

GYNECOLOGICAL AND SOMATIC HISTORY OF WOMEN WITH UTERINE MYOMA
ACCORDING TO RETROSPECTIVE ANALYSIS

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ABSTRACT

Background: Currently, uterine fibroids are found in 30-35% of women often detected at the age of 32-33 years. In recent years, the growth of this pathology among women of reproductive age has been alarming. There is an opinion that the epidemiology of uterine fibroids, based only on data from clinical studies, is unreliable. Additional methods show that the true incidence of this pathology reaches 77%. **Objective:** To study the obstetric, gynecological and somatic history in women with uterine myoma. **Materials and research methods:** To determine the risk factors for the development of symptomatic uterine fibroids (MM) and to clarify the key points of the problem under consideration, we conducted a retrospective analysis of 250 case histories of women with MM for 2011-2015. from archival material of the Bukhara city maternity complex and the regional perinatal center and in the outpatient network of the Bukhara region. The diagnosis of MM was established on the basis of the history, clinic and the results of laboratory-functional, ultrasound diagnostic methods. **Result** Gynecological, somatic, clinical and statistical analysis of 250 stories of women with uterine fibroids was studied to identify risk factors for complications, developmental causes and their complications to choose a tactic, treatment method and its prevention **Conclusion:** Timely prevention, diagnosis and treatment will reduce the risks of various surgical interventions and oncological diseases and their complications during all periods of a woman's life.

KEYWORDS: uterine fibroids, somatic-gynecological history.

INTRODUCTION

Uterine fibroids - a benign monoclonal tumor from smooth muscle cells of the myometrium, develops from one single abnormal cell, which, as a result of a mutation in it, acquired the ability of unregulated growth.^[1] Currently, uterine fibroids are found in 30-35% of women of reproductive age.^[2,3] According to Vikhlyaeva E.M. uterine fibroids are most often detected at the age of 32-33 years. In women younger than 20-30 years, uterine fibroids occur in 0.9-1.5% of cases, older than 30 years - in 15-20% of women, older than 40 years - in 40%.^[4] 80% of indications for surgical gynecological interventions appear due to the presence of uterine fibroids and its complications. In recent years, the growth of this pathology among women of reproductive age has been alarming. There is an opinion that the epidemiology of uterine fibroids, based only on data from clinical studies, is unreliable. Additional methods show that the true incidence of this pathology reaches 77%.^[5,6]

Uterine fibroids to date, about 50% of patients with uterine fibroids in gynecological hospitals undergo surgical treatment. This leads to irreversible infertility, loss of menstrual function, pronounced hormonal

disorders, vegetovascular and psychoemotional disorders.^[3,5,7]

Identification of new links in the pathogenesis of uterine fibroids, a comprehensive assessment of risk factors for the development of the symptomatic course of the tumor process to establish a prognosis of the disease, will improve pathogenetic therapy methods, reduce the incidence of clinically significant forms of fibroids, and thus, it is possible to further reduce the operational activity of treatment of this group of patients.^[8,11]

Despite the measures taken, the frequency of various pathologies and related complications does not decrease, and many issues of management tactics remain unresolved.^[9,10]

The development of a set of diagnostic algorithms and the justification of new diagnostic technologies aimed at reducing gynecological and oncological morbidity and mortality associated with various pathologies of the mother remains one of the leading areas of research in gynecology.

MATERIALS AND RESEARCH METHODS

To determine the risk factors for the development of symptomatic uterine fibroids (MM) and to clarify the key points of the problem under consideration, we conducted a retrospective analysis of 250 case histories of women with MM for 2011-2015. from archival material of the Bukhara city maternity complex and the regional perinatal center and in the outpatient network of the Bukhara region.

The diagnosis of MM was established on the basis of the history, clinic and the results of laboratory-functional, ultrasound diagnostic methods.

The results of the study

Clinical and statistical analysis of 250 case histories of pregnant women with uterine myoma (MM) was carried out, depending on the symptoms and method of treatment, the patients were divided into two groups. The first group included 160 (64.0%) pregnant women with symptomatic MM who underwent conservative therapy and 90 women with surgical treatment.

Table 2: Age structure of women with ang

| Age years | 1 group (n = 160) | | 2 group (n = 90) | | P |
|--------------|-------------------|----------|------------------|----------|-------|
| | abs. | % | abs. | % | |
| Up to 35 | 29 | 18,1±1,7 | 11 | 12,2±2,0 | <0,05 |
| 28-50 | 93 | 58,1±2,2 | 59 | 65,6±2,8 | <0,05 |
| 51-55 | 26 | 16,3±1,7 | 13 | 14,4±2,1 | >0,05 |
| 55 and older | 12 | 7,5±1,1 | 7 | 7,8±1,4 | >0,05 |

According to our data, MM (group 1) was observed at the age of 28-50 years (58.1%), and in the second group, 59 (65.6%), they amounted to 152 (60.8%) of the total number of subjects.

Women aged 51-55 years in the 2nd group were 13 (14.4%), in the first - 26 (16.3%). They amounted to 39 (15.6%) of the total number of women.

Table 1: The distribution of the examined pregnant women in groups.

| Group of examined | The number of pregnant women with MM | |
|-------------------|--------------------------------------|-------|
| | abs. | % |
| 1 st | 160 | 64,0 |
| 2 st | 90 | 36,0 |
| Total | 250 | 100,0 |

The second group consisted of 90 (36.0%) women with MM who underwent myomectomy and hysterectomy.

The age of the observed pregnant women ranged from 29 years to 57 years, the average age was 43.4 years.

A detailed analysis of the age limit of women in the analyzed groups showed that the highest frequency of MM occurs at the age of 31-50 years - in 152 (60.8%) women.

The subjects over 55 years old were in group 2, 7 (7.8%), in the first 12 (7.5%). Of the total number of women we observed, they amounted to 19 (7.6%) (Fig. 1.).

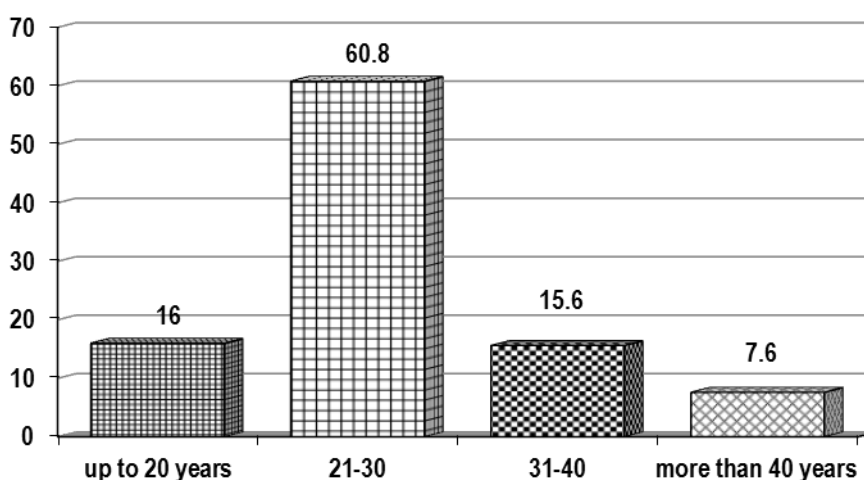


Fig 1: Age structure of women with uterine fibroids.

Therefore, a significant factor affecting the course of the disease is the age of women. MM is most common between the ages of 31-50. Under the age of 40 years and over 50, the incidence of MM increases.

Analysis of the incidence of MM in women living in the city and in rural areas showed that this pathology is more common in urban residents in 178 (71.2%) than in rural women - in 72 (28.8%).

In the study of medical and social factors leading to MM, the following was revealed. Among the observed

employees were 56 (22.4%), workers - 134 (53.6%), students - 12 (4.8%), housewives - 48 (19.2%), (Fig.2). As can be seen from the presented material, among the observed workers (53.6%) prevailed.

This group includes women who work in industrial institutions, factories and are engaged in trade visitors from Russia. They work in unsatisfactory conditions, often travel abroad to earn money, are not examined on time and do not receive inpatient treatment.

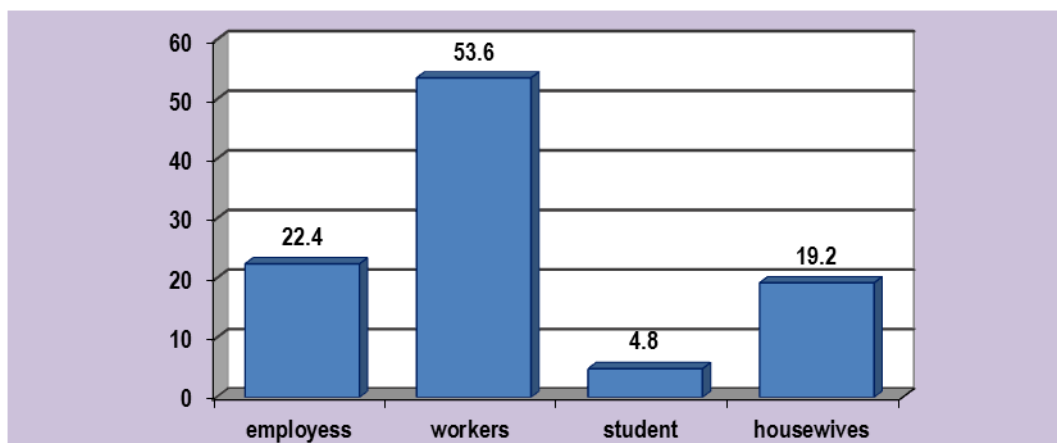


Fig 2: Distribution examination with uterine fibroids by professional affiliation.

Data on the frequency of occurrence of gynecological diseases are presented in table 3. As can be seen from the

data presented in the table and figures, gynecological diseases among women with MM are quite common.\

Table 3: Past Genital Diseases in Examined Women

| Gynecological Diseases | 1 group (n = 160) | | 2 group (n = 90) | | P |
|------------------------|-------------------|----------|------------------|----------|-------|
| | abs. | % | abs. | % | |
| Inflammatory Disease | 34 | 21,3±1,8 | 19 | 21,1±2,4 | >0,05 |
| Menstrual dysfunction | 12 | 7,5±1,2 | 7 | 7,8±1,5 | >0,05 |
| Endometriosis | 6 | 3,7±0,8 | 1 | 1,1±0,7 | <0,05 |
| Infertility | 4 | 2,5±0,7 | 1 | 1,1±0,8 | >0,05 |
| Cervical erosion | 6 | 3,7±0,8 | 2 | 2,2±1,0 | >0,05 |
| A history of abortion; | | | 21 | 23,1±2,4 | >0,05 |
| 2 abortions | 29 | 18,1±1,7 | 7 | 7,8±1,5 | >0,05 |
| 3 abortions | 12 | 7,5±1,1 | 3 | 1,1±0,7 | >0,05 |
| 4 and more | 11 | 6,7±0,9 | 5 | 2,2±1,0 | >0,05 |
| | 6 | 3,7±0,8 | 1 | 2,5±0,7 | >0,05 |

The most common gynecological diseases were inflammatory diseases of the female genital organs - 53 (21.2%), menstrual irregularities - 19 (7.6%), infertility - 5 (2.0%), cervical erosion - 8 (3, 2%) (Fig.3).

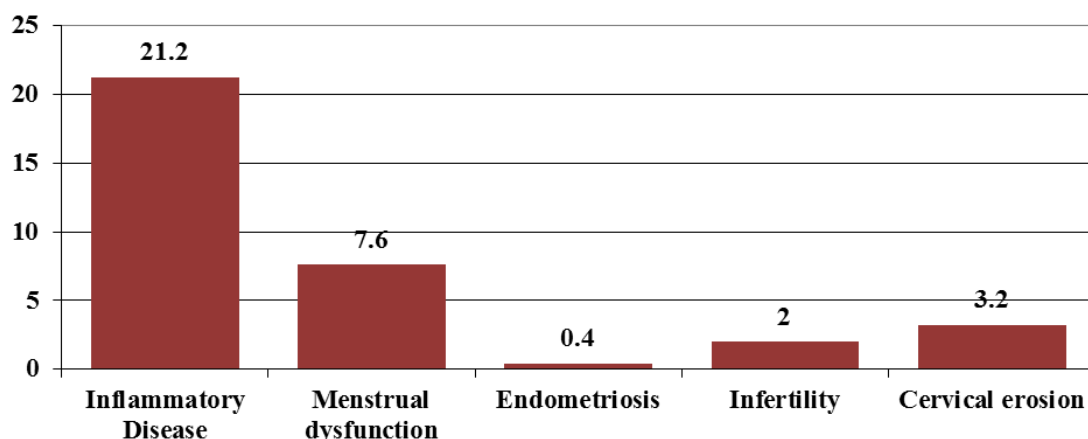


Fig 3: General diseases in the examined women

Of the gynecological diseases in the examined women, inflammatory diseases of the genital organs and menstrual irregularity prevailed. They are risk factors for the development of MM. The influence of these factors in women of the first group increased by 1.5-2 times.

The study of childbearing function showed that 81 (32.4%) patients had a history of two births, 117 (46.8%) had three births, 29 (11.6%) had 4 births, and 18 (7, 2%) - some births, 5 (2%) - nulliparous. Of somatic diseases, anemia and a disease of the genitourinary system prevailed.

Along with this, the history and complications of pregnancy were studied in case histories in women with MM.

When analyzing the course of pregnancy, a history of the threat of abortion was revealed - 100 (40.0%), early toxicosis - 21 (8.4%), preeclampsia - 23 (9.2%), polyhydramnios - 3 (1.2 %).

Complications such as polyhydramnios, oligohydramnios and fetal growth retardation syndrome were observed more in the second group.

Exacerbation of somatic diseases was observed in 18 (7.2%) women. This was mainly manifested by aggravation of anemia, inflammatory diseases of the urinary tract (chronic pyelonephritis, cystitis, urolithiasis), and acute respiratory viral infections. At the same time, the examined women in the comparison group also had gynecological diseases, such as colpitis of various etiologies, cervical erosion, ovarian cyst - 28 (11.2%). All women with MM have a history of the medications received since the diagnosis was made, 25% received hormone therapy regididone, regulon to stop bleeding, 27% received injectable hormone therapy, 40% received long-term hemostatic, reducing and analgesic therapy, 25% of women underwent curettage uterus, 10% of women received antibiotic therapy and 5% of women received Ulipristal acetate.

CONCLUSION

Thus, on the basis of anamnestic data, gynecological and somatic morbidity, it can be concluded that the age of a woman, the burden of obstetric and gynecological anamnesis with such gynecological diseases as inflammatory diseases of the genital organs are important in the development of MM, anemia and inflammatory diseases of the urinary system are important of pathways, from obstetric threat to termination of pregnancy, early toxicosis and preeclampsia in history. Most often, 40% of women received ineffective symptomatic therapy for the symptomatic course of uterine fibroids. All of these factors seem to affect women's reproductive health. Timely prevention, diagnosis and treatment will reduce the risks of various surgical interventions and oncological diseases and their complications during all periods of a woman's life.

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