CLINICAL SIGNIFICANCE OF OUTPATIENT MONITORING AND CONSERVATIVE MANAGEMENT IN ENDOMETRIOID OVARIAN CYSTS

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Relevance of the Topic: Endometriosis is a chronic, benign, estrogen-dependent gynecological disorder characterized by the implantation, growth, and development of endometrial tissue outside the uterus. This condition is associated with pelvic pain syndrome, menstrual cycle disturbances, infertility, and, ultimately, a decrease in patients' quality of life.

The high prevalence and severe consequences of the disease, the challenges in diagnosing its early stages, and the absence of standardized treatment protocols make this pathology a significant problem requiring thorough investigation in both medical science and clinical practice.

According to studies conducted by the World Endometriosis Research Foundation (WERF), more than 176 million women worldwide aged 15–49 years (approximately 10% of women of reproductive age) are diagnosed with endometriosis. The number of such patients is increasing annually; therefore, endometriosis is considered one of the modern epidemics.

Objective of the Study: To evaluate the effectiveness of conservative outpatient management and repeated clinical monitoring in women with endometrioid ovarian cysts, assessing symptom improvement, prevention of cyst growth, and impact on reproductive health.

Materials and Methods: The study was conducted in 2024–2025 at gynecological consultation centers and outpatient clinics in Tashkent. A total of 80 women of reproductive age (18–45 years) diagnosed with endometrioid ovarian cysts (endometriomas) via ultrasonography were included. Exclusion criteria were: malignant or suspicious tumors, other severe gynecological conditions (e.g., tuberculosis or severe forms of adenomyosis), pregnancy, and use of hormonal therapy within the last six months.

Study Methods: 1. Clinical Examination: At the initial consultation, patients' complaints, pain intensity (assessed using the VAS scale), menstrual cycle, and reproductive history were thoroughly evaluated.

2. Instrumental Diagnostics: Transvaginal ultrasonography (TVUS) was performed every six months to assess cyst size, contour, and internal structure. Doppler ultrasound was used when necessary to evaluate cyst vascularization.

3. Conservative Treatment: Hormonal therapy (combined oral contraceptives, progestins, or GnRH analogs) was administered in an outpatient setting for 3–6 months. Symptomatic treatment with NSAIDs was prescribed as needed to reduce pain.

4. Clinical Monitoring: Patients underwent outpatient follow-up every three months.

During monitoring, pain intensity, menstrual cycle characteristics, cyst size, and emergence of new symptoms were recorded. The effectiveness of conservative therapy and changes in cyst size were analyzed using statistical methods.

Statistical Analysis:

Data were analyzed using SPSS version 25.0. Categorical variables were expressed as percentages and counts, while continuous variables were presented as mean ± standard deviation (M±SD). Paired t-tests and χ^2-tests were used for comparisons. Results were considered statistically significant at $p<0.05$.

Results and Discussion: The mean age of the 80 patients was 32.5 ± 5.8 years. The main complaints included chronic lower abdominal pain (67.5%), dysmenorrhea (55%), and subfertility (23.8%). Transvaginal ultrasonography revealed an average cyst size of 4.2 ± 1.1 cm, with unilateral involvement in 60% of cases and bilateral ovarian involvement in 40%.

Following conservative treatment:

Among patients receiving hormonal therapy for six months, 72.5% experienced a significant reduction in pain (VAS score decreased from 6.3 ± 1.1 to 2.1 ± 0.9).

Average cyst size decreased from 4.2 ± 1.1 cm to 3.1 ± 0.9 cm. Additionally, 18.7% of patients showed stable cyst size with no progression.

During outpatient monitoring, the emergence of new asymptomatic endometriomas was observed in only 5% of cases. Statistical analysis indicated that changes in pain intensity and cyst size were statistically significant ($p<0.01$).

The results demonstrate that conservative outpatient management is an effective approach for reducing symptoms and stabilizing cyst size in endometrioid ovarian cysts. Our findings are consistent with the recommendations of ESHRE (2022) and KSE (2024), confirming that hormonal therapy combined with regular ultrasonography is safe and effective for patients with minimally symptomatic or asymptomatic endometriomas.

Furthermore, outpatient monitoring allowed for the improvement of reproductive health and normalization of the menstrual cycle. This underscores the preference for a conservative approach, particularly in patients with subfertility.

However, in cases where cyst size significantly increases or symptoms worsen, surgical intervention may become necessary. Therefore, an individualized approach and regular outpatient monitoring are critical factors for enhancing the effectiveness of conservative treatment.

The study results indicate that outpatient follow-up and conservative therapy provide clinical efficacy in managing endometrioid ovarian cysts, improving patients' quality of life, and preserving reproductive health.

Conclusion: Conservative outpatient management combined with regular clinical monitoring has been shown to be effective in reducing symptoms and stabilizing cyst size in reproductive-aged women with endometrioid ovarian cysts. Most patients treated with hormonal therapy experienced a significant reduction in chronic lower abdominal pain and dysmenorrhea, contributing to improved quality of life.

Repeated transvaginal ultrasonography proved to be an important tool for detecting cyst progression and evaluating the effectiveness of conservative therapy, enabling early identification of new symptomatic or asymptomatic lesions.

These findings suggest that the combination of outpatient monitoring and conservative therapy is a safe and effective strategy for maintaining reproductive health and reducing the risk of subfertility.

Implementing conservative management based on individualized care and regular monitoring can delay or even prevent the need for surgical intervention in endometrioid ovarian cysts.

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