ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

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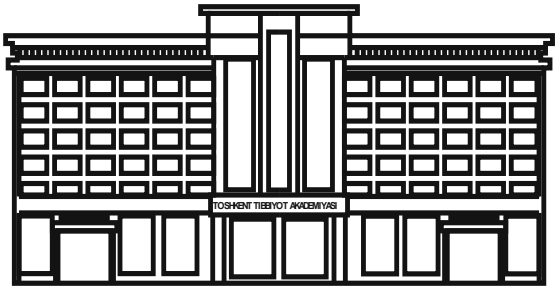

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However, it is known that, along with complications of the postoperative period (fever, bleeding, peritonitis, etc.), which are recorded in 25-28% of operated women, in the long term after hysterectomy a unique pathological symptom complex develops, 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.

Material and methods of the study: 127 women who applied to the private clinic "ProfMed" in the city of Karshi were examined for the period from 2021 to 2023, including 89 women with ovarian endometriosis (main group) and 38 women referred for voluntary surgical sterilization(comparison group). All patients underwent a study of the redox balance of blood and peritoneal fluid using the ELISA method on the HUMAN analyzer (Germany). Peritoneal fluid was aspirated from the pouch of Douglas during laparoscopy immediately after the introduction of additional counter-openings before surgical manipulations.

Results of the study: The average age of patients with EGE (n=89) was 31.2±2.9 years, patients with voluntary surgical sterilization - 32.7±4.2. In groups of women with grades I-II EGE, significant intensification of LPO processes is observed relative to the comparison group, which is manifested in an increase in neutral lipids (NL) (P<0.01), lipid hydroperoxide (LHP) (P<0.001), dieno ketones (DK) (P<0.001), and oxidative index (OI) (P<0.01). In the group of women with stage III EGE, relative to the values of the comparison group, the concentration values of GPL increased by 6 times (P<0.001), and DK – by 10 times (P<0.001), with a smaller increase in NL (P<0.01), leading to an increase in the value of OI by 4 times (P<0.001). Regarding the values of the group with VSS, the values were as close as possible to the laboratory references. Activation of LPO processes is directly related to changes in the functioning of the antioxidant defense system. If in the comparison group in blood plasma the catalase activity and the concentration of medium molecular peptides (MMP) do not have statistical differences (P>0.05), then in the group with EGE the catalase activity has low values (P<0.001), and the concentration of MMP increases (P<0.05).

Conclusions: Women with EGE develop oxidative stress, with the processes of radical formation predominating over the processes of their inhibition (reduction and depletion of AOP activity). The reasons for this are the active inflammatory process in the endometrioid foci of the ovary.

ASSESSING MENSTRUAL HEALTH AND DYSMENORRHEA MANAGEMENT: A STUDY ON EFFECTIVE ALLEVIATION STRATEGIES AMONG TEACHERS AND STUDENTS AT TASHKENT MEDICAL ACADEMY

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Introduction: - Menstrual health is a crucial part of women's overall well-being, but it continues to be a significant challenge for many. Dysmenorrhea, one of the most prevalent gynaecological conditions, affects many women, yet treatment options, both pharmacological and non-pharmacological, are often underutilised. However, research has shown that exercise, yoga, and meditation can significantly reduce menstrual pain.

Aim: - is to assess menstrual health and dysmenorrhea management among females at Tashkent Medical Academy and recommend effective strategies for alleviating symptoms.

Material and methods: -involved the collection of data through a structured survey. Participants were asked about their menstrual cycle regularity, symptoms, pain severity, impact on daily activities, and the methods they use for pain management, including medications and alternative remedies.

Results and discussions: - The study shows that 90.4% of participants have regular menstrual cycles, while 9.6% experience irregular cycles. Body weight issues are noted, with 18.2% being underweight and 20% overweight. Menstrual pain is common, with 45.1% reporting abdominal cramps and 41.2% backache. Additional symptoms include nausea (18.2%), fatigue (38.6%), and joint pain (45.5%). This pain disrupts daily life for many, affecting routines (40%), sleep (38.8%), mood (94.1%), and concentration (47%). Pain severity varies, with 46.8% experiencing mild, 44.7% moderate, and 8.5% severe pain. Physical activity is restricted in 33.3% due to discomfort. While 19.6% use medications like ibuprofen, effectiveness is limited, with only 60% finding relief. Alternative remedies are underutilized, with only 5.8% using home remedies and 7.8% engaging in yoga or meditation. Despite significant symptoms, only 34% have consulted a gynaecologist.

The findings highlight a need for better pain management, increased use of holistic remedies, and improved access to gynaecological care to address menstrual health challenges effectively.

Conclusion: - This study reveals significant menstrual health challenges among females at Tashkent Medical Academy, with a high prevalence of dysmenorrhea that disrupts daily life, including routines, sleep, mood, and concentration. The limited effectiveness of commonly used medications underscores a gap in current pain management practices. Furthermore, the low utilization of alternative remedies like yoga and meditation highlights the need for increased awareness and education on holistic approaches to managing menstrual pain. The findings also emphasize the importance of improving access to gynaecological care, as few participants seek professional consultation. Addressing these issues through better education, diversified pain management strategies, and enhanced healthcare access could lead to substantial improvements in menstrual health outcomes.

Recommendation:

1.Incorporate Yoga into Daily Routine: Regular practice of yoga can help alleviate menstrual pain, improve flexibility, and reduce stress, contributing to overall physical and mental well-being.

2.Practice Meditation for Emotional Balance: Meditation can help manage anxiety, depression, and mood swings associated with menstruation, promoting a calmer and more balanced emotional state.