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A DIFFERENTIATED APPROACH TO THE TREATMENT OF JUVINILE DYSMONORHEA IN ADOLESCENT GIRLS

Resume: Dysmenorrhea in adolescents is a cyclical pelvic pain and a complex of systemic disorders that arise in puberty and are associated with menstruation. It is manifested by acute pain sensations in the lower abdomen, preceding or coinciding in time with the onset of menstruation, various vegetative-vascular, neurovegetative, metabolic-endocrine, psychoemotional disorders.

It is diagnosed by determining the content of sex hormones and magnesium, a diagnostic test with NSAIDs, ultrasound of the pelvic organs. For treatment, prostaglandin synthetase inhibitors, progestins, magnesium preparations, COCs in combination with lifestyle correction and physiotherapy are used.

Key words: juvenile dysmenorrhea, adolescence.

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ДИФФЕРЕНЦИРОВАННИЙ ПОДХОД К ЛЕЧЕНИЮ ЮВИНИЛЬНОЙ ДИСМОНОРЕИ У ДЕВУШЕК ПОДРОСКОВ

Резюме: Дисменорея у подростков — это циклическая тазовая боль и комплекс системных расстройств, возникающих в пубертате и связанных с менструациями. Проявляется острыми болевыми ощущениями внизу живота, предшествующими или совпадающими по времени с началом

месячных, разнообразными вегетативно-сосудистыми, нейровегетативными, обменно-эндокринными, психоэмоциональными нарушениями.

Диагностируется путем определения содержания половых гормонов и магния, диагностической пробы с НПВС, УЗИ органов малого таза. Для лечения используют ингибиторы простагландинсинтетазы, прогестины, препараты магния, КОК в комбинации с коррекцией образа жизни и физиотерапией.

Ключевые слова: ювенильная дисменорея, подростковый возраст.

Relevance. Adolescence is a period of transition from childhood to adulthood, characterized by a jump in physical, physiological, endocrine, emotional and mental growth, with a transition from complete dependence to relative independence. It should be noted that reproductive health is laid in childhood and adolescence[3].

One of the main physiological changes occurring in adolescent girls is menarche, which is often associated with the problem of irregular menstruation, abnormal uterine bleeding of the puberty period (AMC) and primary dysmenorrhea (PD) PD is one of the important tasks of pediatric gynecology. According to domestic and foreign authors, the frequency of PD in adolescent girls ranges from 8% to 90%, and in 15% of cases, PD has a severe course, leading to a violation of social and everyday activity, up to loss of working capacity, because of which this pathology is a serious medical and social problem[1].

The main theory of the occurrence of PD is considered to be prostaglandin, and today the first-line drugs of treatment are nonsteroidal anti-inflammatory drugs(NSAIDs), the appointment of which is pathogenetically justified at any age and has a high level of evidence[2,4].

But NSAID therapy does not always lead to a decrease in the frequency of PD, but only has a symptomatic effect in the form of temporary relief of pain, and in severe PD in most cases there is no analgesic effect at all. Often, pain is not the only manifestation of this disease[1]. Sometimes, in the absence of painful sensations, neurovegetative, psychoemotional and metabolic-endocrine symptoms prevail, reflecting the low adaptive ability of the entire body, which is often due to the presence of a premorbid background. It is important to take into account that the already existing deviations in the state of health can lead to a severe course of PD in adolescent girls.

In the course of numerous studies, it has been shown that endothelial dysfunction occurs in DST, which is also described in PD, leading to various disorders on the part of all organs and systems. DST does not have a specific clinical symptom complex and is widespread in the population[2]. This pathology may not manifest for a long time and proceed in a mild form, but any provoking agent can be the cause of manifestation and even lead to fatal outcomes. These factors can be stress, physical activity, pregnancy, childbirth, infections, injuries, etc.

As a result of studying the scientific literature, we did not find information about the relationship between the expression of the marker of collagen catabolism (free hydroxyproline in blood serum) and the severity of PD in adolescent girls; the relationship between the indicators of endothelial dysfunction (matrix metalloproteinase-2, -9) present in DST and the presence of PD, its severity in adolescent girls; the indicators of the immune system in adolescent girls with PD and DST before and after treatment[3,4].

Thus, the study of PD in adolescent girls in combination with DST will reveal new aspects in the etiology and pathogenesis of this pathology and develop a new pathogenetically justified differential approach to treatment tactics.

The purpose of the study. Improving the effectiveness of early diagnosis and developing a differentiated approach to the treatment of adolescent girls suffering from primary dysmenorrhea, taking into account etiopathogenetic factors.

Materials and methods of research. In order to solve the tasks and achieve the goal of the study, as well as to exclude the influence of factors that are not subject to study on the results of the work, the criteria for selecting patients for the study were established. The criteria for inclusion in the study were: age from 15 to 17 years, 11 months, 29 days, the diagnosis of primary dysmenorrhea, which was established by the results of anamnesis, examination, gynecological examination, non-invasive methods of excluding organic pathology of the organs of the reproductive system and informed consent.

The results of the study. Adolescent girls with primary dysmenorrhea with signs of connective tissue dysplasia are significantly more likely to suffer from combined chronic somatic pathology - mitral valve prolapse, chronic autoimmune thyroiditis, biliary dyskinesia, visual organ pathology and other extragenital diseases (77.1%) and functional disorders of the reproductive system – abnormal uterine bleeding (72%), functional ovarian cysts (56%).

Mothers of adolescent girls with primary dysmenorrhea who have signs of connective tissue dysplasia are significantly more likely to suffer from varicose veins of the lower extremities (56 %).

In adolescent girls with primary dysmenorrhea and connective tissue dysplasia, skin-joint signs (47.5%), visual organ disorders (44%) and small heart abnormalities (38%) were most common.

In patients with primary dysmenorrhea and connective tissue dysplasia syndrome pain significantly more pronounced than in adolescents without a connective tissue dysplasia (rank total pain index 28±5,3 and 21.3±4.5 and the total number of selected descriptors 12,0±4,3 and 9.0±3,5 accordingly, $p<0.05$).

The first episode of primary dysmenorrhea with DST in 88% of cases coincides with menarche.

The relationship between the severity of the course of primary dysmenorrhea, the presence of signs of connective tissue dysplasia and the content of magnesium in the blood serum has not been revealed. In primary dysmenorrhea, the concentration of matrix metalloproteinases 2 and 9 changes, which indicates endothelial dysfunction. 6. A decrease in free hydroxyproline, on average, by 2.8 times, matrix metalloproteinase 2-by 3.4 times, tumor necrosis factor α-by 2.1 times, the content of antibodies to cardiolipin-by 3.5 times and an increase in matrix metalloproteinase 9 by an average of 4.2 times ($p<0.05$) confirms the high effectiveness of treatment of primary dysmenorrhea with nonsteroidal anti-inflammatory drugs in combination with a vitamin-mineral complex containing calcium and vitamin D.

The proposed algorithm for the treatment of patients with primary dysmenorrhea makes it possible to convert the severe form of primary dysmenorrhea into moderate and mild in each 3rd observation. 8. The presence of connective tissue dysplasia in adolescence is not an indication for the appointment of drugs that affect collagen formation, since they do not increase the effectiveness of treatment.

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