

MORPHOLOGICAL STRUCTURE OF THE ENDOMETRIUM IN WOMEN WITH ABNORMAL UTERINE BLEEDING

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Abstract. *In the Republic of Uzbekistan, the incidence of endometrial hyperplasia varies widely and depends on age. In perimenopausal women, the incidence ranges from 10 to 35%. Goal of work was to study the morphological structure of the endometrium in premenopausal women with abnormal uterine bleeding. We examined 55 patients with AUB who were treated in the gynecological department of the multidisciplinary clinic of SamSMU for the period from 2022 to 2023. The morphological picture of the endometrial layer in premenopausal women is represented by glandular hyperplasia in most cases, but glandular-cystic hyperplasia was found in 20% of cases. Atypical hyperplasia was detected in 5 women, and recurrence of hyperplasia was noted in these women*

Keywords: blood serum (BS), abnormal uterine bleeding (AUB), Endometrial hyperplastic processes (EHP), endometrial hyperplasia (EH).

Relevance. In the structure of gynecological pathology, endometrial hyperplastic processes range from 5 to 25%, being a medical and social problem due to the high incidence of relapses and the possibility of malignancy [1].

In the Republic of Uzbekistan, the incidence of endometrial hyperplasia varies widely and depends on age. In perimenopausal women, the incidence ranges from 10 to 35% [2]. Currently, a method for studying the structure of blood serum (BS) is being introduced into clinical practice, which makes it possible to diagnose the pathology of organs and systems with a high degree of probability, and at the early stages of the development of the disease. The morphological criteria formed in the process of BS dehydration have fairly clear characteristics and are indicators of pathological abnormalities in various organs and systems, the degree of stability of homeostasis, biological age, the choice of optimal therapeutic factors and regimens, and assessment of the effectiveness of the therapy [3].

Endometrial hyperplastic processes (EHP) can occur at any age, but the frequency of this disease increases significantly during perimenopause. The peak incidence of mammary glands also occurs at the age of 41-50 years [3,4,7].

The number of scientific works related to the diagnosis and treatment of endometrial hyperplastic processes indicates that this problem has been sufficiently studied [5,11]. There are studies by domestic gynecologists on the development of tactics for managing patients with combined hyperplastic processes of the uterus and mammary glands [1,12]

A factor that damages any link in the menstrual cycle regulation system may be etiological for the occurrence of this pathology. These include overwork, psychological stress,

hypovitaminosis, intoxication, genital and non-genital infections, somatic diseases, abortion, pathological childbirth, tumor processes of various localizations [7, 8].

Known perimenopausal and developmental risk factors for EHP and AUB are overweight and obesity. Their effect is apparently mediated by increased synthesis of estrogens in adipose tissue or an increase in their biological activity [4].

Aim of the study. To study the morphological structure of the endometrium in premenopausal women with abnormal uterine bleeding.

Materials and methods. Taking into account our goals, we examined 55 patients with AUB who were treated in the gynecological department of the multidisciplinary clinic of SamSMU for the period from 2022 to 2023.

The control group consisted of 20 women of the same age without indications of any menstrual irregularities.

The age of the women ranged from 43 to 51 years, on average 46.7 ± 2.4 years.

A comprehensive clinical and laboratory examination included examination of the external genitalia, vagina, and cervix in speculums; bimanual examination, ultrasound examination of the pelvic organs, endoscopic examination of the uterine cavity, histological examination of biopsy specimens.

Ultrasound methods for examining the pelvic organs were carried out using Aloka-500 (Japan) ultrasound scanners. At the same time, the condition of the pelvic organs was assessed, as well as the condition of the endometrium and the presence of other pathologies.

All patients of the main group were diagnosed with endometrial hyperplasia (EH), as a result of which diagnostic curettage was performed under appropriate conditions. In a detailed analysis of the data, the patients were divided into 2 groups based on the presence of hyperplasia and its recurrence: group 1, patients with primary endometrial hyperplasia ($n=35$), group 2, patients with recurrent endometrial hyperplasia ($n=20$).

Hysteroscopy was performed under general anesthesia in a private clinic by agreement on the 5th day of the menstrual cycle. Hysteroscopy was performed only when indicated, mainly for women of the second group with recurrent endometrial hyperplasia.

For variational and statistical processing of the research results, the Statistica6.0 program was used to determine the key variational indicators of the mean (M), error of the mean (m) and standard deviation (p). The reliability of the results obtained was determined using the Student's test. When the P value was less than 0.05, the difference between the two means was considered significant. The reliability level was at least 95%.

Results and discussion. When studying somatic pathology in patients, it was revealed that half of the patients in the main group - 27.27% - had chronic inflammatory diseases of the upper and lower respiratory tract, which was significantly more common than in the control group - 15%, $p < 0.001$. Every fifth patient in the main group - 11 (20%) suffered from chronic bronchitis. Patients with AUB were three times more likely to indicate the presence of chronic tonsillitis compared to controls, $p < 0.001$.

A significant proportion of patients in the main group (63.7%) of women in the main group and only 10% of the control group suffered from diseases of the cardiovascular system, mainly varicose veins and hypertension, $p < 0.001$. Varicose veins were diagnosed in 8(14.54%) versus 1(5%) in the control group, $p < 0.001$. Hypertension occurred twice as often in patients with AUB than in the control group, $p < 0.05$.

To assess the condition of the endo- and myometrium, all patients underwent an ultrasound examination at the time of treatment. In patients with bleeding, the M-echo ranged from 17 to 35 mm, with an average of 21.7 ± 4.5 mm. Of the 35 women who applied with bleeding and hyperplasia, 21 (60%) had an M-echo from 17 to 23 mm, and 5 (16.13%) were diagnosed with endometrial polyps. In 15 (78.94%) patients from the second group, the M-echo ranged from 24 to 35 mm, on average - 29.2 ± 1.8 mm; ultrasound revealed endometrial polyps in 5 patients (26.32%).

All patients, taking into account age, abnormal uterine bleeding and endometrial hyperplasia, were recommended to undergo diagnostic curettage. After curettage, the specimen was sent for histological analysis to determine the morphological picture of hyperplasia.

In the majority of women (80% from the first group, 70% from the second), the morphological picture was represented by a sharply thickened functional layer of the endometrium with numerous glands that are elongated, have a tortuous course, and in places form an expansion in the form of cysts. 20% of women (from the first 7-20%, from the second 4-20%) had a morphological picture of glandular cystic endometrial hyperplasia. An atypical picture was identified in 5 women from the second group, in contrast to the first where such a picture was not observed.

Conclusion. Hyperplasia of the endometrial layer of the uterus was expressed by anomalous bleeding in all cases, the step-by-step treatment of which once again confirms the need for a complete diagnosis. In premenopausal age, we can say that this condition is related to hormonal disorders. Taking into account the characteristics of the AUB, based on the etiological cause, the morphological picture of the endometrial layer in premenopausal women is represented by glandular hyperplasia in most cases, but glandular-cystic hyperplasia was found in 20% of cases. Atypical hyperplasia was detected in 5 women, and recurrence of hyperplasia was noted in these women.

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