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ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE

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MALE GENITOURINARY PATHOLOGY IN THE UZBEK POPULATION: MAIN FEATURES AND ISSUES

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✓ Resume

This review aims to provide data on genitourinary pathology in men of the Uzbek population. It represents global statistics on the prevalence of such diseases as urolithiasis, benign prostatic hyperplasia, prostate cancer, erectile dysfunction, and premature ejaculation. Available data on the prevalence of these pathologies in the Republic of Uzbekistan are presented. The need to use special questionnaires and scales in assessing the prevalence and severity of genitourinary disease, that allow for a large population to be covered is shown. The necessity of new high-quality large-scale epidemiological studies to assess the prevalence of genitourinary pathology within the Republic is noted.

Keywords: urolithiasis, benign prostatic hyperplasia, prostate cancer, erectile dysfunction, premature ejaculation, prevalence, epidemiology.

МУЖСКАЯ УРОГЕНИТАЛЬНАЯ ПАТОЛОГИЯ В УЗБЕКСКОЙ ПОПУЛЯЦИИ: ОСНОВНЫЕ ОСОБЕННОСТИ И ПРОБЛЕМЫ

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✓ Резюме

Целью данного обзора является предоставление сведений о урогенитальной патологии у мужчин в узбекской популяции. В нем отражены глобальные статистические данные по распространенности таких заболеваний, как мочекаменная болезнь, доброкачественная гиперплазия предстательной железы, рак предстательной железы, эректильная дисфункция и преждевременная эякуляция. Представлены имеющиеся в доступной литературе данные о распространенности этих заболеваний в Республике Узбекистан. Показана необходимость использования специальных опросников и шкал при оценке распространенности и тяжести заболеваний мочеполовой системы, позволяющих охватить большие группы населения. Отмечена необходимость проведения новых качественных масштабных эпидемиологических исследований для оценки распространенности урогенитальной патологии на территории республики.

Ключевые слова: мочекаменная болезнь, доброкачественная гиперплазия предстательной железы, рак предстательной железы, эректильная дисфункция, преждевременная эякуляция, распространенность, эпидемиология.

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✓ **Rezyume**

Ushbu sharhning maqsadi - O'zbekiston aholisida erkaklar urogenital patologiyasi haqida ma'lumot berish. Sharhda urolitiaz, prostata bezining xavfsiz giperplaziyasi, prostata saratoni, erektil disfunktsiya va muddatdan oldin ejakulyatsiya kabi kasalliklarning tarqalishi bo'yicha global statistik ma'lumotlarni taqdim etikgan. O'zbekiston Respublikasida ushbu kasalliklarning tarqalishi bo'yicha mavjud ma'lumotlar kiritilgan. Urogenital kasalliklarining tarqalishi va og'irligini baholashda aholining katta qismini qamrab olishga imkon beradigan maxsus so'rovnomalar va shkalalardan foydalanish zaruriyati ta'kidlangan. Respublikada urogenital patologiyasining tarqalishini baholash uchun yangi yuqori sifatli keng ko'lamli epidemiologik tadqiqotlar o'tkazish zaruriyati qayd etilgan.

Kalit so'zlar: urolitiaz, prostata bezining xavfsiz giperplaziyasi, prostata saratoni, erektil disfunktsiya, muddatdan oldin ejakulyatsiya, tarqalish, epidemiologiya.

Introduction

Diseases of genitourinary system are observed among patients of all ages with a tendency to affect the most able-bodied part of it - people under 40 years of age. According to the World Health Organization (WHO), diseases of the genitourinary system account for about 3% of all causes of death and are ranked seventh. WHO data from 2019 show that in Uzbekistan, the structure of total mortality from genitourinary system diseases was 2482 cases, with the highest mortality at the age of 55-74 years [33].

Material and methods. In medical databases PubMed, Science Direct, Google Scholar a search for publications was carried out using the keywords: urolithiasis, benign prostatic hyperplasia, erectile dysfunction, premature ejaculation, prostatic cancer, epidemiology, prevalence, diagnostics.

Result and discussions

Urolithiasis or urinary stone disease (USD) is currently on the rise throughout the world with a lifetime prevalence of 14%. Urolithiasis is more prevalent in males compared to females with a prevalence of 9% in females and 19% in males, although the difference is reported to be narrowing [32,34]. Recent data demonstrate a changing paradigm in USD epidemiology, with females being relatively more affected than before. Prevalence of USD has almost doubled and increased among people of those groups that were previously least susceptible to this disease - women and children [20].

The prevalence rate of crystalluria in Uzbekistan, according to Yuldashov F. (1998), was 11,5% or 115:1000 of the examined population. It was highest in the Syrdarya – 21,7%, Surkhandarya – 15,1%, Karakalpakstan – 12,4% and Fergana – 12,1% regions, lower in Tashkent – 7,4% and Bukhara 1,9%. In the Samarkand region, the prevalence of prelithiasis was 17,0% [35].

In epidemiological study conducted in 2009-2011 the prevalence of urological diseases in the Aral Sea region was studied. The analysis of individual urological diseases showed that “the most common among the population is urinary tract infection (UTI) (10.75 ± 0.36), followed by prelithiasis (5.82 ± 0.27), benign prostatic hyperplasia (BPH) (3.37 ± 0.21) and urolithiasis (1.40 ± 0.13) out of 100 examined. Comparison of the prevalence of urological diseases in the Khorezm region and the Republic of Karakalpakstan did not reveal significant territorial differences in the indicators”. According to the study data in men a prevalence of prelithiasis was $6,25 \pm 0,44$, UTI - $4,56 \pm 0,38$ and USD - $1,59 \pm 0,23$ [2].

In another study on the early diagnosis of urinary tract diseases among rural population of the Khorezm region of the Republic of Uzbekistan, which covered 4451 people who underwent a comprehensive examination at the primary health care level, it was found that urolithiasis and prelithiasis occur in 7.01% of the population of this region [23].

Inflammatory and tumorous diseases of the prostate gland prevail in the structure of genitourinary pathology in men. According to Apolikhin O.I. et al. (2018), in the Russian Federation up to 58% of men suffer from chronic prostatitis [5].

Benign prostatic hyperplasia (BPH) is one of the most common diseases of elderly men. BPH is not only a urological problem, it has an important social significance, since it accounts for about 40% of all diseases in men over 50 years old. BPH is associated with lower urinary tract symptoms (LUTS), which significantly reduce the quality of life of men [4,8,13].

In recent decades there has been a tendency towards aging of the world's population and an increase in the life expectancy of men, BPH prevalence will have an ever-increasing medical and social significance. The increase in the number of patients with BPH is due not only to the increase in life expectancy of men, but also to the high number of patients seeking help due to awareness of the currently existing diagnostic, drug and surgical treatment options [13]. The media and various social networks play an important role in this. Despite this, the proportion of men with BPH who seek specialist help is no more than 7% of the entire cohort of patients with clinical symptoms [5,6].

It can be assumed that in Uzbekistan this figure will be even more significant, since the population has a characteristic feature of associating various urination disorders not with any disease, in particular with BPH, but associating dysuric symptoms only with age. This, naturally, leads to late diagnosis, the emergence of various complications and the need for expensive inpatient treatment. Among rural population of the Khorezm region of the Republic of Uzbekistan, signs of benign prostatic hyperplasia were found in 3.01% of those examined over 50 years old [23].

Mandatory tests performed when diagnosing BPH include anamnesis, physical examination, including digital rectal examination of the prostate, urine analysis. Filling out of the International Prostate Symptom Score (IPSS) questionnaire and assessment of the level of prostate-specific antigen (PSA) are also required [18,21]. There is a validated version of IPSS questionnaire in the Uzbek language [3].

Another common andrological problem that leads to a decrease of males' quality of life is *erectile dysfunction (ED)*. ED is the inability to achieve or maintain penile erection sufficient for satisfactory sexual intercourse. ED is a medical condition that affects 19% of men aged 25 to 70 years and more than 25% of men aged 50 years. To be diagnosed with ED, erectile dysfunction must persist for at least 3 months. In special situations where ED is caused by trauma or surgery (e.g., radical prostatectomy), a single diagnosis may be possible [16]. The global prevalence of ED is high - by 2025, its prevalence is predicted to be approximately 322 million people, with the highest rates, according to literature, recorded in the United States and Asian countries [27].

The occurrence of ED is an important predictor of cardiovascular diseases (CVD), diabetes mellitus (DM). Therefore, it is important to rule out in ED patients CVD and DM. CVD (most often arterial hypertension), ED, social and psychological discomfort represent a "mutually reinforcing triad" – the main health problem of men in the 21st century" [22].

The diagnosis and severity of the clinical course of ED are determined using the International Index of Erectile Function (IIEF) questionnaire. This is a widely used method for assessing ED symptoms, suitable for both routine clinical practice and scientific purposes. The IIEF has been translated and validated for more than 32 languages of the world [19]. Currently, there are two versions of the IIEF: the original version with 15 questions (IIEF-15) and a shortened version with five questions (IIEF-5). IIEF-5 was developed by Rosen R.C. et al. (1997, 1999) [24,25].

To assess the prevalence of ED in the Uzbek population, a group of authors examined 648 hospitalized patients regardless of nosology. IIEF-5 questionnaire was applied to grade ED. ED was obtained in 587 (90.6%) patients. Only 61 (9.4%) of respondents had no signs of ED, mild degree ED was registered in 26.4%, moderate degree of ED in 62% and a severe degree in 11.5% of patients. ED was most frequently detected in the age range 45-60 years old – 59,2% [7].

Along with ED, the most common disorders of male sexuality include *premature ejaculation (PE)*, which is observed in 30% of men aged 40 to 80 years. At the same time, the results of numerous studies conducted in different countries of the world demonstrate the prevalence of PE in the range from 3% to 30% [10].

According to the International Society for Sexual Medicine (ISSM), PE is a male sexual dysfunction characterized by:

1. Ejaculation that always or nearly always occurs prior to or within about 1 minute of vaginal penetration (lifelong PE) or a clinically significant and bothersome reduction in latency time, often to about 3 minutes or less (acquired PE);
2. The inability to delay ejaculation on all or nearly all vaginal penetrations;
3. Negative personal consequences, such as distress, bother, frustration, and/or the avoidance of sexual intimacy [9,26].

In the diagnosis of PE, an important role is given to special questionnaires. Several questionnaires have been proposed for this purpose, including PEDT (Premature Ejaculation Diagnostic Tool), AIPE

(Arabic Index of Premature Ejaculation), PEP (Premature Ejaculation Profile), IPE (Index of Premature Ejaculation), Male Sexual Health Questionnaire Ejaculatory Dysfunction (MSHQ-EjD). Only 2 questionnaires - PEDT and AIPE, in accordance with the recommendations of the EAU, allow for the detection of PE [11,17]. The disadvantages of these questionnaires include difficulties in differentiating between primary (congenital) and secondary (acquired) PE. In 2014, the Uzbek Index of Premature Ejaculation (UIPE) was developed in Uzbekistan, which allowed for the targeted detection and more accurate diagnosis of PE. Initially, a Russian-language version was developed, which was then validated for Uzbek-speaking respondents and was in no way inferior to the original version [1].

In Uzbekistan, the prevalence of PE was studied among various layers of men of Tashkent. 3216 respondents who applied in 7 central clinics in Tashkent were interviewed. The mean age of the respondents was $34,49 \pm 10,29$ (19-63) years. Number of patients with PE was 482 respondents (38,4%). In this study prevalence of ED was also obtained and was 382 (30,5%) as well as the combination of PE and ED - 390 (31,1%) [28].

The problem of *oncological morbidity* is of great importance. Currently, there is a worldwide increase in the incidence of prostate cancer (PCa). In most developed countries, this type of cancer is one of the most frequently registered, and according to some authors, it is the most common malignant neoplasm in men. More than 1,5 million new cases of PCa are registered annually [12,14,29,30].

In the Republic of Uzbekistan in 2019 total 483 patients with prostate cancer were taken to the outpatient observation (dispensary supervision). In 2021, 625 patients were registered with primary prostate cancer, of which, in 2019, 7.2% were diagnosed at the time of routine (preventive) check-up, and in 2021 – 12,3%. The results of morphological verification of patients in the Republic in 2019 amounted 93,6% in 2019, and in 2021 – 88,6% [31].

According to the latest WHO data published in 2020 Prostate Cancer Deaths in Uzbekistan reached 338 or 0.21% of total deaths. The age adjusted Death Rate is 3.69 per 100,000 of population ranks Uzbekistan №172 in the world [16].

Discussion: Genitourinary pathology in men is characterized by high prevalence. In Uzbekistan, as well as throughout the world, there is a tendency for this pathology to increase. This is largely due to the increase in life expectancy of men. In addition, the prevalence of urogenital diseases is growing in regions with unfavorable and deteriorating environmental conditions. These diseases can lead to temporary loss of ability to work, a significant decrease in the quality of life of patients, disability and even death. All of the above mentioned determines high socio-economic significance of this pathology.

Despite the large amount of data presented in the literature on the prevalence, medical and social significance of urogenital diseases, this information is mainly local in nature and is often out of date. There is not always a wide coverage of patients, or some disparity in the results obtained is noted, which requires new large studies devoid of these shortcomings. Taking into account the large-scale widespread introduction of modern informative and highly accurate diagnostic methods in the Republic of Uzbekistan, the idea arises of the need to update the existing data and obtain data reflecting the current state of the issue.

Therefore, new studies and analysis of the prevalence of urological diseases are needed with a wider coverage of the population living both in ecologically unfavorable and favorable conditions, which will allow us to create a complete picture of the issue under study.

Conclusion

Information regarding the prevalence of genitourinary pathology in men in the Uzbek population is not complete and requires supplementation with new data. To study and objectively assess the current situation, new high-quality large-scale epidemiological studies are needed to assess the prevalence of genitourinary pathology within the Republic.

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