NOVATEUR PUBLICATIONS
JournalNX- A Multidisciplinary Peer Reviewed Journal
ISSN No: 2581 - 4230
VOLUME 7, ISSUE 1, Jan. -2021

PATHOLOGY OF REPRODUCTIVE ORGANS IN PERIMENOPAUSAL WOMEN

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ABSTRACT:

Relevance: A comparative study of diagnostic hysteroscopy and ultrasound in the diagnosis of abnormal uterine bleeding in perimenopausal women showed the advantage of diagnostic hysteroscopy over ultrasonic methods of sensitivity, specificity: 81% and 65%, respectively.

The aim of the study: Study the structure of the endometrium in women with pathology of reproductive organs.

Materials and research methods: 30 womens in perimenopause suffering from abnormal uterine bleeding at the age of 46-49 years. The survey methods were: - general clinical - medical history, objective status, laboratory research methods. Gynecological history and gynecological status. TVS. Curettage of the uterine cavity with subsequent histology hysteroscopy with targeted biopsy.The Results of the Study. Curettage of the uterine cavity with subsequent histology was performed in 29 examined patients with the aim of diagnosing and stopping bleeding. The histology responses were as follows: glandular endometrial hyperplasia in 9 (30%) patients, glandular cystic hyperplasia in 3 (7.5%) patients, endometrial polyposis in 16 (45%), leiomyoma in 1 (2,5%). Conclusions. The histology is considered the most informative method for women with pathology of reproductive organs.

KEYWORDS: reproductive organs, abnormal uterine bleeding, perimenopausal women.

INTRODUCTION:

The introduction of hysteroscopy into clinical practice has significantly expanded the ability to diagnose pathological conditions of the endometrium. Today, hysteroscopy is becoming increasingly important as a method for detecting intrauterine pathology in patients with abnormal uterine bleeding. [11.13].

The pathology of the endometrium and uterine cavity is represented by hyperplastic processes, uterine body leiomyoma, developmental abnormalities (Müller's abnormalities), inflammatory and immunopathological conditions, tumor processes that are clinically manifested by abnormal bleeding, as well as changes in neighboring organs and systems resulting from tumor damage. The following approaches are used in clinical practice to assess the pathology of the uterine cavity and endometrium: [2.5]

1) Direct visualization using a hysteroscopy, determining the presence of polyps, leiomyomas, cancer, sub mucous momentous nodes, anatomical anomalies of the structure, etc. [1, 3, 4, 7];

2) Visualization using methods of radiation diagnostics: ultrasound to assess the thickness and structure, sonohysterography and MRI to assess abnormalities of the uterine cavity (submucous fibroids, tumors) [10];

3) Histological examination of the biopsy or resected endometrium. It is used to assess the characteristics of tissue cells in case of abnormal uterine bleeding, endometrial hyperplasia, suspected endometrial cancer, as well as to obtain data on the inflammatory process in the endometrium or infection, especially in cases of

abnormal uterine bleeding or unusual findings with ultrasound or hysteroscopy. [6.8]

METHODS:

Modern methods for studying the endometrium include studying the genetic structure of the endometrium in a normal, physiological, and abnormal, pathological condition. To this end, a polymerase chain reaction, immunohistochemistry to detect specific proteins, Western blotting, as well as immune studies of products secreted by endometrial cells and cultured in an artificial environment by endometrial cell cultures are carried out. [3.9.10]

Morphological diagnostics is considered the gold standard for diagnosing the state of the uterine cavity and endometrium. However, changes in the endometrium in different parts of the uterus often have a different character (mixed hyperplasia, focal hyperplasia, endometrial polyps) [5, 14].

This fact dictates the need to conduct intrauterine diagnostic and therapeutic measures under visual control. Hysteroscopy significantly expands the diagnostic capabilities for identifying intrauterine pathology, allows monitoring the effectiveness of treatment and performing manipulations in the uterine cavity [3, 4, 7, 13].

Hysteroscopy combined with targeted endometrial biopsy is predominant, compared with ultrasound, endometrial biopsy with traditional curettage in the uterine cavity. [4]

PURPOSE OF THE STUDY:

To determine the diagnostic sensitivity of hysteroscopy with targeted biopsy compared with ultrasound methods for women with abnormal perimenopause bleeding.

MATERIALS AND RESEARCH METHODS:

We observed women in perimenopause suffering from abnormal uterine bleeding at the age of 46-49 years who were divided into 2 groups.

Group I: the main 15 women with AMC in perimenopause who underwent office hysteroscopy for the purpose of diagnosis and treatment.

Comparison group II: 15 women with AMA in perimenopause who underwent ultrasound examination and curettage of the uterine cavity for the purpose of diagnosis.

The survey methods were:

- General clinical - medical history, objective status, laboratory research methods.

Gynecological history and gynecological status. TVS.

Curettage of the uterine cavity with subsequent histology hysteroscopy with targeted biopsy.

DISCUSSION RESULTS:

A comparative analysis of the diagnostic value of hysteroscopy with targeted biopsy and standard curettage performed in the diagnosis of uterine cavity pathology in all patients confirmed the 100% specificity of the methods in both groups, but showed their different sensitivity: 81 and 65%, respectively.

Curettage of the uterine cavity with subsequent histology was performed in 35 examined patients with the aim of diagnosing and stopping bleeding. The histology responses were as follows: glandular endometrial hyperplasia in 5 (13.4) patients, glandular cystic hyperplasia in 3 (7.5%) patients, and endometrial polyposis in 4 (12%), leiomyoma in 2 (3%), in the rest 23 (64.1%) revealed the inflammatory process of the endometrium. The diagnosis of leiomyoma and a combination of leiomyoma with adenomyosis was not confirmed by histology in 3 and 4 cases, respectively. The sensitivity of diagnostic methods in the comparative group was 65%.

Hysteroscopy with targeted biopsy was performed in 15 (100%) patients of the main group. : endometrial polyps 7 (40% of cases),

endometrial hyperplasia 1 (9.0%), chronic endometritis 1 (9.0%), submucous uterine fibroids 2 (14.0%), endometrial cancer 1 (9.0%), septum in the uterine cavity1 (2.3%), ligatures in the uterine cavity 1 (9.0%), cervical canal polyps 2 (14.0%). When analyzing the results of hysteroscopy and histological findings, it was found that the number of correct diagnoses was 81%, incorrect - 8%. The following endometrial pathology was not confirmed by histological diagnosis: endometrial polyps (proerative endometrium) - 1 case, endometrial hyperplasia (atrophic endometrium and proliferative endometrium) - 1, chronic endometritis (focal endometrial hyperplasia) - 1 case.

FINDINGS:

A comparative study of diagnostic hysteroscopy and transvaginal ultrasound in the diagnosis of abnormal uterine bleeding in perimenopausal women showed the advantage of diagnostic hysteroscopy over ultrasound methods in sensitivity, specificity: 81% and 65%, respectively.
Thus, diagnostic hysteroscopy, combined with surgical intervention, in its modern office version, is one of the main methods for the comprehensive diagnosis and treatment of women with abnormal uterine bleeding in perimenopause.

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