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MODERN METHODS OF EARLY DIAGNOSTICS OF HYPERPLASTIC ENDOMETRY PROCESSES

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✓ Резюме,

The most typical symptom of good and malignant proliferative processes of the endometrium are uterine bleeding (meno or metrorrhagia). The source of bleeding, as a rule, consists of areas of a hyperplastic endometrium with marked dystrophic changes and foci of necrosis. Typical menstrual disorders in endometrial pathology are: menorrhagia, metroragia, menometroragia, oligomenorrhea. Endometrial hyperplasia in some cases may occur against the background of amenorrhea. The most important clinical manifestation of the disease is chronic anovulation.

Key words: endometrium, hyperplastic processes, menorrhagia, metrorrhagia, anovulation, amenorrhea.

ЭНДОМЕТРИЙНИНГ ГИПЕРПЛАСТИК ЖАРАЁНЛАРИНИ ЗАМОНАВИЙ УСУЛЛАР ЁРДАМИДА ЭРТА ТАЎХИСЛАШ

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Эндометрийнинг яхши ва ёмон сифатли пролифератив жараёнларида энг кўп учрайдиган белгиларидан бири бўлиб бачадондан қон кетиши ҳисобланади (мени ёки метроррагия). Бунда қон кетиш манбаи бўлиб, эндометрийнинг гиперплазияга учраган кучли дистрофик ўзгаришлари ва некрозланган ўчоқлари ҳисобланади. Эндометрийнинг патологиясида ҳайз циклининг бузилишларидан: менорагия, метроррагия, менометроррагия, олигоменореялар саналади. Эндометрий гиперплазияси кўп ҳолатларда аменорея муҳитида кечади. Бу жараёнда энг асосий кўринадиган белгилардан сурункали ановуляция ҳисобланади.

Калит сўзлар: эндометрий, гиперпластик жараёнлар, менорагия, метроррагия, ановуляция, аменорея.

СОВРЕМЕННЫЕ МЕТОДЫ РАННЕЙ ДИАГНОСТИКИ ГИПЕРПЛАСТИЧЕСКИХ ПРОЦЕССОВ ЭНДОМЕТРИИ

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Наиболее типичным симптомом добро и злокачественных пролиферативных процессов эндометрии являются маточные кровотечения (мено или метроррагии). Источник кровотечения, как правило, составляют участки гиперплазированного эндометрия с выраженными дистрофическими изменениями и очагами некроза. Характерными нарушениями менструальной функции при патологии эндометрии являются: менорагия, метроррагия, менометроррагия, олигоменорея. Гиперплазия эндометрии в некоторых случаях может возникнуть на фоне аменореи. Важнейшим клиническим проявлением заболевания служит хроническая ановуляция.

Ключевые слова: эндометрий, гиперпластические процессы, менорагия, метроррагия, ановуляция, аменорея.

Introduction

The most typical symptom of good and malignant proliferative processes of the endometrium are uterine bleeding (meno or metrorrhagia).

The source of bleeding, as a rule, consists of areas of a hyperplastic endometrium with marked dystrophic changes and foci of necrosis. Typical menstrual disorders in endometrial pathology are: menorrhagia, metroragia, menometroragia, oligomenorrhea. Endometrial hyperplasia in some cases may occur against the background of

amenorrhea. The most important clinical manifestation of the disease is chronic anovulation.

Complaints due to metabolic and endocrine disorders, occur in any variant of endometrial hyperplasia. The most typical complaints are headaches, excessive weight gain, abnormal hair growth, sleep disturbances, recurring thirst, pink streaky, decreased performance, irritability [1, 2, 4, 10].

One of the most important links in the prevention of uterine body cancer (rtm) is timely diagnosis and

adequate treatment of endometrial background and precancerous processes [5, 8, 9, 10].

The set of methods used to diagnose endometrial proliferative processes (pes) is significant. The main methods of investigation of the uterine cavity of the first stage are: aspiration biopsy, ³²r isotope radiometry, ultrasound, dopplerometry, hysteroscopy, diagnostic curettage. To clarify the diagnosis and determine the treatment tactics, hysterosalpingography and hysterosalpingo ultrasound are used; computerized transmission and magnetic resonance imaging; lympho-, arterio-, phlebangiography; a number of special laboratory tests: immunological, immunohistochemical, endocrinological studies, the study of hormonal receptors. Discussions about the diagnostic value of each of these methods separately, their rational combination, and the sequence of application continue [1, 3, 4, 7, 9].

When conducting a screening survey, the method of cytological and histological examination of aspirate from the uterus cavity is mandatory. The diagnostic efficacy of cytological studies ranges from 58.3 to 94% [4, 6].

Among non-invasive research methods, echography, which is effective at the preclinical stage of the disease, deserves attention. The introduction of ultrasound into gynecological practice allowed us to indirectly judge the state of the endometrium by the thickness and structure of the median M-echo. Endometrial hyperplasia significantly increases these parameters. The thickness of the hyperplastic endometrium rarely exceeds 2 cm, but in some cases reaches 2.5-3 cm [4, 6, 10].

Ultrasound diagnostics for pathological processes of the endometrium has a number of restrictive criteria:

in the reproductive and perimenopausal periods, the study should be performed in the early 1st phase of the menstrual cycle;

at the same time, the middle uterine structures (M-echo) of the "normal" endometrium should not exceed 6 mm;

in postmenopausal women, the main ultrasound symptom of atrophy corresponds to the thickness of the middle uterine structures not exceeding 4 mm.

In a multicenter study that covered 930 postmenopausal patients in 18 clinics in Italy, endometrial cancer (ER) was diagnosed in 107 women. Its frequency at endometrial thickness up to 4 mm was 0.6%; 5-8 mm - 5.4%; 9-11 mm - 12.5%; more than 11 mm - 33.5% [2, 8].

An important diagnostic criterion for re is the increase in the thickness of the middle M-echo. Generalized literature data suggest that most researchers choose the thickness of an M-echo of 4 or 5 mm as the threshold criterion for postmenopausal PEP [2, 5, 9].

To improve the echographic diagnosis of neoplastic processes, one should focus not only on the thickness, but also on the structure of the endometrium. In most cases, the echogenicity of the tumor is either increased (45%) or medium (45%). Reduced echogenicity of ER is found only in 10% [2, 5].

The aim of the study was to study: the effectiveness of the treatment of diseases, clinical features, diagnosis and conservative treatment of patients with endometritis.

Materials and research methods

To solve the tasks we examined, 60 women were diagnosed with endometrial hyperplastic processes.

Results and discussion

With the development of modern diagnostic equipment, Doppler and Doppler studies have become widely available. For a quantitative assessment of the blood supply, it is advisable to use ultrasound with the calculation of the volume and three-dimensional Doppler indices, namely: vascularization index (vascularization index, VI - shows tissue saturation with vessels, expressed in%), blood flow index (flow index, FI - displays the average blood flow intensity, expressed as an integer from 0 to 100) and the relationship of vascularization to blood flow (vascularization-flow index, VFI - describes both vascularization and blood flow, and is expressed as an integer from 0 to 100).

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

Conclusions

1. Thus, the possibilities of modern diagnostics and treatment of endometrial hyperplastic processes are constantly being improved, opening up new perspectives for their treatment.

2. Summarizing the above, it can be concluded that the success of the treatment of endometrial hyperproliferative processes is the correct interpretation of the results of histological research and understanding of the etiology and pathogenesis of the identified changes. Important stages of the diagnostic process are transvaginal ultrasound, Doppler, hysteroscopy, as well as the use of unified modern classifications of HE. In the near future, it is also possible to use genetic diagnostic methods, which make it possible to predict to a certain extent the course of the process and the response to therapy, which can be an aid in the choice of treatment tactics.

3. The proven possibility of developing iatrogenic changes in the endometrium dictates the need for a balanced approach and careful prescription of any hormonal drugs. With the development of modern pharmacology and the introduction of the method of creating artificial menopause with the help of gonadotropin-releasing hormone agonists, the possibilities of effective organ-preserving treatment of complex types of hyperplasia increased while the total hormonal load was reduced.

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

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КЛИНИКО-ФУНКЦИОНАЛЬНЫЕ АСПЕКТЫ ТЕЧЕНИЯ БРОНХИАЛЬНОЙ АСТМЫ В ЗАВИСИМОСТИ ОТ СИСТЕМНОГО ВОСПАЛЕНИЯ И КУРЕНИЯ

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В работе изучены про и противовоспалительные цитокины ИЛ -4 и ИЛ-8 у больных с бронхиальной астмой, в зависимости от статуса курения. . Курения является значимым фактором риска, отягощающим как течение БА, так и выраженность воспаления в период обострения заболевания. Активность последнего взаимосвязана с выраженностью обструкции бронхов.

Ключевые слова: бронхиальная астма, интерлейкины, воспаление, цитокины,

ТИЗИМЛИИ ЯЛЛИҒЛАНИШ ВА ЧЕКИШГА ҚАРАБ БРОНХИАЛ АСТМА КЕЧИШИНГ КЛИНИК ФУНКЦИОНАЛ ЖИҲАТЛАРИ

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Ушбу лаборатория бронхиал астма бўлган беморларда тамаки чекиш ҳолатига, яллиғланиш қарши ва эрта яллиғланишга қарши ИЛ-4 ва ИЛ-8 цитокинлари. Муҳим хавф омиларидан бири бронхиал астма зўриқиш даврида ва яллиғланиш кучайтирадиган омил бу тамаки маҳсулотларини истеъмол қилиш. Бу эса уларнинг фаолиятини бронхлар обструкциясига боғлиқ.

Калит сўзлар: бронхиал астма, интерлейкины, интерлейкины, яллиғланиш, цитокинлар.

CLINICAL AND FUNCTIONAL ASPECTS OF THE FLOW OF BRONCHIAL ASTHMA DEPENDENT ON SYSTEMIC INFLAMMATION AND SMOKING

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In this study, pro-and anti-inflammatory cytokines IL-4 and IL-8 were studied in patients with bronchial asthma, depending on the status of smoking. . Smoking is a significant risk factor that aggravates both the course of asthma and the severity of inflammation during an exacerbation of the disease. The activity of the latter is interrelated with the severity of bronchial obstruction.

Key words: bronchial asthma, interleukins, inflammation, cytokines,

Актуальность

Бронхиальная астма (БА) - хроническое персистирующее воспалительное заболевание дыхательных путей с участием клеток (тучных, эозинофилов, Т-лимфоцитов), медиаторов аллергии и воспаления, сопровождающееся гиперреактивностью и вариабельной обструкцией бронхов, что проявляется приступом удушья, появлением хрипов, кашля или затруд-

нения дыхания, особенно ночью и/или ранним утром [1,2,3,4,5].

В основе хронического воспаления дыхательных путей при БА лежат иммунные и неиммунные механизмы. В развитии воспаления участвуют все иммунокомпетентные клетки (эозинофилы, макрофаги, нейтрофилы, тучные клетки, Т-лимфоциты и т.д.) [6,7]. Бронхиальное воспаление - ключевая характеристика у большинства пациентов с БА. Длительное тече-