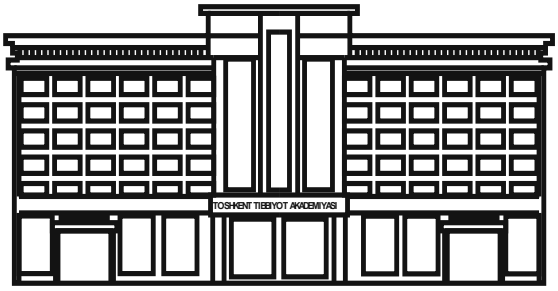

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However, it is known that, along with complications of the postoperative period (fever, bleeding, peritonitis, etc.), which are recorded in 25-28% of operated women, in the long term after hysterectomy a unique pathological symptom complex develops, leading to a significant decrease in the quality of life of patients. In this regard, currently the search for effective methods for treating uterine fibroids is a priority in gynecology. One of these modern highly effective operations is endovascular embolization of the uterine arteries. This is possible due to the fact that the blood supply to the nodes is carried out from the perifibroid plexus - the vascular network surrounding the fibroid on the periphery.

After catheter injection of synthetic particles with a diameter of 355 to 710 microns into these vessels, the fibroid loses its blood supply, which leads to ischemia of the fibroid nodes, followed by their necrosis, degeneration and scarring. At the microscopic level, myomatous nodes undergo coagulative necrosis, organization, sclerosis and are subsequently hyalinized, clearly demarcated from the surrounding myometrium. A calcified capsule then forms around the fibroid.

Conclusion: In patients with combined pathology of the endo and myometrium, 6 months after the embolization procedure against the background of hormone therapy, a decrease in the average volume of myomatous nodes by 4.3 times is observed; relapses of endometrial hyperplasia within 6 months are observed in 5.1% of cases. 6 months after the UAE procedure, without treatment of concomitant endometrial hyperplasia, against the background of a decrease in the average volume of myomatous nodes by 5.4 times, a relapse of the endometrial hyperplastic process is observed in 26.2% of patients. Clinical and laboratory assessment of the effectiveness of anti-relapse treatment of endometrial hyperplasia, including analysis of complaints and ultrasound scanning of the pelvic organs with Doppler examination of vascular resistance indicators, should be carried out 3 months from the start of therapy. After completing the course of treatment, it is advisable to perform a pathological examination of the uterine mucosa.

PREDICTING RECURRENCE OF OVARIAN ENDOMETRIOSIS

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The aim of the study is to reduce the risk of recurrence of ovarian endometriosis in women of reproductive age using a developed algorithm for monitoring and treating patients with a risk of developing recurrence of endometriosis, based on identifying its clinical and molecular biological characteristics.

Material and methods. The medical records of 147 patients of reproductive age with ovarian endometriosis and 28 patients with ovarian adenocarcinoma were retrospectively analyzed. Using histological and immunohistochemical methods, 78 and 35 cases of ovarian endometriosis were studied, respectively; 8 cases of adenocarcinoma were studied using antibodies to the proliferative activity indicator Ki-67, apoptosis inhibitor Bcl-2, tumor marker p53, and hepatocyte nuclear factor-1β HNF-1β. Data from 90 patients were prospectively analyzed. All patients underwent ultrasound examination of the pelvic organs with color Doppler mapping, determination of the level of tumor markers CA-125, CA-19-9, HE-4; 13.6% of patients underwent magnetic resonance imaging.

Results: Patients with a history of recurrent ovarian endometriosis had a higher frequency of somatic and gynecological diseases compared to patients with primary ovarian endometriosis. Epithelial atypia in endometriosis foci was detected in 41% (6.4% — true atypia). Regardless of the presence of signs of epithelial atypia, ovarian endometriosis foci are characterized by hyperexpression of HNF-1β, which confirms the histogenetic relationship of ovarian endometriosis with clear cell adenocarcinomas. Based on the results of a prospective study, an algorithm for monitoring and treating patients at risk of developing recurrent ovarian endometriosis was developed.

Conclusion. Correct interpretation of the data of radiological diagnostic methods, histological and immunohistochemical examination results (with antibodies to Ki-67, Bcl-2, p53 and HNF-1β) along with mandatory assessment of the anamnesis of each patient allows us to assume the risk of relapse and neoplastic transformation of ovarian endometriosis with subsequent development of the correct management tactics.

STUDY OF REDOX BALANCE OF BLOOD AND PERITONEAL FLUID IN WOMEN WITH OVARIAN ENDOMETRIOSIS.

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Relevance: According to WHO estimates, currently at least 190 million women and adolescent girls worldwide suffer from external genital endometriosis (EGE) during their reproductive years. The frequency of detection of this disease during laparoscopy for the purpose of clarifying the cause of infertility is 45–55%. With EGE, an increase in the volume of peritoneal fluid is observed several times compared to the norm. In addition, in the peritoneal fluid, the cytokine status changes with high levels of inflammatory mediators and reactive oxygen species (ROS). Many researchers position the imbalance of lipid peroxidation (LPO) processes and antioxidant defense mechanisms (ADM) in endometriosis as a marker of endometriosis activity. Therefore, from this position, the study of the mechanisms of EGE in terms of determining the state of LPO and the AOP system in women is an important task.

The aim of the study: to study the characteristics of LPO and AOP in ovarian endometriosis.