

УДК 616-07:576.53:618.14-002.28

Nazirova Zilola Mahamadovna

Department of Obstetrics and Gynecology No. 1

Andijan State Medical Institute

**DIAGNOSTIC AND PROGNOSTIC SIGNIFICANCE OF EVALUATION
OF ENDOMETRIAL PROLIFERATIVE ACTIVITY IN
HYPERPLASTIC PROCESSES**

Resume: The issues of diagnosis and treatment of proliferative processes of the uterus are the most complex and relevant in medicine. Endometrial hyperplastic processes (GPE) are among the most common gynecological diseases, occurring with a frequency of 30 to 55% [5, 22]. GPE is an extremely difficult problem of practical gynecology, which is primarily due to the fact that with a long course without treatment, it can be a background for the development of endometrial cancer [21].

According to the literature data, the frequency of "malignancy" of endometrial hyperplastic processes varies quite widely (0.25-50%) and is determined by the morphological features of the disease, the duration of its recurrence, as well as the age of patients. According to epidemiological studies, approximately 150 thousand new patients with uterine body cancer are detected annually in the world, 42 thousand of whom die.

Keywords: research methods, diagnostics, proliferative processes.

Назирова Зилола Махамадовна

Кафедра акушерства и гинекология №1

Андижанский государственный медицинский институт

**ДИАГНОСТИЧЕСКАЯ И ПРОГНОСТИЧЕСКАЯ ЗНАЧИМОСТЬ
ОЦЕНКИ ПРОЛИФЕРАТИВНОЙ АКТИВНОСТИ ЭНДОМЕТРИЯ
ПРИ ГИПЕРПЛАСТИЧЕСКИХ ПРОЦЕССАХ**

Резюме: Вопросы диагностики и лечения пролиферативных процессов матки являются наиболее сложными и актуальными в медицине.

Гиперпластические процессы эндометрия (ГПЭ) относятся к числу наиболее распространенных гинекологических заболеваний, встречающиеся с частотой от 30 до 55 %. ГПЭ представляют собой чрезвычайно сложную проблему практической гинекологии, которая связана, прежде всего, с тем, что при длительном течении без лечения может явиться фоном для развития рака эндометрия.

Согласно литературным данным, частота «озлокачествления» гиперпластических процессов эндометрия колеблется в достаточно широких пределах (0,25–50 %) и определяется морфологическими особенностями заболевания, длительностью его рецидивирования, а также возрастом пациенток. По данным эпидемиологических исследований, ежегодно в мире выявляют примерно 150 тыс. новых больных раком тела матки, 42 тыс. из которых погибает.

Ключевые слова: методы исследования, диагностика, пролиферативные процессы.

Introduction. The search for the optimal combination of non-invasive and minimally invasive techniques to obtain sufficient information about the state of the endometrium, to identify its initial changes continues to be an urgent task. The number of non-invasive diagnostic approaches should primarily include ultrasound[2,5]. Moreover, transvaginal echography is more informative for assessing the state of the endometrium, which allows visualizing even minimal structural disorders. However, it should be noted that the sensitivity and specificity of these methods ranges from 60-80%. Histological examination of scrapings of the uterine mucosa is the most informative method of diagnosing GPE in comparison with ultrasound[1,7]. However, this method is invasive, requiring hospitalization, and the limited number of samples obtained does not allow in some cases to make a reliable diagnosis. Therefore, one of the main

tasks of pathomorphology at the present stage of development of morphological research is the search for the most effective diagnostic and prognostic criteria for pathological processes, including biomolecular markers, and the development of reproducible standardized technologies for processing and examining biopsy and surgical material[3,6].

Numerous works are devoted to the importance of hysteroscopy in the diagnosis of GPE [4]. Significant difficulties arise when choosing a method of treatment of endometrial hyperplastic processes in elderly patients due to the presence of pronounced extragenital pathology, often combined. At the first detection of GPE, as a rule, hormone therapy with progestogens is recommended. It has been shown that hormone therapy is effective in the presence of estrogen (RE) and progesterone (RP) receptors in the pathological endometrial tissue, and the effect depends on their concentration [3]. The frequency of relapses of GPE depends on the type of endometrial pathology and ranges from 6% for fibrous polyps to 50% for glandular hyperplasia. Most clinicians consider the recurrence of postmenopausal hyperplasia to be an indication for a hysterectomy. However, hysterectomy is associated with a considerable number of complications and poses a risk to the life of postmenopausal patients [5]. To date, the search for sparing methods of treating GPE is being conducted [7].

The purpose of the study. Optimization of diagnostics and treatment of endometrial proliferative processes in women based on the use of modern endoscopic, immunohistochemical technologies to improve immediate and long-term results.

Materials and methods of research: To solve these tasks, we examined 60 women with a diagnosis of endometrial hyperplastic processes.

Results and discussion: With the development of modern diagnostic equipment, Doppler and Dopplerometric studies have become widely available. To quantify the blood supply, it is advisable to use ultrasound with the

calculation of volume and three – dimensional Doppler indices, namely: the vascularization index (vascularization index, VI – displays the saturation of the tissue with vessels, expressed in%), the blood flow index (flow index, FI- displays the average intensity of blood flow, expressed as an integer from 0 to 100) and the ratio of vascularization to blood flow (vascularization – flow index, VFI-characterizes as vascularization, so is the blood flow, and is expressed as an integer, from 0 to 100).

This was confirmed by a study conducted in 2016, which proved that underdiagnosis of cancer occurred in 45% of cases with aspiration biopsy, while in 30% of cases with DDV, that is, almost more than a third of cases of endometrial cancer were missed during complete curettage of the cervical canal and uterine cavity

Conclusions: Summarizing the above, we can conclude that the key to the success of the treatment of endometrial hyperproliferative processes is the correct interpretation of the results of histological examination and understanding of the etiology and pathogenesis of the detected changes. Important stages of the diagnostic process are ultrasound transvaginal examination, Dopplerometry, hysteroscopy, as well as the use of unified modern GE classifications. In the near future, it is also possible to use genetic diagnostic techniques that allow to predict to some extent the course of the process and the response to therapy, which can help in choosing treatment tactics.

The proven possibility of developing iatrogenic changes in the endometrium dictates the need for a balanced approach and careful administration of any hormonal drugs. With the development of modern pharmacology and the introduction of the method of creating an artificial menopause with the help of gonadotropin-releasing hormone agonists, the possibilities of effective organ-preserving treatment of complex types of hyperplasia have significantly expanded against the background of a decrease in the overall hormonal load.

Thus, at present there are a sufficient number of informative methods for early diagnosis and timely prevention of PPE, which allows preventing the development of oncopathology with the correct system of medical and organizational measures.

LIST OF LITERATURE:

1. Авдалян А.М., Бобров И.П., Климачев В.В., Лазарев А.Ф. Активность Topoisomerase II β и уровень пролиферативной активности по степени бромдезоксипуридиновой (BrdU) метки в лейомиосаркоме тела матки // Арх. патол. – 2011. – № 1. – С. 24–29.

2. Зайратьянц О.В., Адамян Л.В., Андреева Е.Н. и др. Молекулярно-биологические особенности эктопического и эутопического эндометрия при генитальном эндометриозе // Арх. патол. – 2010. – № 5. – С. 6–12.

3. Непомнящих Л.М., Лушникова Е.Л., Молодых О.П., Пичигина А.К. Иммуноцитохимический анализ пролиферативной активности клеточных популяций эндометрия и миометрия при очаговом и стромальном аденомиозе // Бюл. exper. биол. – 2013. – Т. 155, № 4. – С. 511–516.

4. Tskhai V. B. Hysteroscopy in the diagnosis of a morphological variant of endometrial cancer / V. B. Tskhai, A. I. Pashov, Yu. A. Dykhno // Sib. onkol. Sib. — 2007. — No. 1. — P. 173-174.

5. The frequency of benign diseases of the uterus (uterine fibroids and endometriosis) in patients with benign and malignant transformation of the endometrium / V. B. Tskhai, A. I. Pashov, Yu Digno [et al.] // Tyumen honey. Sib. — 2003. — No. 3-4. — P. 18-19.

6. Echography and Dopplerometry in the differential diagnosis of morphological variants of endometrial cancer / A. I. Pashov, N. A. Leitis, V. B. Tskhai [et al.] // Actual issues of oncoradiology: materials of the interregional conference. - Krasnoyarsk, 2004. - pp. 113-115.

Vol. 62, No. 2. - pp. 176-178.