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OPTIMIZATION OF METHODS OF DIAGNOSTICS OF VARIOUS FORMS OF ENDOMETRIOSIS IN WOMEN OF REPRODUCTIVE AGE

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Abstract:

The data of informativeness of diagnostic methods of various forms of adenomyosis in women of reproductive age were carried out. It was concluded that the most informative methods are ultrasound diagnostics and hysteresoscopy.

Keywords: endometriosis, adenomyosis, forms of adenomyosis.

Introduction

The relevance of the problem: Endometriosis is one of the pressing problems of modern gynecology due to the growing incidence, increased frequency of detection in young patients under 30 years of age and the lack of effective methods of conservative therapy. According to the Endometriosis Association of the United Kingdom, it takes an average of 5 years from the onset of the first symptoms to diagnose endometriosis. When choosing the tactics of management and treatment, it is necessary to take into account not only the form of the disease, but also the age of the patient, the severity of clinical manifestations, reproductive settings, as well as the risks and possible complications of treatment. Various authors have proposed many classifications of endometriosis.

For many years, our country has used a clinical classification of internal endometriosis of the uterine body. In this case, three forms of adenomyosis are described: diffuse (DAM), focal and nodular (UAM).

In most cases, the diagnosis is established on the basis of a histological conclusion after removal of part of the uterus or hysterectomy. At the same time, identifying the prevalence of the disease in the population is a difficult task, because The detection rate of adenomyosis in the preoperative period ranges from 2.6% to 26.0%, although the sensitivity of ultrasound and MRI is quite high and

amounts to 88%-100%. Currently, echography is mainly used to diagnose adenomyosis. According to studies [6,9], the information content of ultrasound in detecting the nodular form of adenomyosis is 93.3%. At the same time, the authors point out that it is possible to accurately diagnose the degree and form of adenomyosis in a significantly smaller number of observations. Magnetic resonance imaging has recently taken a special place in the diagnosis of adenomyosis due to its non-invasiveness and high information content. Nevertheless, advances in the field of preoperative diagnostics are not effective enough, which makes further study of these research methods relevant. In addition, there is not much data on the nodular form of adenomyosis in modern literature, which many authors even consider a special separate disease that has nothing in common with diffuse adenomyosis.

Surgical treatment remains the only radical and effective method of combating adenomyosis. Only hysterectomy can cure adenomyosis, but, according to many authors [9,10], when deciding on the extent of surgical intervention, it is necessary to take into account the age and reproductive attitude of the patient. In women of childbearing age, organ-preserving operations should be performed whenever possible.

In case of intraoperative detection of internal endometriosis, the uterus can be removed in patients who do not want to have children. An alternative method is hormonal treatment. However, in modern literature there are data on the development and successful use of organ-preserving surgical methods for the treatment of diffuse forms of adenomyosis. In patients with nodular adenomyosis who are interested in pregnancy and categorically refuse to remove the uterus, The affected areas of the uterine wall are excised with subsequent reconstruction.

However, the algorithm for choosing the volume of surgical treatment of internal endometriosis, as well as the surgical approach, has not been finally determined. The issue of the effectiveness of hormonal treatment as a method for preventing relapses of the disease after removal of the adenomyosis node also remains unstudied.

Objective of the study: To optimize the methods of diagnosis and hormonal treatment of various forms of adenomyosis in women of reproductive age.

Study materials: Forty women who received inpatient treatment for adenomyosis in the maternity hospital of Bukhara were examined. Of the 40 patients, 23 women (57.5%) had nodular adenomyosis. The remaining 17 women had diffuse adenomyosis (42.5).

Research methods:

- 1. Clinical studies;
- 2. Ultrasound of the genital organs;
- 3. Hysteroscopy

Results: Anamnestic data was analyzed in 40 women with adenomyosis: 35 (87.5%) women suffered from adenomyosis pain syndrome, 24 (60%) women with nodular adenomyosis, and 11 (27.5%) women with diffuse adenomyosis.

During examination of women, the main complaints were menstrual bleeding (algodysmenorrhea, menorrhagia) in 30 (75%) women. 17 (42.5%) women with nodular adenomyosis and 10 (25%) women with diffuse adenomyosis.

Ultrasound diagnostics was the most effective examination method. Echoscopic nodular adenomyosis is characterized by not only the cellular structure of the myometrium, but also the presence of a nodular heterogeneous structure around which, unlike fibroids, there is no capsule. In the diffuse form of adenomyosis is characterized by a cellular structure of the myometrium. In

which point or small cystic structures were found, the border of the mucous membrane and the muscular layer of the uterus is not smooth, but tortuous. The thickness of the posterior wall is greater than the anterior.

Hysteroscopy is a sufficiently informative diagnostic method in 70-80% of patients, and is an addition to the ultrasound examination method.

The results of a comprehensive examination (hysteroscopy, ultrasound scanning) in 60 patients with adenomyosis (average age 35 ± 2.71 years).

Conclusions: The informativeness of ultrasound examination and detection of adenomyosis was 67.7±6.27%, hysteroscopy 85.5±4.17%.

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