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CLINICAL AND MICROBIOLOGICAL SUBSTANTIATION OF DIFFERENTIATED CORRECTION OF VAGINAL MICROBIOCENOSIS IN WOMEN WITH BACTERIAL VAGINOSIS DURING PREGNANCY

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ABSTRACT. Intrauterine synechia and polyps are recognized today as one of the main causes of infertility. Hysteroscopic adgesiolysis and polypectomy surgery indicate that despite being the gold standard for the treatment of this disease, the need to optimize the method to prevent post-operative recidivism is greater. This study covered a total of 90 women of reproductive age, of whom 30 were with intrauterine polyps, 30 with uterine synechia, and the remaining 30 healthy women. Hysteroscopic adgeziolysis was performed in women of Group 1, hysteroscopic polypectomy was performed in Group 2, and Medicurtan 5 ml (50 mg sodium hyaluronate \25 mg hydroxyl starch) gel was applied to the uterine cavity to patients of Group 1 immediately after the procedure. Group 2 patients received 1 time per day during 10 days of 200.0 Dufaston for 3 months, in addition to the use of Medicurtan gel. As a result of the study, the results were obtained as follows, the use of hysteroscopy in the treatment of infertile women associated with intrauterine pathologies made it possible to treat infertility in 88.34% of women, which consists of 93.33% and 83.33%, respectively, in groups. The recovery of menstrual function is observed in 76.67%, which is 83.33% and 70% in groups, respectively.

Keywords: endometrial polyps, intrauterine synechia, hysteroscopy, adgeziolysis, polypectomy, medicurtan, dufaston

РАЗРАБОТКА УСОВЕРШЕНСТВОВАННОГО ПРОФИЛАКТИЧЕСКОГО АЛГОРИТМА АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИИ У ЖЕНЩИН ДЕТОРОДНОГО ВОЗРАСТА

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АННОТАЦИЯ. Внутриматочные синехии и полипы сегодня считаются одной из основных причин бесплодия. Гистероскопический адгезиолизис и полипэктомия являются золотым стандартом лечения этого заболевания, но потребность в оптимизации метода для предотвращения послеоперационных рецидивов сохраняется. В этом исследовании приняли участие 90 женщин репродуктивного возраста, из которых у 30 были внутриматочные полипы, у 30 — внутриматочные синехии, а остальные 30 были здоровы. Женщинам из 1-й группы был проведён гистероскопический адгезиолизис, женщинам из 2-й группы — гистероскопическая

полипэктомия, а пациенткам из 1-й группы сразу после процедуры в полость матки был введён гель Медикюртэн 5 мл (50 мг гиалуроната натрия \ 25 мг гидроксильного крахмала). Пациентки из 2-й группы в течение 10 дней получали по 200,0 Дюфастона 1 раз в день в течение 3 месяцев в дополнение к использованию геля Медикюртэн. В результате исследования были получены следующие данные: использование гистероскопии при лечении бесплодия у женщин, связанного с внутриматочными патологиями, позволило вылечить бесплодие у 88,34 % женщин, что составляет 93,33 % и 83,33 % соответственно в группах. Восстановление менструальной функции наблюдается у 76,67 %, что составляет 83,33 % и 70 % в группах соответственно.

Ключевые слова: полипы эндометрия, внутриматочные синехии, гистероскопия , адгезиолизис , полипэктомия, медикуртан, дюфастон

Introduction. Female reproductive dysfunction is the result of many causes, among which the proportion of the uterine factor varies from 24 to 62%. The only cause of infertility is uterine pathology in 10-15% of women, and in combination with other factors, its sagging increases to 50%. Modern methods of diagnosing intrauterine pathology make it possible to determine sufficient tactics for managing the patient, develop a complex of optimal therapeutic measures, and often restore reproductive function. Scientific research is focused on the development and implementation of new technologies in the field of Reproductive Medicine. This has the potential to greatly increase the information related to the treatment of women with uterine pathologies. In order to optimize the results of these interventions, various strategies are being studied and evaluated.

One of the causes of infertility associated with uterine pathologies is uterine synechias. Uterine synechia is the formation of adhesions in the uterine cavity due to the fact that various surgical procedures are carried out in the endometrium. According to various sources, the incidence of uterine synechia occurs from 0.3% to 21.5% and it varies [4;67-75-B,23;70-75-b,31;56-62-B,11;332-338B]. The first case of uterine synechia was discovered in 1894 by Heinrich Fritz in a woman who experienced amenorrhea [19; pp.81-89]. In 1948, Joseph Asherman first noted the prevalence of this pathological condition and described the symptoms of amenorrhea, infertility and dysmenorrhea in this group of patients. Over time, the term" Asherman's syndrome " began to be used to refer to the severe termination of the uterine cavity in women with persistent amenorrhea and infertility [23;167-176-B, 0; pp.7057-7064,19; pp.281-283].

The purpose of the study- is to study the effectiveness of the hysteroscopy method in the diagnosis and treatment of infertility associated with uterine pathologies in women.

Research tasks:1. Evaluation of the effectiveness of hysteroscopy in the treatment of infertile women associated with uterine pathologies.

2. Evaluation of the effectiveness of treatment measures used to carry out the post-surgical period in infertile women associated with uterine pathologies.

Scientific innovation of research: The effectiveness of the use of medicurtan gel after hysteroscopy in the recovery of fertility in infertile women associated with uterine pathologies was studied.

Description proposed by Toaff and Ballas: Level 1 intrauterine atresia of the uterus, without participating in the process of gluing the walls of the uterine cavity.

Level 2 internal bottom stenosis occurs due to clear adhesion, without involving the walls of the uterine cavity in the adhesive process.

Level 3 in the inner tubal area and numerous minor finishes in the Isthmus area. Level 4 is the termination of the area above the uterine cavity caused by the complete separation of the cavity in the lower segment of the uterus.

Internal atresia of the 5th degree in combination with the termination of the uterine cavity.

In the same year, March et al. the first to introduce a hysteroscopic classification of uterine synechias [1;53b].

On mild - adhesions that occupy less than ¼ of the uterine cavity. The pores of the fallopian tubes and the bottom of the uterus are minimal / not involved in this process.

Middle - ¼ to ¾ of the uterine cavity is involved in the process. The pores of the fallopian tubes and the bottom of the uterus are partially involved in the process. There is no stickiness of the walls of the uterus.

Heavy-more than ¾ of the uterine cavity is involved in the process. Both mouths of the fallopian tubes are blocked, the synechiae are located at the bottom of the uterus.

Polyps can create obstacles to the normal process of fetal pink and implantation. These conditions can alter the structure of the endometrium, which affects the processes of implantation and pregnancy retention [15;365-380-b23;784-815-B].

Currently, the main treatment for uterine synechia is hysteroscopic surgical adesiolysis. The angle of view achieved with hysteroscopy and a few enlargements make it revolutionary, ensuring a safe and precise effect. For mild pathology, it is enough to manipulate the hysteroscope tube and does not require an extension of the cervical canal. This reduces the cost of anesthetic tan and reduces the duration of jarring. Various surgical energies are used to perform surgical adhesiolysis: mechanical, electrical, laser [6;14-16b,30;72-83b]. Marshall and Davison's [12; pp58-65] uterus focuses on surgical treatment of anomalies. Removal of polyps, resection of fibroids, correction of developmental defects of the uterus - these methods can be effective in removing obstacles in the normal implantation and development of the embryo.

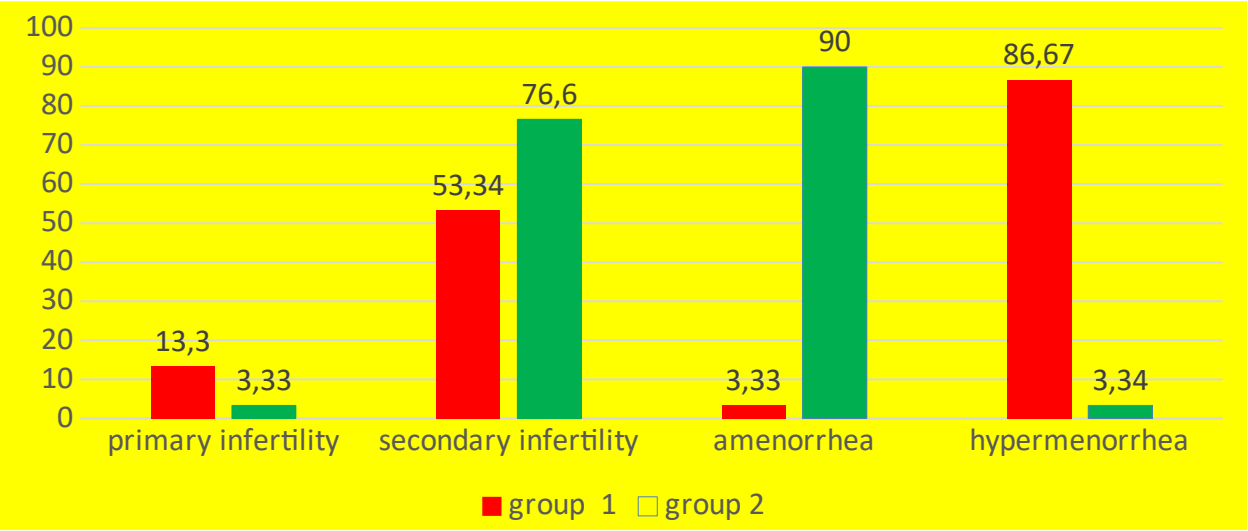
General clinical research methods. General clinical and laboratory tests of all patients included in the study were carried out in medical institutions of the health system of the Republic of Uzbekistan using generally accepted methods in accordance with the recommended standards for the diagnosis and treatment of gynecological patients.

Hormonal research methods. Hormone levels were found in the Mindray MR-96A immunoanalyzer using a standard set of reagents produced by Alcor Bio (Russia), Boehringer Mannheim (USA), Beckman Coulter (USA) and Hoffman La Roche. The number of hormones in the blood was determined before and after hysteroscopy jarrochia. To study the hormonal status, FSG LG estradiol (E2) and the levels of the hormones progesterone and testosterone were studied.

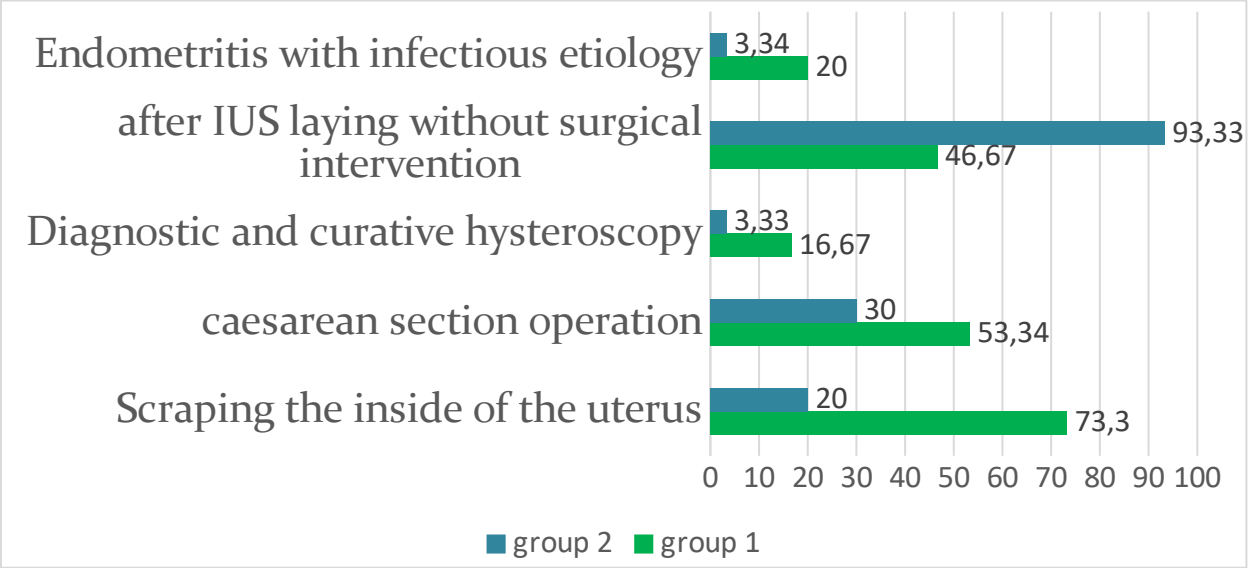
Hysteroscopy research method Hysteroscopy research method 9-obstetric complex was carried out in the Department of gynecology jarrahlik (head of the department: t.f.n. Manapova U.X.). Equipment from "Karl Storz" (Germany) was used in conducting the hysteroscopy research method. Hysteroscopy was performed using a liquid hysteroscopy method, using a solid hysteroscope of the firm "Karl Storz" (Germany) with an external diameter of 5mm when conducting an endoscopic research method. Hysteroscopy performed the practice of endochirurgical surgery with spinal anesthesia, using intravascular anesthesia techniques. As an extension agent for the uterine cavity, NaCl 0.9% sterile solution and 5% glucose solutions were used. A 0.9% solution of sodium chloride was used in cases where a coagulator was not used during jarrahlik practice, while a 5% solution of glucose was used in all other cases. When performing the practice of hysteroscopy endochirurgical surgery, the following indicators are assessed: the presence and shape of the uterine cavity, deformities and their nature, the holes of the part of the fallopian tubes starting from the uterine cavity, the endometrial nature, the presence of polyps, their size and location, the nature of the structure, the relief of the basal part of the endometrium. Particular attention was paid to the presence of a trabecular structure and the dentition of the basal layer. Attention was paid to the nature of the vascular pattern of the basal layer of the endometrium, the presence of glandular mouths, the nature and source of bleeding if present. For coagulation, roller electrodes of different sizes and profiles were attached to the working element of the hysteroscope. In all patients, biopsy samples taken from the endometrium during the execution of the hysteroscopy study were taken and sent for histomorphological examination.

Hysteroscopic adgeziolysis was performed in women of Group 1, hysteroscopic polypectomy was performed in Group 2, and Medicurtan 5 ml (50 mg sodium hyaluronate \25 mg hydroxyl starch) gel was applied to the uterine cavity to patients of Group 1 immediately after the procedure. Group 2 patients received 1 time per day during 10 days of 200.0 Dufaston for 3 months, in addition to the use of Medicurtan gel .

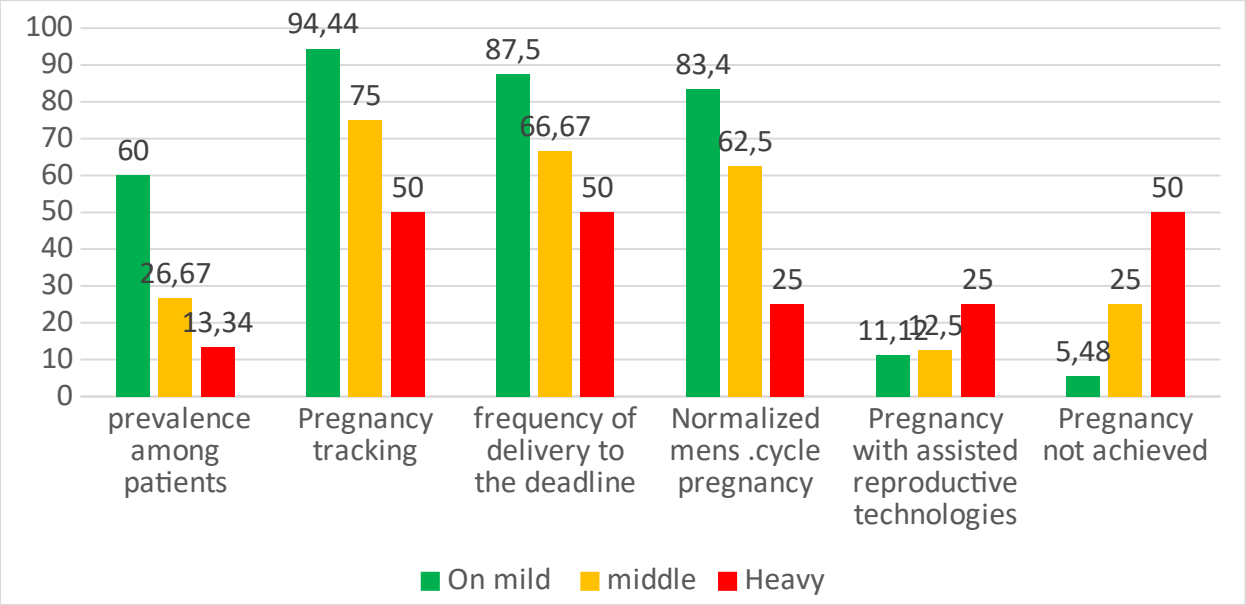
Results: The main complaints in sick women under study %



Anamnestic data of patients with observed Asherman syndrome %



Results after hysteroscopic adgeziolysis surgery on Asherman syndrome severity and a year after the use of medicurtan gel.



When analyzing the status of gynecological diseases in major groups, salpingooforitis disease was observed in Group II with a slightly higher group i index of 17.5% compared to 22.5% in women ($p<0.05$). Hyperplastic processes in the endometrium were found in anamanesis of 55.0% of women. The highest incidence of the disease was reported in 9 women (22.5%) with uterine synechias ($p<0.001$). Cervical safe tumor diseases, considered one of the second most common pathologies, were detected in 22.5% of women. Cervical safe diseases were found to have a much lower 5.0% prevalence in women in the comparison group ($p<0.001$).

In addition, according to the type of hysteroscopic surgical practice we used, the overall pregnancy swing was 93.35% when evaluating the long results of hysteroscopic treatment in 30 women who performed hysteroscopic surgeon due to uterine siniekhias. Apparently, the results after the practice of hysteroscopic removal of uterine endometrial polyps were 1.1 times lower than those after the practice of hysteroscopic adgeziolysis . Hysteroscopic polypectomy resulted in 25 pregnancies (83.3%) following a surgical procedure.

In addition, according to the type of hysteroscopic jarrox practice we used, the overall pregnancy swing was 83.5% when evaluating the long results of hysteroscopic treatment in 30 women who performed hysteroscopic jarrox due to uterine siniexias. Apparently, the results after the practice of hysteroscopic removal of uterine endometrial polyps were 1.6 times higher than those after the practice of hysteroscopic adgeziolysis . Hysteroscopic polypectomy resulted in 25 pregnancies (85.2%) following a surgical procedure.

Conclusion. 1. In the diagnosis of infertile women associated with uterine pathologies, the use of hysteroscopy is considered an effective method. The use of hysteroscopy in the diagnosis of infertility with uterine pathologies in women allows you to achieve results 2.5 times higher than in traditional methods.

2.As a result of the study, the results were obtained as follows, the use of hysteroscopy in the treatment of infertile women associated with intrauterine

pathologies made it possible to treat infertility in 88.34% of women, which consists of 93.33% and 83.33%, respectively, in groups. The recovery of menstrual function is observed in 76.67%, which is 83.33% and 70% in groups, respectively.

3. The use of a uterine device in order to prevent the relapse of uterine pathologies in the course of the period after the practice of hysteroscopic jarrochia and the use of micronized progesterone in women who have undergone hysteroscopic polypectomy jarrochia leads to a 2.1-fold decrease in the recurrence of these pathologies.

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