CHRONIC ENDOMETRITIS. METHODOLOGICAL DIAGNOSTICS WAYS OF IMPROVEMENT

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Relevance of the problem: After fertilization (or transfer during the IVF procedure), the embryo is attached to the lining of the uterus. But the mucous membrane damaged by inflammation may not accept the attempts of the embryo. The main reason for the development of endometritis, as mentioned above, is inflammatory diseases. If an inflammatory process develops in the vagina, often caused by sexually transmitted infections, these microorganisms enter the uterine cavity, then the fallopian tubes and the abdominal cavity, causing the inflammatory process. can cause.
Inflammation is a universal protective response of the body. Its results are the activation of the immune system aimed at suppressing and destroying the microbe. However, in the tissues, often after inflammation, a dense connective tissue is formed, which leads to a violation of the blood supply to the tissues.

One of the most unpleasant moments is that the inflammatory process can go from an acute stage to a chronic - "dormant" state. And it can worsen due to unfavorable environmental factors or general health, with the development of immunodeficiency conditions, including during the IVF program or pregnancy.

The purpose of the study: Incorrect treatment of the inflammatory process. Many patients who experience inflammation and have heard enough advertisements on television prescribe treatment for themselves. Medicines are usually prescribed in a short course. And as soon as it becomes easier and the first unpleasant symptoms disappear, women stop treatment. This leads to the formation of a subacute first, and then a chronic process.
Formation of resistant strains of microorganisms. This is caused by prescribing antibacterial drugs that do not always have a sufficient effect on the flora that causes inflammation. A short course of antibiotics and the selection of the wrong antibacterial drug lead to the formation of resistant strains of microorganisms that constantly support the slow inflammatory process.

Objectives of the research: There are several ways to suspect and diagnose chronic endometritis.

Ultrasound examination

performed in the first and second stages of the menstrual cycle. The main symptoms of endometritis are:

thickening of the basal layer of the endometrium and the appearance of areas of fibrosis, sclerosis and calcification in it);

unevenness and asymmetry of the front and back walls of the endometrium;

enlargement of the uterine cavity, a few days after menstruation;

thinning of the endometrium and inconsistency between the thickness of the endometrium and the phase of the menstrual cycle (often a sign of atrophic endometritis).

It is not possible to diagnose chronic endometritis on the basis of ultrasound alone, but it can be suspected and sent for further studies.

The intended results of the study: a research method based on taking a part of the endometrium for further histological examination. Pipel biopsy is performed with a special disposable instrument - a pipe (Pipelle de Cornier) - a thin plastic tube with a hole at the end. The good thing about this method is that it does not require anesthesia. It is carried out in the first phase of the menstrual cycle in 7-10 days.

A very common mistake in the diagnosis of chronic endometritis is to order a hysteroscopy or tube biopsy in the second phase of the menstrual cycle (20-24 days). In the second phase of the menstrual cycle, lymphocytes may appear in the endometrium. Their presence can be considered an inflammatory process, although in fact it is not!

hysteroscopy,

Just like ultrasound, it allows to suspect chronic endometritis. Hysteroscopy is performed in the first phase of the menstrual cycle - 7-10 days. It is better to start a hysteroscopy in the office. It differs from the usual one, because it is performed with a very thin (diameter 3-4 mm) hysteroscope. And therefore does not require examination and expansion of the cervical canal. In this case, the hysteroscopic picture is more reliable.

Symptoms of chronic endometritis

hyperemia (redness) of the mucous membrane of the uterus, usually not over the entire surface, but in certain places;

endometrial irregularity;

the presence of increased bleeding of the mucous membrane;

Very small glandular fibrous polyps can be detected (especially common in the area of tube corners).

Even if no signs of endometritis are found during hysteroscopy, it is necessary to take a biopsy from the endometrium (that is, to "pinch" a part of the endometrium) and send it for histological examination. About 30% of endometritis have an ideal hysteroscopic picture.

Histological examination

The diagnosis of chronic endometritis is a histological diagnosis. Only the conclusion of the pathologist can confirm or deny it.

Currently, there are several morphological criteria for chronic endometritis:

infiltration of the stromal layer of the endometrium by lymphocytes and/or plasma cells,

sclerosis of the spiral arteries of the endometrium (arteries feeding the endometrium),

focal hypertrophy of the basal layer of the endometrium. ,

fibrosis or sclerosis of the stromal layer of the endometrium (the presence of sclerosis indicates age and the "neglect" process)

Immunohistochemical study

One of the modern methods of diagnosing chronic endometritis is the immunohistochemical method of studying the endometrium. The essence of the method is to determine the expression of receptors for progesterone and estradiol and to determine the subpopulation composition of the endometrium: CD56+ cells, CD16+ NK cells, B cells (CD20+), HLA-DR+ lymphocytes. Normally, these cells can be found in small amounts in the endometrium. However, their exceeding the standard values indicates the activity of chronic endometritis.

Treatment of chronic endometritis

Treatment of chronic endometritis is a complex and multi-step process. The main goal of treatment is to destroy microorganisms, reduce the activity of the process, and eliminate the negative effect of biologically active substances on the endometrium.

Conclusion: After the first stage of treatment, after the destruction of pathogens (microorganisms), the next stage is prescribed after antibacterial therapy. In the second stage, immunostimulating drugs are usually prescribed. Before prescribing immunostimulating therapy, it is better to determine the immunogram, interferon status and sensitivity to interferon inducers. After that, medicines are prescribed from the first day of the cycle.

Usually, immunomodulators are administered parenterally (intramuscular injection), but there are other forms of administration, for example, suppositories (rectal or vaginal). The main goal of

immunomodulatory therapy is to increase general and local immunity and create a favorable immune background that supports implantation.

REFERENCES

1. Сайинаев, Ф. К., Курбаниязова, Ф. З., Аззамов, Ж. А., & Вохидов, Ж. Ж. (2018). МИНИИНВАЗИВНЫЕ ВМЕШАТЕЛЬСТВА В ЛЕЧЕНИИ ВАРИКОЗНОЙ БОЛЕЗНИ НИЖНИХ КОНЕЧНОСТЕЙ. In Молодежь и медицинская наука в XXI веке (pp. 436-438).
2. Саидмурадов, К. Б., Анарбаев, С. А., Курбаниязова, Ф. З., Аззамов, Ж. А., & Вохидов, Ж. Ж. (2018). ХИРУРГИЧЕСКИЙ ПОДХОД К ЛЕЧЕНИЮ БОЛЬНЫХ С ПОСТТРАВМАТИЧЕСКИМИ РУБЦОВЫМИ СТРИКТУРАМИ МАГИСТРАЛЬНЫХ ЖЕЛЧНЫХ ПРОТОКОВ. In Молодежь и медицинская наука в XXI веке (pp. 434-436).
3. Арзиев, И. А., Алиева, С. З., Курбаниязова, Ф. З., Шамсиева, Д. А., Аззамов, Ж. А., & Олимжонова, Ф. О. (2018). ОПТИМИЗАЦИЯ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ ВАРИКОЗНОЙ БОЛЕЗНИ НИЖНИХ КОНЕЧНОСТЕЙ. In Завадские чтения (pp. 33-35).
4. Зайниев, А. Ф., Абдурахмонов, Д. Ш., Курбаниязова, Ф. З., & Курбаниязов, З. Б. (2019). Определение хирургической тактики при токсическом зобе. In Медико-биологические, клинические и социальные вопросы здоровья и патологии человека (pp. 136-137).
5. Курбаниязов, З. Б., Рахманов, К. Э., Давлатов, С. С., Курбаниязова, Ф. З., Аззамов, Ж. А., & Олимжонова, Ф. О. (2018). Совершенствование хирургического лечения эхинококкоза легких. Актуальные вопросы современной пульмонологии. Ма, 107.
6. Farrukh S. ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE //Science and innovation. – 2023. – Т. 2. – №. Special Issue 8. – С. 493-499.
7. Solovyova Y. et al. Protective-adaptive complexes with codependency //Science and innovation. – 2023. – Т. 2. – №. D11. – С. 70-75.
8. Solovyova Y. et al. Suicide prevention in adolescents with mental disorders //Science and innovation. – 2023. – Т. 2. – №. D11. – С. 303-308.
9. Solovyova Y. et al. The relevance of psychotic disorders in the acute period of a stroke //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 212-217.

10. Spirkina M. et al. Integrated approach to correcting neurocognitive defects in schizophrenia //Science and innovation. – 2023. – T. 2. – №. D11. – C. 76-81.
11. Sultanov S. et al. Changes in alcohol behavior during the covid-19 pandemic and beyond //Science and innovation. – 2023. – T. 2. – №. D12. – C. 302-309.
12. Sultanov S. et al. Depression and post-traumatic stress disorder in patients with alcoholism after the covid-19 pandemic //Science and innovation. – 2023. – T. 2. – №. D11. – C. 420-429.
13. Sultanov S. et al. Long-term salbi effects of the covid-19 pandemic on the health of existing residents of alcohol addiction //Science and innovation. – 2023. – T. 2. – №. D11. – C. 430-438.
14. Sultanov S. et al. The impact of the covid-19 pandemic on the mental state of people with alcohol addiction syndrome //Science and innovation. – 2023. – T. 2. – №. D12. – C. 296-301.
15. Uskov A. et al. Atypical anorexia nervosa: features of preposition and premorbid //Science and innovation. – 2023. – T. 2. – №. D12. – C. 310-315.
16. Uskov A. et al. Evaluation of the effectiveness of supportive therapy in the practice of outpatient treatment of schizophrenia with long term atypical antipsychotics //Science and innovation. – 2023. – T. 2. – №. D12. – C. 316-321.
17. Uskov A. et al. Modern methods of therapeutic fasting as a way to overcome the pharmacoresistance of mental pathology //Science and innovation. – 2023. – T. 2. – №. D12. – C. 179-185.
18. Uskov A. et al. Psychological peculiarities of social adaptation in paranoid schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 379-384.
19. Viktorova N. et al. Formation of rehabilitation motivation in the conditions of the medical and rehabilitation department of a psychiatric hospital //Science and innovation. – 2023. – T. 2. – №. D11. – C. 82-89.
20. Viktorova N. et al. Opportunities for comprehensive psychometric assessment of anxiety states in late-age dementia //Science and innovation. – 2023. – T. 2. – №. D11. – C. 90-96.