

INFLAMMATORY DISEASES OF THE UTERUS IN WOMEN OF REPRODUCTIVE AGE (DIAGNOSIS, TREATMENT OF MODERN PRINCIPLES)

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✓ *Resume,*

Questions timely diagnosis, treatment and rehabilitation of women with inflammatory diseases of the uterus does not lose its relevance today. The main reasons leading to temporary disability among women, are inflammatory diseases of the uterus, benign tumors of the uterus and its appendages, dysfunctional uterine bleeding. Salpingoophoritis make up 60-65% in the structure of gynecological diseases.

Key words: Reproductive age, purulent inflammatory, uterus, uterus and its appendages

РЕПРОДУКТИВ ЁШДАГИ АЁЛЛАРДА БАЧАДОН ОРТИҚЛАРИНИ ЯЛЛИҒЛАНИШ КАСАЛИКЛАРИНИ (ТАШХИСЛАШ, ЗАМОНАВИЙ ДАВОЛАШ УСУЛЛАРИ)

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✓ *Резюме,*

Репродуктив ёшдаги аёлларда бачадон ортиқларини йирингли - яллиғланиш касаликларини ўз вақтида ташхислаш, даволаш ва реабилитацияси масалалари ўзининг долзарблигини бугунги кунда йўқотгани йўқ. Аёлларда вақтинчалик меҳнатга лаёқатсизлигини бачадон ва унинг ортиқларининг яллиғланиш касаликлари, бачадон ва унинг ортиқларининг яхши сифатли ўсмаси, бачадондан дисфункциональ қон кетишлар сабаб бўлмоқда. Сальпингоофоритлар гинекологик касаликларнинг 60 - 65% ни ташкил қилмоқда.

Калит сўзлар: Репродуктив ёш, йирингли - яллиғланиш, бачадон, бачадон ортиғи.

ВОСПАЛИТЕЛЬНЫЕ ЗАБОЛЕВАНИЯ ПРИДАТКОВ МАТКИ У ЖЕНЩИН РЕПРОДУКТИВНОГО ВОЗРАСТА (ДИАГНОСТИКА, СОВРЕМЕННЫЕ ПРИНЦИПЫ ЛЕЧЕНИЯ)

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Вопросы своевременной диагностики, лечения и реабилитации женщин с воспалительными заболеваниями придатков матки не теряют своей актуальности и сегодня. Основными причинами, приводящими к временной нетрудоспособности у женщин, являются воспалительные заболевания придатков матки, доброкачественные опухоли матки и ее придатков, дисфункциональные маточные кровотечения. Сальпингоофориты составляют 60-65% в структуре гинекологической заболеваемости.

Ключевые слова: Репродуктив возраст, гнойно - воспалительные, матка, придатка матки.

The relevance of research

Purulent inflammatory diseases of the uterus appendages (HDVF) in women are a complex problem associated with serious medical, social and economic losses [1-4].

Questions of timely diagnosis, treatment and rehabilitation of women with inflammatory diseases of the uterus do not lose their relevance today. The main causes of temporary disability in women are inflammatory diseases of the uterine appendages [1,2,4], benign tumors of the uterus and its appendages [6], dysfunctional uterine bleeding. Salpingoophoritis is 60-65% in the structure of gynecological morbidity [11].

Inflammatory diseases of the uterus at the present time occur atypically, do not have the classical clinical picture. With a small size of the pathological process, the presence of adhesions in the small pelvis, obesity, atypical location of education, clinical examination methods are uninformative and give only a general idea of the presence of pathological education in the small pelvis. For making a specific diagnosis, it is necessary to conduct a differential diagnosis, additional diagnostic tests. Despite the

development of modern technical diagnostic tools, the process of clinical examination has not lost its importance.

According to world statistics, inflammatory diseases of the uterus appendages occur in every tenth woman of reproductive age, among them purulent processes are detected in 15-30%. Currently, the vast majority of patients with purulent inflammatory diseases of the uterus appendages (GVPM) are women of early and middle fertile age, which is mainly due to an increase in the frequency of IHGPP.

Among the many issues related to the study of the problem of HDLHE, a special place belongs to the improvement of diagnostics and the implementation of operational benefits in patients with unrealized reproductive function, when, on the one hand, it is necessary to ensure the adequacy of the intervention, on the other - to preserve, if possible, genital organs.

Currently, there is no consensus on the medical and organizational aspects of the management of these patients, taking into account the long-term results. It should be noted that the industry standards for emergency care for gynecological patients are imperfect, the recommendations for their management are not clear enough.

This indicates the urgency of the problem, the need to develop more informative diagnostic criteria and tactics, as well as the adequacy of a comprehensive, phased strategy for maintaining this cohort of women in reproductive age.

Purpose of the study

Improving the diagnosis and results of surgical treatment of patients of reproductive age with purulent inflammatory diseases of the uterus.

Materials and methods

to solve the tasks we examined, 55 patients were diagnosed with purulent inflammatory diseases of the uterus.

Results and discussion

As a result of the treatment, all patients with PID had a clinical recovery. The average duration of treatment in patients of the 1st group was ($M \pm M$) 15.3 ± 0.4 days, and in patients of the 2nd group - 17.1 ± 0.5 days.

Analysis of the long-term results showed that with treatment according to the proposed program, complete recovery of patients with acute VZPM occurred in 91.8% of observations, improvement in 8.2% of patients, which was significantly higher than when using traditional methods ($p < 0, 0001$). When women were supervised according to the developed scheme, no cases of transition of the acute inflammatory process to the chronic one were observed.

Conclusions

1. In most cases, inflammatory diseases of the uterus appendages are characterized by a blurred course of the inflammatory process, without significant disruption of the general condition, as well as low informativity of generally accepted laboratory research methods, in 74.5% of patients they follow the exacerbation of the chronic inflammatory process and in 72.8% - develop on the background of dysbiotic conditions of the vagina.

2. The developed and proposed management tactics for patients with nonspecific inflammatory diseases of the uterus appendages, including two-stage antibiotic therapy, as well as three stages of the rehabilitation of reproductive function, has high clinical efficacy, reduces the number of complications and prevents the possibility of the disease becoming chronic, thereby contributing to maintaining in many patients with this pathology of reproductive function.

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