



THE MODERN WAY OF DIAGNOSIS OF CERVICAL PATHOLOGY IN WOMEN WITH UTERINE FIBROIDS VIA THE COLPOSCOPY

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Abstract

Some of the patients who underwent surgical treatment of uterine fibroids, from 60% to 95% of patients with reproductive ovaries. The study is based on prospective data from 100 patients with uterine fibroids of two groups, with controlled uterine fibroids aged from 26 to 55 years, with an average of 37.3 ± 0.8 uterine fibroids were analyzed. We used the colposcopic method to detect cervical pathologies in women with uterine fibroids. As a result of colposcopic examination, 22 (31.4%) patients of group 1, 10 (33.3%) patients of group 2 and 8 (32%) of the control group showed signs of inflammation of the cervix and the mucous membrane of the cervical canal, exoservicitis.

Keywords: prospect, uterine fibroids, cervical pathology, exoservicitis, endoservicitis, colposcopy.

Relevance

Uterine fibroids in the reproductive organs are very common threesomes: in 13-27% of cases, uterine fibroids are present, primary infertility in every fifth patient is observed in every fourth patient with triplets, secondary infertility (1-5). Uterine fibroids From 60% to 95% of patients with surgical treatment of fibroids undergo radical surgery, which not only facilitates reproductive and menstrual function, but also leads to more vegetative-vascular and psychoemotional changes. Despite the fact that uterine fibroids are the most common disease in a woman's body, the treatment of this disease remains a complex and complex problem. All methods of treatment can be divided into two groups: conservative, surgical. The main goal of conservative treatment of uterine fibroids is to stop the growth or resorption of the tumor, which





is used to prevent menometrorrhagia and anemia. A.L. Tiksomirov considers hormone therapy to be one of the main pathogenetic methods of conservative treatment of uterine fibroids (2000). Some time ago, it was recommended to use drugs of various types of androgens (testosterone propionate, methyltestosterone), progestogen (progesterone, pregnin) and tonomotor (pituitrin, hyphotosin, mammophysin). Recently, their use has been limited due to the lack of androgen effect (virile syndrome, amenorrhea, hoarseness of voice). Currently, norethisterone, orgometril, gestrinone, nemestran are recommended). Under the influence of these drugs, the fibroids and the uterus itself on average decrease to the size of 1-2 weeks of pregnancy, blood loss during menstruation decreases, the hemoglobin content normalizes. But if the fibroid reaches the size of 8 weeks of pregnancy, it will have clinical efficacy (1,3,4). Antigonodotropins (danazol, gestrinone) and gonadoliberein agonists (Zolodex, diferilin, buserelin) with a steroid structure, they affect the size of myoma nodes, under their influence, the size of myoma nodes can decrease by 55%. But their effect is temporary, with the cessation of taking the drug and the restoration of menstrual functions, with symptoms of trophic disorders, an exponential growth of fibroids is observed in 67% of patients (2,3,5). Despite the great achievements of conservative treatment of uterine fibroids, drug treatment (primarily hormone therapy) is considered secondary. These drugs are recommended to stop the growth of the tumor, to cure the symptoms of the disease. Even the most modern medicines have a temporary effect.

The structure of cervical diseases with uterine fibroids, subtotal hysterectomy performed with cervical disease, as well as diseases of the cervix that are under the supervision of an uninhabited dispensary, the effectiveness of various treatment methods and rehabilitation after treatment of patients of the same group have not yet been sufficiently studied.

In order to achieve the effectiveness of the development of epidemiological features and comprehensive preventive measures in regions with high risk factors for cervical cancer, a number of scientific studies are being conducted around the world. The tasks in this regard are to assess and predict trends taking into account regional characteristics, based on an epidemiological analysis of the incidence and mortality from cervical cancer among women; it is based on a system of comparative estimates of the incidence and mortality from cervical cancer in areas with a high risk of the disease among women.

One of the main pathognomonic signs of cervical pathology, which is clinically manifested, is spotting (55-72%), which have developed to varying degrees. In the reproductive period, they are observed in the form of prolonged, irregular bloody



divorces in the menopausal period, when they are acyclic in nature, and in most cases are assumed to be a violation of the menstrual cycle and lead to an incorrect diagnosis. During menopause, these symptoms are observed early, and this condition is accompanied by rapid destruction of the vascular wall or the rapid development of a form of anaplasia. Contact bleeding in ovarian cancer of the cervix is considered typical, it is based on sexual intercourse, lifting weights or jerks during instrumental examinations.

In the early stages of the development of the tumor process, local symptoms have not yet developed well, and there will be a feature, and the patient or doctor will be ignored. The primary signs are watery or bloody divorces that come out of the genital tract.

The Aim of the Study:

To study the position of the cervix and the tactics of cervical pathology in women who underwent total hysterectomy and did not undergo surgery due to uterine fibroids.

Material and Methods:

100 patients with uterine fibroids of two groups, with controlled uterine fibroids aged from 26 to 55 years, with an average of 37.3 ± 0.8 uterine fibroids were analyzed.

Group 1 - 70 cases of uterine fibroids treated surgically;

By the 2nd group, 30 departments have been organized, which are under the supervision of a dispensary with uterine fibroids.

The control group consisted of 25 patients with an average age of 38.2 ± 0.8 years, who had no pathology in the uterine body.

Results:

During the examination of patients, the main emphasis was placed on the presence of pathology in the body and cervix during anesthesia. The means and methods of contraception used by the patient were also emphasized. The main attention was paid to the complaints of patients, the factors of the development of diseases of the body and cervix were considered. The effectiveness of earlier treatment has been thoroughly studied. On average, 37.3 ± 0.8 patients were examined, from 26 to 55 patients.

This is an examination and revision of the cervix area, the condition of the vagina and vulva, in which the epithelial layer of the cervix is enlarged 15 times under a microscope. Colposcopy-Leisegang is viewed through a colposcope, the position of the epithelial fundus of the cervix is performed in a position of 15-fold magnification. Extended colposcopy was performed according to a generally accepted technique: the



mucous membrane of the cervix is not treated at first, then treated with 3% acetic acid, at the end it is checked on an aqueous solution of 2% Lugol (Schiller probe). To evaluate colposcopic lubrication, we used the international colposcopic terminology, revised by the International Colposcopic Association (organization), which studies cervical pathology and colposcopy in Barcelona in 2003.

The material for cytological examination is taken from the upper part of the cervical canal, the transition zone and the endocervical. The lubricated grease is ground into a mixture of Nikoforov (1:1 most alcohol and ether) at a temperature of 20 minutes. The preparations are obtained with chalk based on the papanicolaou method: hematoxylin chalk, phosphoric sulfuric acid and carrot G, then stained with green, brown Bismarck and Y-eosin.

He used the classification of Papanicolaou to evaluate the results of cytological examination. The result is typical for morphologically altered epithelial cells for the 2nd degree, typical for a cytogram based on normal cells for the 1st degree, in which there is the appearance or metaplasia of epithelial cells in an enlarged state of the nucleus, in the 3rd degree there is the appearance of clearly morphologically altered nuclei, called dyskeratosis, characterized by the appearance of atypical cells of the 4th degree. Morphological studies of biopsies of the cervix and deeply located tumors were carried out in the laboratory of pathomorphology.

As a result of colposcopic examination, 22 (31.4%) patients of group 1, 10 (33.3%) patients of group 2 and 8 (32%) of the control group showed signs of inflammation of the cervix and the mucous membrane of the cervical canal, exocervicitis. These patients had a red rash that appeared after treatment with a 3% solution of acetic acid based on hyperemia and edema. After the transfer of Schiller (cinema) si, it became known that these rashes were not smooth and dense. The name of cervicitis was caused by edema that was visible to the eye around the cervical canal, where hyperemia and yellowish fluid separated. The colposcopic type of exocervicitis, which was detected in combination with ectopic elements, was detected in 2 (2.8%) patients of group 1 and in 1 (3.3%) patients of group 2. During the same period, there was noticeable hyperemia and swelling of the external mucous membrane of the cervix, as well as a state of increased secretion of glands. There is also a case of an invisible rash. When analyzed with Lugol's solution, an uneven spot on the mucous membrane is observed.



	1 group	2 group	Control group
Ekso and endoservitsit	22 (31,4%)	10 (33,3%)	8 (32%)
Ektopic eksocervix	1 (1,4%)	2 (6,6%)	1 (5%)
Eksocervix's cist of nabotov	32 (45,7%)	22 (73,3%)	10 (40,0%)
Eksocervit	27 (38,5%)	6 (20%)	4 (16%)
Polip of cervix	7 (10%)	2 (6,6%)	3 (12%)
Leykoplacia	4 (5,7%)	1 (3,3%)	1 (4%)
Ektopia	30 (42,8%)	11 (36,6%)	7 (28%)
CIN I-II	5 (27,8%)		
Cancer	1 (5,5%)		

During colposcopic examination, ectopia of the transformation zone was observed in 1 (1.4%) patient in the second group, 2 (6.6%) and 1 (5%) patient in the control group. After the operation, reddish spots appeared, which were formed due to the outflow of capillaries, after testing with a solution of acetic acid, without a clear appearance of a whitish spot. The vaginal mucosa was distinguished by the presence of edema, mild pain in the analyzed jar and sometimes bleeding. With the development of the inflammatory process after the Schiller test, the appearance of rashes in the non-smooth, iodonegative and iodopositive parts was observed as a result of desquamation and construction in some areas of the epithelium on the mucous membrane of the exoservix and vagina.

Colposcopy of Leukoplakia charaenida consists of iodonegative zones with clear boundaries, has a yellowish-white hue and uneven relief. There are no vascular manifestations in these zones. The leukoplakia zones were leaking when treated with acetic acid, when treated with Lugol's solution there was no pronounced prismatic glycogen epithelium. Cervical leukoplakia was detected in 1 group 4 (5.7%), in 2 groups 1 (3.3%) and in 1 (4%) patients of the control group.

The cervix is an ectopiaziphiological phenomenon, it is not included in the diseases of the cervix. During colposcopy, the cylindrical epithelium has clear and smooth borders, the upper part of which is covered with a pale pink or red hue, and the multilayer is covered with a flat epithelium. At the point of transition of the cylindrical epithelium into the flat epithelium with several cavities, there are no signs of isolation of the haraen. In it, the fluid flowing out of the endoservix was slimy, transparent and sparse. When treated with 3% acetic acid, the upper part of the ectopia is clearly visible, which has acquired a whitish color. During the analysis of Schiller with Lugol's solution, the color of the epithelium did not change due to the absence of glycogen in



its composition, but the multilayer flat epithelium around it received an even dark brown shade. Ectopia was detected in 30 (42.8%) patients from group 1, 11 (36.6%) from group 2 and 7 (28%) from the control group. Based on the instructions of the research groups, 18 patients underwent cervical biopsy, and the resulting material was analyzed in the pathology department.

Conclusion:

When analyzing the obtained malumotlarni, it can be concluded that when analyzing patients in the group, it was found that children were infected with infectious diseases and extragenital diseases, and their frequency was not studied in the group. When analyzing patients with uterine fibroids, infectious and inflammatory gynecological diseases, mainly cervicitis and chronic salpingoopharitis of the musculature, attract attention. The analysis of patients with cervical pathology showed that 67% of the 2 main groups of patients had a certain number of diseases with the term cervical erosion. It is known that cervical erosion is a disease that is very rare and indicates desquamation of the epithelium, in this case, etiotropic treatment is recommended instead of destructive treatment. Many patients were treated with various destructive methods without additional examination and without an accurate diagnosis. During the study of the results of extended colposcopy, the same thing became known, fakatgina sometimes accurately correlates the colposcopic properties of the cervix, which are characteristic of patients with fibroids. Another thing that attracted attention was that in the structure of cervical pathology, patients of all groups had different degrees of inflammation of the EXO- and endoservix. The patients of the main group had more signs of cervitis than the patients of the control group. Cervical canal polyps are relatively rare in all groups of patients. On the basis of the inflammatory process of the cervix, various pathological changes were detected in some patients, that is, diseases such as abnormal colposcopic zone of atypical transformation, iodonegative zones, leukoplakia, smooth warts.

It should be noted that pathological cervical jaundice has been poorly studied in patients with gynecological diseases. More precisely, research work on the characteristics and frequency of cervical diseases that occur in combination with the pathology of the reproductive system is rather insufficient. There are no clear indications for differentiated treatment of patients with gynecological pathology. Analyzing the literature, we see that the cervix is an organ that requires hormones, like the uterus itself, and pathological changes indicate a commonality of specific pathogenetics based on development. But from the point of view of anatomical and functional nuances, the cervix is an organ in an autonomous state, therefore, the



pathology that develops in it, in particular gynecological pathologies, has not yet been fully studied. In particular, in patients with cervical problems, the structure of the disease of patients who were not treated surgically included in the dispensary control, the condition of the cervix in patients after subtotal hysterectomy, the structure of cervical diseases has not been fully studied. The fertility of methods of cervical treatment and rehabilitation after treatment was also not determined. Due to its high qualities, the upper method of investigation is considered one of the advanced methods by which diagnostics is carried out. But if the diagnosis is indicated, then the method of morphological examination of the biopsy of the cervix is considered a gentle method.

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