

УДК. 618.146-006.6

Isakova Dilnozakhon Bakhtiyarovna

Faculty of the Department of Advanced Training and Retraining of Doctors

and Obstetrics and Gynecology

Andijan State Medical Institute

**PREVENTION AND EARLY DIAGNOSIS OF PRECANCEROUS AND
CANCEROUS DISEASES OF THE CERVIX**

Resume: Cervical cancer currently continues to occupy the first place among female cancer deaths. In the world, the incidence of cervical cancer is 16.8 per 100,000 thousand women, and the mortality rate is 5 per 100,000 women.

In recent years, there has been a slight decrease in the incidence of cervical cancer in the age group over 60 years, while increasing the incidence in patients younger than 45 years.

Keywords: cervical cancer, diagnosis, prevention.

Исакова Дилнозахон Бахтияровна

Факультет кафедры повышения квалификации и переподготовки

врачей и акушерства гинекологии

Андижанский государственный медицинский институт

**ПРОФИЛАКТИКА И РАННЯЯ ДИАГНОСТИКА
ПРЕДРАКОВЫХ И РАКОВЫХ ЗАБОЛЕВАНИЙ ШЕЙКИ МАТКИ**

Резюме:

Рак шейки матки в настоящее время продолжает занимать первое место среди женской смертности от рака. В мире заболеваемость раком шейки составляет 16,8 на 100000 тысяч женского населения, а летальность - 5 на 100000 женщин.

В последние годы отмечается некоторое снижение уровня заболеваемости раком шейки матки в возрастной группе старше 60 лет,

при одновременном увеличении роста заболеваемости у пациенток моложе 45 лет.

Ключевые слова: рак шейки матки, диагностика, профилактика.

Relevance. Cervical cancer is one of the most common malignant tumors of the reproductive system of women.

In the 50s of the last century, the mortality rate from cervical cancer was in the first place after stomach cancer, and amounted to 90% of the oncopathology of the female reproductive sphere.

In recent years, the expansion of anti-cancer propaganda, the implementation of various screening programs for the prevention and detection of cervical cancer has reduced the incidence of cervical cancer and several times, however, this pathology still occupies a leading place among women's cancer pathology.

In this regard, early detection of background diseases of the cervix in women of reproductive age, adequate treatment of the detected pathology are effective prevention of precancerous conditions and cervical cancer [4].

Currently, there is no consensus on the etiology and pathogenesis of diseases of this localization. Numerous data presented in the literature indicate that the pathological processes of the ecto - and endocervix are polyetiological [3]. Many authors distinguish three pathogenetic variants of the occurrence of cervical intraepithelial neoplasia. In the first pathogenetic variant, exogenous (infectious, chemical, traumatic) factors are leading in the development of dysplasia. In the second pathogenetic variant, the main factors in the development of dysplasia are endogenous factors, such as a violation of the hormonal, immune status, metabolic disorders in the body. In the third variant, both exogenous and endogenous factors are present [5].

The degree of risk of cervical cancer depends on age -this pathology is most often found in women 40-59 years old, but in recent years there has been a clear tendency to "rejuvenation" [2],

The development of cervical cancer is preceded by background and precancerous diseases, they are the direct background on which, when exposed to endogenous and exogenous factors that initiate, cervical intraepithelial neoplasms and, and then cervical cancer develop first. The main ethnological moment of the development of cervical cancer pathology is the defeat of the human papillomavirus. Its ethnological role is proved not only in the formation of cancer, but also squamous ntra-epithelial lesions of various degrees of severity. So. according to V. L. Kozachnsko (2004) in the near future, every case of cervical cancer will be associated with infection with one or another type of human papillomavirus.

To date, with the improvement of the quality of diagnosis and the use of detailed molecular biological studies, it is possible to identify all cases of squamous cell lesions leading to the development of cervical cancer. In the USA, according to the American Cancer Association, the introduction of the hybrid capture method in cervical cancer screening makes it possible to identify all patients with a clinically significant viral load for oncogenic types of human papillomavirus and solve this problem with timely treatment [1].

Another way to prevent cervical cancer is vaccination. In the 90s of the last century, a number of foreign pharmacological companies developed mono - and polyvalent vaccines against papillomavirus infection. Clinical trials have shown that vaccination of girls before the possible onset of sexual activity can lead to immunity to infection with the human papillomavirus and. as a result, the prevention of the development of cervical cancer.

The need to study the causes of the occurrence and spread of malignant neoplasms of the cervix arose not only due to the high prevalence, but also because this pathology affects organs and tissues related to the reproductive

system, and radical treatment leads not only to disability, but also to a violation of reproductive function. This has significant social consequences [3].

An analysis of the literature data indicates that there is no consensus on the possible relationship between the duration of taking contraceptive drugs and the risk of developing dysplastic changes in the cervix [3]. When studying the anamnesis of patients with cervical cancer, it was found that the long-term use of estrogen-progestogenic drugs for the purpose of contraception increases the risk of developing cervical cancer [4]. The risk of developing cancer also increases when using COCs with an increased content of progestogens.

According to M. M. Madeleine et al. (2001), the risk of developing cervical cancer in women with HPV infection increases with prolonged (more than 12 years) use of oral contraceptives. Submitted by N. Munos et al. (1999), the use of contraception, regardless of the method, reduces the incidence of papillomavirus infection. Oral contraception positively correlates with ectopia of the cervix, especially in the presence of a cervical infection. B. Kaplan et al. (1998) report that with cytologically detected cervical dysplasia against the background of prolonged (more than 5 years) use of an intrauterine contraceptive, changes in cervical smears disappear independently after IUD extraction. The relevance of the use of barrier methods is obvious in terms of reducing the incidence of cervical cancer, although there is an opinion that condoms do not protect against infection with papillomaviruses.

Thus, at present, among the factors contributing to the development of cervical cancer, an infectious factor, the environmental situation and socio-economic living conditions play a significant role.

The purpose of the study. Improving the effectiveness of organizational, diagnostic and therapeutic measures aimed at early detection of background, precancerous diseases and cervical cancer.

Materials and methods of research. We selected a total of 88 patients who were diagnosed with cervical cancer and applied for treatment in order to fulfill the task set for us.

The results of the study. In terms of the Fergana valley level relative or standardized incidence of cervical cancer is higher than the average in Uzbekistan (and 17.3 to 18.7 per 100 thousand of the female population and 13.5 and 11.5, respectively), and higher in rural areas than in urban (12.9 and 7.4 per 100 thousand of the female population and 10.7 and 5.8, respectively, $p < 0.05$).

The main regularity of the dynamics of these indicators over the past decade is sustainable rejuvenation of age indicators associated with the transition peak high values of the age group 60-69 years age group 50-59 years.

The assessment of the state of oncological care for the female population of the Andijan region for cervical cancer showed the formality of preventive health care activities, especially cytological research in detecting cervical cancer.

Established, on the basis of a retrospective study, risk factors for cervical cancer and an individual map of the formation of cancer risk groups developed on their basis can serve as an organizational form of prevention of cervical cancer in the conditions of practical healthcare. The detection rate of cervical pathology increased from 11% to 28% ($p < 0.05$) during 2008, a year after its introduction into the health care center.

The territories of zones of increased risk of cervical cancer, determined as a result of the ratio of high levels of morbidity and mortality from this pathology in each district of the Andijan region, can serve as regions of active implementation of the developed algorithm for optimizing organizational forms of cervical cancer prevention.

Optimization of cytological screening of cervical cancer by liquid cytology increases the detection rate of cervical cancer from 0.5% to 1.3% ($p < 0.05$), and cervical dysplasia-from 1.3% to 1.8% ($p < 0.05$).

Cytological screening in combination with individual maps of the formation of cancer risk groups should be carried out:

- in areas of increased cancer risk-once a year;
- in groups of people with an increased cancer risk-2 times a year;
- in the conditions of the general medical network of other territories, with a three-fold annual negative result, in the future-once every 3 years.

The developed algorithm for optimizing organizational forms of cervical cancer prevention, which provides for combining the activities of highly qualified specialists at an "Open reception" of the population and cytological screening using a highly informative method of liquid cytology, provides early detection of precancerous diseases and malignant neoplasms of the cervix in the conditions of practical healthcare.

Conclusion. In conclusion, it should be said that, given the unique opportunities of cytological screening of breast cancer to preserve the health and life of women, the relatively low cost, the society is obliged to provide a basic level of organized screening, taking into account scientifically sound provisions and financial opportunities.

Consideration should be given to including screening in the mandatory health insurance system. It is proved that the financial costs of effective screening are lower than for the treatment of patients with invasive cervical cancer. The basic screening system can be effectively supplemented by individual prevention measures using more frequent examinations and high-risk groups, with the involvement of more expensive, but significantly more sensitive molecular biological methods for determining "high-risk" human papillomaviruses.

LIST OF LITERATURE:

1. Abdurakhmanov G. M., Gasangadzhieva A. G., Abdurakhmanova E. G. and co-authors. The state of the environment and the incidence of malignant

neoplasms in the Lak district of the Republic of Dagestan // Problems of ecology. 2006. - No. 6. - pp. 45-49.

2. Arzykulov Zh. A., Seitkazina G. D., Mahataeva A. Zh., Indicators of the oncological service of the Republic of Kazakhstan for 2010, - 66с

3. Ashrafyan L. A., Fomin D. K., Turshin V. I. and co-authors. Modern aspects of cytological screening of cervical cancer: a review // Tumors of the female reproductive system. Mammology/Oncogynecology. 2009. - No. 3-4. - pp. 78-83.

4. Ferley J. et al. GLOBOCAN 2002 Cancer incidence, mortality and prevalence worldwide. IARC Oncological Base; Lyon, 2004;

5. Ferley J. et al. GLOBOCAN 2002 Cancer incidence, mortality and prevalence worldwide. IARC Oncological Base; Lyon, 2004.