



BREAST CONDITION IN WOMEN WITH ENDOMETRIAL HYPERPLASIA DURING THE PERIMENOPAUSE

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Article history:

Received: November 6th 2022
Accepted: December 8th 2022
Published: January 8th 2023

Abstract:

We observed women in perimenopause with endometrial hyperplasia who underwent digital mammography, according to the results of mammographic examination, benign changes were found in 47% of women with GE, benign changes were found in 29.4% of women that require re-examination after 6 months, and in 8, 2% of women with GE had signs suspicious of breast cancer and were referred for biopsy and histological examination.

Keywords: mammography, endometrial hyperplasia

The urgency of the problem is due to the frequent combination of pathology of the genital organs and mammary glands in any period of a woman's life [2,5]. Hyperplastic processes of the endometrium (HPE) can occur at any age, but the frequency of this disease increases significantly towards the period of perimenopause. The peak incidence of mammary glands occurs at the age of 41-50 years [3,4,7].

In patients in the period of perimenopause, with gynecological pathology, the frequency of hyperplastic processes in the mammary glands is 60-95%. At the same time, hyperplastic processes of the internal genital organs (uterine fibroids, endometrial hyperplasia, endometriosis) are most often detected in patients with pathology of the mammary glands [6,12].

Studies conducted in recent years indicate the commonality of the pathogenesis of the pathology of the mammary glands and dyshormonal diseases of the genital organs. According to G.M. Savelyeva, the development of uterine fibroids and mastopathy occurs simultaneously and the probability of a combination of these processes is 76-87%.

Studies devoted to the influence of extragenital pathology on the occurrence of GP of the genital organs and mammary glands received great resonance. The works of recent years are devoted to the assessment of the role of numerous exogenous and endogenous factors in the etiopathogenesis of hyperplastic processes in the mammary glands. In 48.9% of patients, diseases of the thyroid gland and liver are the trigger mechanism for dishormonal and metabolic imbalance [1,8,11].

Despite the large number of studies related to the study of the state of the mammary glands in the

aspect of gynecological practice, many questions regarding the principles of treatment and management of patients with combined hyperplasia of two hormonally dependent structures, methods for preventing the development of oncological diseases and severe forms of mastopathy in patients with endometrial hyperplastic processes in the period perimenopause are not well covered.

PURPOSE OF THE STUDY: To determine the incidence of breast diseases in women with endometrial hyperplasia in the perimenopausal period.

MATERIALS AND METHODS OF EXAMINATION.

We analyzed the case histories of 85 patients with endometrial hyperplasia who received inpatient treatment in the gynecological department of the multidisciplinary clinic of the Samara State Medical University from January 2022 to December 2022. The age of women varied from 43 to 51 years, on average 46.9±1.6 years. A comprehensive clinical and laboratory examination included examination of the external genitalia, vagina, cervix in the mirrors; bimanual examination, ultrasound examination of the pelvic organs and mammary glands, endoscopic examination of the uterine cavity, histological examination of biopsy specimens. digital mammography

The inclusion criteria for the study were the following data: perimenopausal age, a morphologically confirmed diagnosis of endometrial hyperplasia, the absence of antibiotic therapy over the past 3 months for an objective assessment of the infectious status, the absence of hormonal therapy over the past 3-6 months. Informed consent was a prerequisite for participation in the study.



Exclusion criteria: the studies did not include patients with coagulopathy and iatrogenic bleeding, as well as with malignant diseases of any localization. The main advantages of digital mammography are:

- low, compared with conventional, analog X-ray mammography, radiation exposure;
- the ability to process images to improve its perception (changing brightness and contrast, obtaining a separate fragment with multiple amplification, obtaining negative images, which significantly increases sharpness and resolution);
- very high information content, which makes it possible to see such minimal signs of breast cancer as a tumor node with a size of 3-5 mm in diameter, an accumulation of microcalcifications with a size of 30 microns, an area of stranded reorganization of the structure with a size of 5 mm and a cancer inside the duct with a size of 1- 2 mm. Mammography findings were scored by BI-RADS score category (Table 1)

Table 1
BI-RADS Mammography Categories

BI-RADS assessment categories	Meaning	Recommendations	Probability of cancer
Category 0	Additional visualization required	Repeat examination	0%
Category 1	No change	Ordinary observation	0%
Category 2	Benign changes	Ordinary observation	0%
Category 3	Probably, benign changes	Повторное обследование через 6 месяцев	0-2%
Category 4	Suspicion of cancer	biopsy	
Category 4A		Few suspicious changes	2-10%
Category 4 B		Suspicious changes	10-50%
Category 4 C		Highly suspicious changes	50-95%
Category 5	characteristic of cancer	biopsy	Higher 95%
Category 6	biopsy confirmed cancer	Surgical treatment indicated	defined

Mammography in women with HE revealed the following changes in the BI-RADS assessment category (Table 2): in 18 (21.2±4.4%) category 0, in 22 (25.9±4.75%) category 1, 13(15.3±3.9%) category 2, 25(29.4±4.9%) category 3, 5(5.9±2.56%) category 4 and 2(2, 3±1.6%) category 4.

Table 2
Distribution of surveyed women with GE by BI-RADS assessment category, M±m

BI-RADS assessment categories	n=85
Category 0	18(21,2±4,4%)
Category 1	22(25,9±4,75%)
Category 2	13(15,3±3,9%)
Category 3	25(29,4±4,9%)
Category 4	5(5,9±2,56%)
Category 4A	3(3,5%)
Category 4 B	
Category 4C	1(1,2%)
	1(1,2%)
Category 5	2(2,3±1,6%)

Thus, the analysis showed that according to the results of mammography examination, 47% of women with HE had benign changes, 29.4% of women had benign changes that require re-examination after 6 months, and 8.2% of women with HE showed suspicious signs. in breast cancer which were sent for biopsy and histological examination.

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