



Analysis of Women's Reproductive and Somatic Health, Hospitalized for Endometrial Hyperplasia and Uterine Bleeding

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ABSTRACT

One of the most important problems of modern gynecology is endometrial hyperplastic processes (GPE). GPE is a benign pathology of the endometrium characterized by the progression of clinical manifestations (from simple and complex hyperplasia to atypical precancerous conditions of the endometrium) that occurs against the background of chronic anovulation, when absolute or relative hyperestrogenism occurs in the absence or insufficiency of the antiproliferative effect of progesterone [1, 3, 6].

Keywords:

The causes and mechanisms of the development of GPE are considered as variants of deviation from the normal functioning of the endocrine system:

Pathology of biosynthesis, rhythm and cyclicity of release and violations of the ratios in the content of hormones; violation of the function of the receptor system of cells, especially target organs; pathology of the genetically determined "hormone-receptor" system; "disruption" of immunological control over the elimination of pathologically transformed cells; violation of the metabolism of sex hormones in the pathology of the hepatobiliary system and gastrointestinal tract. The formation of GPE occurs in conditions of persistent hyperestrogenism against the background of reduced progesterone production. Causes of hyperestrogenism: ovarian dysfunction (persistence or atresia of follicles); follicular cysts stromal hyperplasia; tumors of teca cells; hyperplasia of the adrenal cortex; violation of the gonadotropic function of the pituitary

gland; incorrect use of estrogens; changes in hormone metabolism (obesity, cirrhosis of the liver, hypothyroidism). The occurrence of hyperestrogenism is associated with both anovulation in reproductive age and premenopause and with obesity, leading to an increased conversion of androstenedione into estrone of adipose tissue [2, 7]. The purpose of the study: To analyze the reproductive and somatic health of women hospitalized for endometrial hyperplasia and uterine bleeding. Materials and methods: A study of women of late reproductive age (34-45 years) was conducted, for uncomplicated endometrial hyperplasia in a planned manner (I study group; n = 132) and for uterine bleeding that developed against the background of endometrial hyperplasia, emergency hospitalization (II study group; n = 92). The

results of their discussion: The analysis of reproductive function showed that the majority of the examined menstruation began at the age of 12-13 years - 49.7%, 12.3% had menarche before the age of 12, 34.3% at the age of 14-15 years, and 3.7% of women at 16 years and later. Comparison of the results of the survey of the first and second groups showed no significant differences in the age of the onset of menstruation in women of both groups ($p>0.05$). Normally, menstruation should be painless. with a maximum number of days of bleeding 3-4. with blood loss - no more than 50 ml and regularity - within 27 - 29 days. In 11.8% of women of the first group, menstruation was not established immediately, in 45.6% it was painful, in 51.4% it was abundant, in 10.2% there were delays of more than 2 days. and 6% have been irregular all their lives. The normal periodicity of menstruation was observed in 42.5% of respondents, the periodicity of less than 27 days - in 32.9%. and more than 29 days - v 24.6%. Menstruation duration of less than 5 days was noted only by 61.1% of women. 5-7 days - 30.3%), and more than 7 days - 2%. It should be noted that in the first group the proportion of women with normal periodicity and duration of menstruation is higher, the proportion of women is lower. having irregular, painful and copious menstruation. In the first group of women there were 47.4% who did not give birth, 40.6% who had one birth, 10.5% who gave birth twice and 1.5% who gave birth three times or more. 76.8% had no history of miscarriages, 15.4% had one miscarriage, 5.2% had two miscarriages and 1.5% had three miscarriages or more. Attention is drawn to the fact that in the second group the proportion of women who did not give birth is significantly lower and, accordingly, the proportion of patients with two, as well as with three or more births in the anamnesis is higher. The analysis revealed a significant prevalence of pathology of the reproductive system in the patients of the studied groups. The gynecological status of a woman is largely determined by her somatic health [4, 5], therefore, data on chronic morbidity in women hospitalized for endometrial hyperplasia are of interest. In

particular, pathology of the endocrine system was registered in 2.1% of women. Diabetes mellitus occurred in 0.7% of cases, thyrotoxicosis - in 0.9%. Endocrine pathology associated with sexual dysfunction (ovarian dysfunction , puberty disorder, etc.) was detected in 3% of patients. The frequency of myopia registration is high (14.1%). In every seventh (14.7%) case there were indications that the woman suffers from neuralgia, neurotic disorder or any manifestations of cerebrastronic syndrome, including increased fatigue, headaches. 21.0% of women suffered from various diseases of the circulatory system (mainly pathology accompanied by hypertension), their frequency naturally increased with age. Indications for the presence of chronic upper respiratory tract diseases and bronchial asthma were present in 6.6% of cases. Every seventh woman in the study group (14.2%) had some kind of chronic digestive disease; oral diseases, chronic gastritis, cholecystitis, cholelithiasis prevailed. Chronic pathology of the musculoskeletal system was found in 16.6% of cases. Dorsopathy of varying severity is characteristic. Diseases of the urinary system (chronic nonspecific cystitis and pyelonephritis) were noted in 3.6% of patients. The proportion of patients without somatic chronic diseases naturally decreased with age: at the age of under 40 years was 35.4%, at the age of 40-49 years — 28.9%, at the age of 50-59 years - 21.4%, and in women 60 years and older - only 9.5%. 51.5% of women had a normosthenic physique. The largest proportion of patients had a harmonious type of development - 43.1%, 17.9% had mesoplastic and athletic types of constitution. 22.8% were overweight due to obesity, 16.2% had an initial body weight deficit. Conclusions: the prevalence of concomitant somatic and gynecological pathology is high among patients with endometrial hyperplasia . Among the diseases of the reproductive system, non-inflammatory diseases (ectopia of the cervix, ovarian neoplasms, uterine fibroids) were most often noted. The body mass index corresponded to the limits of the norm only in 51.5% of women. It was found that uterine

bleeding on the background of endometrial hyperplasia significantly more often develop in patients who had a history of menstrual function disorders.

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