

OPTIMIZING THE CHOICE OF HORMONAL CONTRACEPTION IN WOMEN WITH AUTOIMMUNE THYROIDITIS DISEASE

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<https://doi.org/10.5281/zenodo.14759663>

Abstract. This article describes the optimization of the choice of hormonal contraceptives in women with autoimmune thyroiditis.

Key words: autoimmune diseases, thyroiditis, reproductive age, hormonal contraceptives, menstrual disorders, gonadotropins, prolactin, steroid hormone.

ОПТИМИЗАЦИЯ ВЫБОРА ГОРМОНАЛЬНОЙ КОНТРАЦЕПЦИИ У ЖЕНЩИН С АУТОИММУННЫМ ТИРЕОИДИТОМ

Аннотация. В статье описывается оптимизация выбора гормональных контрацептивов у женщин с аутоиммунным тиреоидитом.

Ключевые слова: аутоиммунные заболевания, тиреоидит, репродуктивный возраст, гормональные контрацептивы, нарушения менструального цикла, гонадотропины, пролактин, стероидные гормоны.

Relevance. One of the most common autoimmune diseases in women is autoimmune thyroiditis, which often causes gynecological and obstetric pathology. The incidence of AIT (autoimmune thyroiditis) is 5-26% among women of reproductive age. In the studies conducted so far, no specific information was provided about changes in the reproductive system during the use of hormonal contraceptives in women with AIT.

The purpose of the study. Improving the efficacy and safety of hormonal contraceptive use among women of reproductive age with autoimmune thyroiditis. Research materials and methods: 50 women were selected for the study and divided into 4 groups. Group 1: 25 women with AIT taking COCs (combined oral contraceptives). Group 2: 5 women in the healthy control group receiving COCs. Group 3: 25 women with AIT receiving SPT (pure progesterone pills). Group 4: 5 healthy control women receiving SPT. Research methods are clinical, anamnestic, instrumental, laboratory.

Results. It was found that AIT is more common in women of middle (26-35) reproductive age. Primary infertility is 20% (n=10), secondary infertility is 38% (n=19) among women with impaired reproductive system function with AIT. , non-occipital and dead fetal bladder, preterm delivery 24% (n=12), menstrual disorders It was 18% (n=9). In group 1 women, the thyroid gland volume returned to normal in 42% of cases during 6 months, the high level of TTG (thyroid

stimulating hormone) decreased from 4.53 (mME/L) to 3.9 (mME/L) observed; In group 2 healthy control women, there was no significant change in thyroid gland size for 6 months, TTG level decreased from 2.3(mME/l) to 2.1(mME/l) within the normal range; In women of group 3, the volume of the thyroid gland was found to be normal in 42% of cases during 6 months, TTG level was within the normal limit of 3.95 (mME/l); Group 4 healthy control women showed no significant change in thyroid volume over 6 months, with TTG levels within the normal range of 2.5 (mME/L). At-TPO level changed from 110.5(mME/l) to 31.3(mME/l) in group 1. In group 2, it changed from 8.6 (mME/l) to 8.4 (mME/l), in group 3 from 197.3 to 34.7, and in group 4 from 9.5 to 9.3. no significant differences were found in free T4 levels in all groups. Positive dynamics were noted in the level of gonadotropins. In women with AIT, there was a tendency to decrease the level of LG as a result of the use of GCs, significant in group 1 - from 9.4 IE/I to 9.1 IE/I, in group 2 from 9.3 IE/I, by 2 IE/I, from 8.9 IE/I to 8.7 IE/I in group 3, from 3.8 IE/I to 3.6 IE/I in group 4 expected. Prolactin levels ranged from 575 ng/ml to 570 ng/ml in group 1, from 486 ng/ml to 484 ng/ml in group 2, from 571.4 to 570 in group 3, from 456.5 ng/ml to 455 ng in group 4 /ml up to. The values of estradiol and progesterone were significantly higher in the selected groups. Estradiol levels ranged from 0.41 nmol/l to 0.56 nmol/l in group 1, from 0.64 nmol/l to 0.7 nmol/l in group 2, and from 0.25 nmol/l to 0.33 nmol in group 3 /l, increased from 0.75 nmol/l to 0.79 nmol/l. Progesterone levels ranged from 0.7 ng/ml to 1.0 ng/ml in group 1, from 0.9 ng/ml to 1.0 ng/ml in group 2, from 1.05 ng/ml to 1 in group 3, 1 ng/ml, increased from 1.4 ng/ml to 1.7 ng/ml in group 4. Testosterone levels decreased significantly in all groups. 2.8 nmol/l to 2.5 nmol/l in group 1, 3.38 nmol/l to 3.2 nmol/l in group 2, 3.6 nmol/l to 3.4 nmol in group 3 /l, decreased from 2.3 nmol/l to 2.2 nmol/l in group 4.

Summary. During the use of hormonal contraceptives in women with AIT, it was found that the size of the thyroid gland and the level of TTG decreased. No significant changes were observed in the free T4 indicator and the level of gonadotropin and steroid hormones. In a study of women with AIT, combined oral contraceptives were found to be more effective than pure progesterone pills.

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