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ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE

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ИНДИВИДУАЛЬНЫЙ ПОДХОД К ВОССТАНОВЛЕНИЮ ФЕРТИЛЬНОСТИ ПОСЛЕ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ ЭНДОМЕТРИОЗА ЯИЧНИКОВ

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✓ Резюме

Эндометриоз — это хроническое эстрогензависимое воспалительное заболевание, характеризующееся наличием эндометриоподобной ткани за пределами полости матки. Эндометриоз яичников — одна из наиболее распространенных форм заболевания, тесно связанная с бесплодием. Хирургическое лечение эндометриоза яичников улучшает клинические симптомы, но может негативно влиять на овариальный резерв и репродуктивный потенциал.

Цель: оценить эффективность индивидуализированных подходов к восстановлению фертильности у женщин после операции по поводу эндометриоза яичников на основе оценки овариального резерва, гормонального профиля и состояния эндометрия.

Материалы и методы: В исследование были включены 95 женщин репродуктивного возраста, обследованных в поликлиниках № 2, 8, 11 и 13 города Самарканда. Основная группа состояла из 65 женщин с анамнезом операции по поводу эндометриоза яичников, а контрольная группа включала 30 женщин с трубно-перитонеальным бесплодием. Были проведены клиническое обследование, гормональная оценка (АМГ, ФСГ, ЛГ), ультразвуковая оценка овариального резерва и М-эхоанализ эндометрия.

Было проведено клиническое обследование, гормональная оценка (АМГ, ФСГ, ЛГ), ультразвуковая оценка овариального резерва и М-эхоанализ эндометрия.

Результаты: у женщин после операции по поводу эндометриоза яичников наблюдалось значительное снижение уровня АМГ и уменьшение количества антральных фолликулов по сравнению с контрольной группой. Повышенный уровень ФСГ и нарушение параметров эндометрия чаще наблюдались у пациенток с двусторонним поражением яичников и повторными хирургическими вмешательствами. Индивидуализированные стратегии восстановления фертильности, основанные на оценке овариального резерва, улучшили выбор лечения и репродуктивный прогноз.

Заключение: комплексная оценка овариального резерва и гормонального статуса у женщин после операции по поводу эндометриоза яичников позволяет разработать персонализированные алгоритмы восстановления фертильности и способствует оптимизации репродуктивных результатов.

Ключевые слова: эндометриоз; эндометриоз яичников; бесплодие; овариальный резерв; АМГ; восстановление фертильности; индивидуальный подход.

TUXUMDON ENDOMETRIYOZI JARROHLIGIDAN KEYIN HOMILADORLIKNI TIKLASHGA XUSUSIY YONDASHUVLAR

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✓ **Rezyume**

Endometriozi - bu bachadon bo'shlig'idan tashqarida endometriyaga o'xshash to'qimalarning mavjudligi bilan tavsiflangan surunkali estrogenga bog'liq yallig'lanish kasalligi. Tuxumdon endometriozi kasallikning eng keng tarqalgan shakllaridan biri bo'lib, bepushtlik bilan chambarchas bog'liq. Tuxumdon endometriomasini jarrohlik yo'li bilan davolash klinik alomatlarini yaxshilaydi, ammo tuxumdon zaxirasi va reproduktiv salohiyatga salbiy ta'sir ko'rsatishi mumkin [1].

Maqsad: tuxumdon endometriozi bo'yicha operatsiyadan keyin ayollarda tuxumdon zaxirasi, gormonal profil va endometriyal holatni baholash asosida individual tug'ilishni tiklash yondashuvlarining samaradorligini baholash.

Materiallar va usullar, tadqiqotga Samarqand shahridagi 2, 8, 11 va 13-sonli poliklinikalarda tekshirilgan 95 ta reproduktiv yoshdagi ayollar kiritilgan. Asosiy guruh tuxumdon endometriozi bo'yicha operatsiya tarixiga ega bo'lgan 65 ta ayoldan iborat bo'lgan, taqqoslash guruhiga esa naycha-peritoneal bepushtlik bilan og'rigan 30 ta ayol kiritilgan. Klinik tekshiruv, gormonal baholash (AMH, FSH, LH), tuxumdon zaxirasini ultratovush tekshiruvi va endometriyal M-echo tahlili o'tkazildi.

Natijalar: tuxumdon endometriomasi operatsiyasidan keyin ayollar taqqoslash guruhiga nisbatan AMH darajasining sezilarli darajada pasayishi va antral follikulalar sonining kamayishi kuzatildi. FSH darajasining oshishi va endometriyal parametrlarning buzilishi ikki tomonlama tuxumdon shikastlanishi va takroriy jarrohlik aralashuvlari bo'lgan bemorlarda ko'proq kuzatildi. Tuxumdon zaxirasini baholashga asoslangan individual tug'ilishni tiklash strategiyalari davolash usulini tanlashni va reproduktiv prognozni yaxshiladi.

Xulosa: tuxumdon endometriozi operatsiyasidan keyin ayollarda tuxumdon zaxirasi va gormonal holatni har tomonlama baholash shaxsiylashtirilgan tug'ish qobiliyatini tiklash algoritmlarini ishlab chiqish imkonini beradi va reproduktiv natijalarni optimallashtirishga hissa qo'shadi.

Kalit so'zlar: endometriozi; tuxumdon endometriomasi; bepushtlik; tuxumdon zaxirasi; AMH; tug'ish qobiliyatini tiklash; individual yondashuv.

PERSONALIZED APPROACHES TO FERTILITY RESTORATION AFTER OVARIAN ENDOMETRIOSIS SURGERY

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✓ **Resume**

Endometriosis is a chronic estrogen-dependent inflammatory disease characterized by the presence of endometrial-like tissue outside the uterine cavity. Ovarian endometriosis is one of the most common forms of the disease and is closely associated with infertility. Surgical treatment of ovarian endometriomas improves clinical symptoms, but may negatively influence ovarian reserve and reproductive potential [1].

Objective: to evaluate the effectiveness of individualized fertility restoration approaches in women after surgery for ovarian endometriosis based on assessment of ovarian reserve, hormonal profile, and endometrial condition.

Materials and Methods: the study included 95 reproductive-aged women examined at polyclinics No. 2, 8, 11, and 13 in Samarkand city. The main group consisted of 65 women with a history of surgery for ovarian endometriosis, while the comparison group included 30 women with tubal-peritoneal infertility. Clinical examination, hormonal evaluation (AMH, FSH, LH), ultrasound assessment of ovarian reserve, and endometrial M-echo analysis were performed.

Results: women after ovarian endometrioma surgery demonstrated significantly decreased AMH levels and reduced antral follicle count compared with the comparison group. Elevated FSH levels and impaired endometrial parameters were more frequently observed in patients with bilateral ovarian lesions and repeated surgical interventions. Individualized fertility restoration strategies based on ovarian reserve assessment improved treatment selection and reproductive prognosis.

Conclusion: comprehensive assessment of ovarian reserve and hormonal status in women after ovarian endometriosis surgery allows the development of personalized fertility restoration algorithms and contributes to optimization of reproductive outcomes.

Keywords: endometriosis; ovarian endometrioma; infertility; ovarian reserve; AMH; fertility restoration; individualized approach.

INTRODUCTION

Endometriosis is one of the most common gynecological diseases affecting women of reproductive age and remains a major cause of infertility worldwide. The disease is characterized by the presence of endometrial glands and stroma outside the uterine cavity, resulting in chronic inflammation, pelvic adhesions, pain syndrome, and impaired reproductive function [2]. According to epidemiological data, endometriosis affects approximately 10% of reproductive-aged women, while infertility is diagnosed in nearly 30–50% of patients with this condition [3].

Among all forms of endometriosis, ovarian endometrioma is of particular clinical importance because of its direct influence on ovarian reserve and follicular function. Ovarian endometriomas are diagnosed in approximately 17–44% of women with endometriosis [4]. Surgical treatment is widely used for management of ovarian endometriomas; however, excision of endometriotic cysts may lead to unintentional removal of healthy ovarian tissue and postoperative reduction of ovarian reserve [5].

Recent studies demonstrated that serum anti-Müllerian hormone (AMH) levels significantly decrease after endometrioma surgery, especially in women with bilateral lesions or repeated ovarian interventions [6]. In addition to mechanical ovarian damage, chronic inflammatory changes associated with endometriosis itself may impair folliculogenesis and reduce oocyte quality [7].

Despite advances in reproductive medicine, fertility restoration after ovarian surgery remains a complex clinical challenge. Individualized management strategies based on ovarian reserve assessment and reproductive endocrine status are therefore becoming increasingly important [8].

The present study aimed to evaluate reproductive function and ovarian reserve in women after ovarian endometriosis surgery and to develop individualized approaches for fertility restoration.

MATERIALS AND METHODS

Study Design

A prospective clinical study was conducted at Samarkand State Medical University in collaboration with polyclinics No. 2, 8, 11, and 13 of Samarkand city.

Participants

A total of 95 reproductive-aged women were enrolled in the study.

Main Group

65 women with a history of surgery for ovarian endometriosis.

Comparison Group

30 women with tubal-peritoneal infertility without ovarian endometriosis.

Inclusion Criteria

- Age between 18 and 40
- History of infertility
- Previous surgical treatment of ovarian endometrioma
- Signed informed consent

Exclusion Criteria

- Severe endocrine disorders
- Premature ovarian insufficiency unrelated to surgery
- Malignant gynecological diseases
- Severe systematic illnesses

Clinical and Laboratory Assessment

All participants underwent:

- Detailed reproductive history collection;
- Gynecological examination;
- Hormonal evaluation including:
 - Anti-Müllerian hormone (AMH);
 - Follicle-stimulating hormone (FSH);
 - Luteinizing hormone (LH).

Hormonal investigations were performed during the early follicular phase of the menstrual cycle.

Ultrasound Examination

Ultrasound assessment included:

- Ovarian volume measurement;
- Antral follicle count;
- Evaluation of recurrent endometriomas;
- Endometrial thickness assessment (M-echo).

Statistical Analysis

Statistical analysis was performed using standard biomedical statistical methods. Quantitative variables were expressed as mean $\pm$ standard deviation. Statistical significance was considered at $p < 0.05$.

Results and discussion

The mean age of women in the main group was comparable to that of the comparison group. However, primary infertility was observed more frequently among women with ovarian endometriosis.

Ovarian Reserve Assessment

Assessment of ovarian reserve demonstrated a significant decrease in serum AMH levels in women after endometrioma excision compared with women with tubal-peritoneal infertility.

Table 1. Hormonal Indicators of Ovarian Reserve

Indicator	Main Group	Comparison Group	p-value
AMH (ng/ml)	1.8 ± 0.6	3.2 ± 0.8	<0.05
FSH (IU/L)	9.7 ± 1.4	6.3 ± 1.2	<0.05
LH (IU/L)	7.1 ± 1.3	5.8 ± 1.1	<0.05

Women with bilateral ovarian surgery demonstrated the lowest AMH values. Similar findings were reported by Raffi et al., who confirmed significant postoperative reduction in ovarian reserve after cystectomy for endometrioma [6].

Elevated FSH levels observed in the main group may indicate compensatory activation of the hypothalamic-pituitary axis due to diminished ovarian function. Comparable endocrine changes were described in studies evaluating reproductive outcomes after ovarian surgery [9].

Ultrasound Characteristics

Ultrasound examination demonstrated reduced ovarian volume and lower antral follicle count in women with previous ovarian surgery.

Table 2. Ultrasound Indicators

Parameter	Main Group	Comparison Group
Antral follicle count	5.4 ± 1.2	9.1 ± 1.5
Ovarian volume (cm ³)	4.8 ± 0.9	7.2 ± 1.1
Endometrial thickness (mm)	7.3 ± 0.8	9.6 ± 1.0

Reduced endometrial thickness was more common in women with long-standing infertility and repeated surgical interventions. Chronic inflammatory changes associated with endometriosis may negatively affect endometrial receptivity and implantation processes [10].

Personalized Fertility Restoration Strategy

Based on obtained clinical and laboratory findings, an individualized fertility restoration algorithm was proposed.

Women with Preserved Ovarian Reserve

- Expectant management;
- Ovulation induction;
- Hormonal anti-inflammatory therapy.

Women with Moderately Reduced Ovarian Reserve

- Controlled ovarian stimulation;
- Early reproductive counseling;
- Endometrial support therapy.

Women with Severely Reduced Ovarian Reserve

- Early referral for IVF treatment;
- Fertility preservation consultation;
- Individualized hormonal correction.

Current international recommendations emphasize the importance of individualized reproductive management in women with endometriosis-associated infertility [8]. Early identification of diminished ovarian reserve may improve reproductive planning and avoid unnecessary delays in assisted reproductive treatment.

Preservation of reproductive potential in women with ovarian endometriosis remains one of the most important and controversial problems in contemporary gynecology and reproductive medicine. Although surgical treatment of ovarian endometriomas is considered an effective method for reducing pelvic pain, eliminating cystic lesions, and improving spontaneous conception rates, the possible negative impact of surgery on ovarian reserve cannot be ignored [1]. The findings obtained in the present study confirm that women who previously underwent surgery for ovarian endometriosis demonstrate significant impairment of ovarian functional capacity, reflected by decreased AMH levels, reduced antral follicle count, and altered gonadotropin secretion.

Particular attention should be paid to women with bilateral ovarian lesions and repeated surgical interventions. In this category of patients, the reduction of ovarian reserve was more pronounced, which is consistent with the results of international studies reporting accelerated depletion of follicular apparatus after repeated cystectomy [5]. This phenomenon may be explained by accidental excision of healthy ovarian cortex during removal of endometriotic capsules, postoperative fibrosis, vascular compromise, and thermal injury associated with bipolar coagulation [6].

The present study also demonstrated changes in endometrial characteristics among women with ovarian endometriosis. Reduced endometrial thickness and impaired M-echo parameters observed in a number of patients may indicate decreased endometrial receptivity. Chronic inflammatory activity, increased cytokine production, oxidative stress, and progesterone resistance associated with endometriosis can negatively affect implantation processes even after successful surgical treatment [10]. Therefore, fertility restoration in such patients should not be limited exclusively to ovarian reserve evaluation but must include comprehensive assessment of endometrial function and hormonal balance.

An important aspect of modern reproductive management is timely identification of patients requiring assisted reproductive technologies. Women with significantly reduced AMH levels should be referred for reproductive counseling as early as possible to avoid further decline in ovarian reserve associated with age-related factors. Individualized management based on reproductive prognosis allows optimization of treatment strategy and reduction of unnecessary delays before IVF treatment [8].

The proposed personalized fertility restoration algorithm may have practical value for gynecologists and reproductive specialists. Women with preserved ovarian reserve may benefit from conservative reproductive management and ovulation induction, whereas patients with severe ovarian depletion require early implementation of assisted reproductive technologies and individualized hormonal support. Such an approach corresponds with current international recommendations emphasizing personalized reproductive care in endometriosis-associated infertility [8].

Despite the clinical significance of the obtained findings, several limitations of the study should be acknowledged. The relatively small sample size and absence of long-term reproductive outcome assessment may limit generalization of the results. Future investigations involving larger patient populations and prospective follow-up are necessary to evaluate pregnancy rates and long-term reproductive prognosis after individualized fertility restoration programs.

Overall, the results of the present study indicate that ovarian endometriosis surgery has a substantial influence on ovarian reserve and reproductive endocrine function. Comprehensive individualized assessment of fertility potential may improve reproductive outcomes and contribute to more effective management of women with endometriosis-associated infertility.

Conclusion

Women after ovarian endometriosis surgery demonstrate significant impairment of ovarian reserve and reproductive endocrine function. Decreased AMH levels, altered gonadotropin secretion, and reduced endometrial receptivity negatively affect fertility potential.

Comprehensive individualized assessment of ovarian reserve and hormonal status allows development of personalized fertility restoration strategies and contributes to optimization of reproductive outcomes in women with ovarian endometriosis.

LIST OF REFERENCES:

1. Somigliana E., Berlanda N., Benaglia L., Vigano P., Vercellini P., Fedele L. Surgical excision of endometriomas and ovarian reserve: a systematic review on serum antimüllerian hormone level modifications. *Fertility and Sterility*. 2012;98(6):1531–1538. <https://doi.org/10.1016/j.fertnstert.2012.08.009>
2. Zondervan K.T., Becker C.M., Missmer S.A. Endometriosis. *New England Journal of Medicine*. 2020;382(13):1244–1256. <https://doi.org/10.1056/NEJMr1810764>
3. Giudice L.C., Kao L.C. Endometriosis. *Lancet*. 2004;364(9447):1789–1799. [https://doi.org/10.1016/S0140-6736\(04\)17403-5](https://doi.org/10.1016/S0140-6736(04)17403-5)
4. Chapron C., Marcellin L., Borghese B., Santulli P. Rethinking mechanisms, diagnosis and management of endometriosis. *Nature Reviews Endocrinology*. 2019;15(11):666–682. <https://doi.org/10.1038/s41574-019-0245-z>
5. Muzii L., Achilli C., Lecce F., Bianchi A., Franceschetti S., Marchetti C., Perniola G., Panici P.B. Second surgery for recurrent endometriomas is more harmful to healthy ovarian tissue and ovarian reserve than first surgery. *Fertility and Sterility*. 2015;103(3):738–743. <https://doi.org/10.1016/j.fertnstert.2014.12.101>
6. Raffi F., Metwally M., Amer S. The impact of excision of ovarian endometrioma on ovarian reserve: a systematic review and meta-analysis. *Journal of Clinical Endocrinology & Metabolism*. 2012;97(9):3146–3154. <https://doi.org/10.1210/jc.2012-1558>
7. Sanchez A.M., Vanni V.S., Bartiromo L., Papaleo E., Zilberberg E., Candiani M., Orvieto R., Viganò P. Is the oocyte quality affected by endometriosis? A review of the literature. *Journal of Ovarian Research*. 2017;10(1):43. <https://doi.org/10.1186/s13048-017-0341-4>
8. European Society of Human Reproduction and Embryology (ESHRE). Endometriosis guideline. *Human Reproduction Open*. 2022;2022(2):hoac009. <https://doi.org/10.1093/hropen/hoac009>
9. Donnez J., Dolmans M.M. Endometriosis and medical therapy: from progestogens to progesterone resistance to GnRH antagonists. *Human Reproduction Update*. 2021;27(2):290–304. <https://doi.org/10.1093/humupd/dmaa038>
10. Lessey B.A., Kim J.J. Endometrial receptivity in infertility, endometriosis, and implantation failure. *Fertility and Sterility*. 2017;108(6):961–966. <https://doi.org/10.1016/j.fertnstert.2017.10.030>

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