



CLINICAL MANIFESTATION OF SIMPLE AND PROLIFERATING TYPE OF UTERINE FIBROIDS

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Abstract:

The study noted a high incidence of somatic and gynecological diseases in patients with uterine myoma. It was noted that menstrual dysfunction, hyperpolymenorrhea and menorrhagia, primary infertility is higher in proliferative fibroids than in patients with simple fibroids.

Keywords: simple myoma, proliferative myoma, infertility, menstrual dysfunction, hyperpolymenorrhea, menorrhagia.

RELEVANCE: Uterine fibroids are one of the most common benign tumors of the female genital organs, occurring in 2-40% of women of reproductive age. The rapid growth of myomatous nodes in the reproductive age is observed in 48-60% of patients, in 7-28% of cases recurrence of this tumor is possible [1,2,3,4,5].

PURPOSE OF WORK: analysis of clinical and morphological changes in uterine myoma.

MATERIALS AND METHODS: In this study, a retrospective analysis of case histories and biopsy material of patients who underwent 50 hysterectomies for uterine fibroids (they were divided into 1 simple and 2 proliferative fibroids) and 5 uterine amputations for other reasons was carried out.

In a retrospective analysis, anamnestic data (hereditary and family history), complaints,

reproductive function, somatic pathology, gynecological diseases and examinations, general morphological changes were studied.

RESULTS. The mean age of the patients was 35±10 years. Most of the women were in the 41-50 and 51-60 age groups.

In patients with simple myoma, the period from the onset of the disease to diagnosis was longer than in patients with proliferative myoma. The reason for this is the rapid growth of proliferative fibroids, clinical and morphological symptoms - meno-metrorrhagia, infertility and deformation of the uterine cavity, which negatively affect the development of the fetus, causing abortion.

Table-1

THE FREQUENCY OF COMPLAINTS IN UTERINE MYOMA

Complaint upon arrival	1- group (n=25)		2- group (n=50)	
	Aбс.	%	Aбс.	%
General weakness	8	32%	26	52%
Nausea, vomiting	2	8%	10	20%
Abundance of menstruation	6	24%	30	60%*
Painful menstruation	7	28%	15	30%
Prolonged menstruation	14	56%	32	64%
Pelvic pain not related to the menstrual cycle	10	40%	27	54%
Dysuric symptoms	7	28%	32	64%*

Note: * - the significance of the difference in relation to the indicators of the 1-group according to the χ criterion ($p < 0.05$).

When comparing the complaints of patients of the main and control groups, the frequency and intensity of complaints in women with "proliferating" uterine myoma showed higher rates compared to simple myoma.

The main complaints in patients of the 2nd group were as follows: general malaise, increased weakness - 26 women (52%), heavy and prolonged menstruation - 30 (60%) and 32 (64%), respectively, in patients, as

well as pelvic pain and dysuric phenomena, not associated with the menstrual cycle, were observed in 27 (54%) and 32 (64%) patients.

At the same time, observation of complaints of heavy menstruation and dysuria in patients of the 2nd group showed a statistically significant ($p < 0.05$) higher result compared to the corresponding indicators of the 1st group.

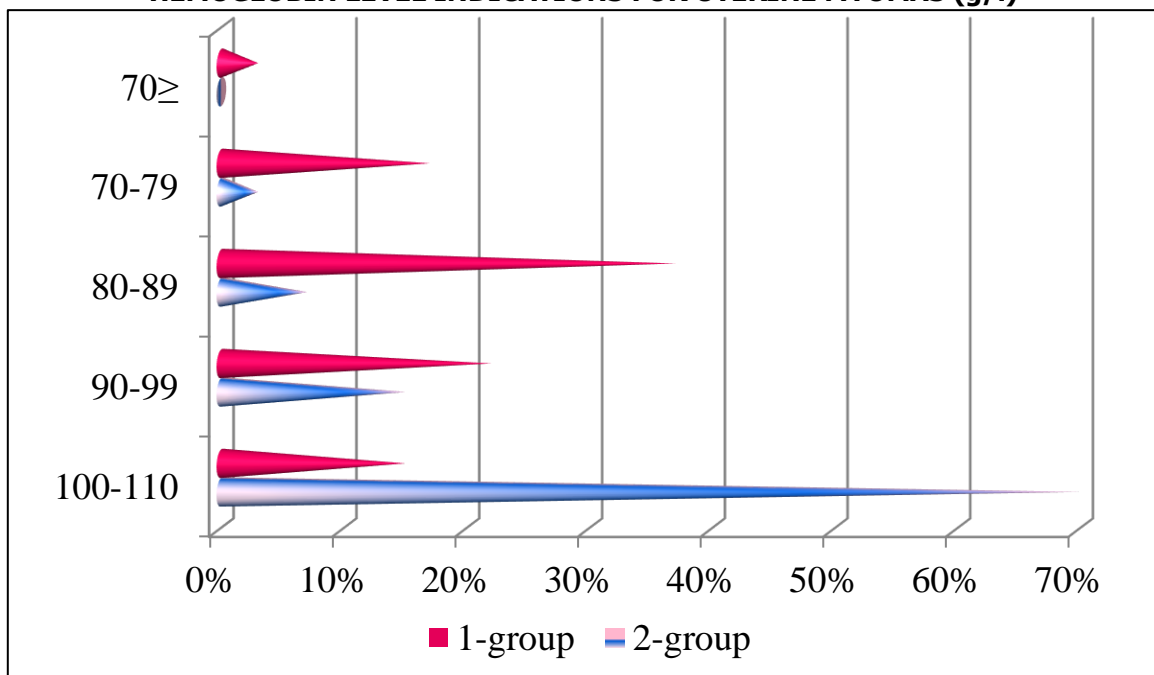


The presence of uterine fibroids was often accompanied by bleeding from the uterus, which in most cases led to the development of posthemorrhagic anemia in patients. It should be noted that the hemoglobin level in patients with normal uterine myoma in most cases corresponded to mild anemia, in 38 (79.2%) cases the hemoglobin level in patients with "proliferative" myoma was less than 90 g/l.

The percentage of persons in the 1st group with Hb levels of 100-110 g/l was the highest - 72% (18 patients), with 70-79 g/l the lowest - 4% (1 patient), and in the second group of persons with 80 -89 g/l showed a high percentage - 38% (19 patients), 4% (2 patients) had an indicator less than 70 g/l, the values of these indicators were statistically significantly higher than the corresponding results of group 1 (diagramm - 1).

Diagramm-1.

HEMOGLOBIN LEVEL INDICATIONS FOR UTERINE MYOMAS (g/l)

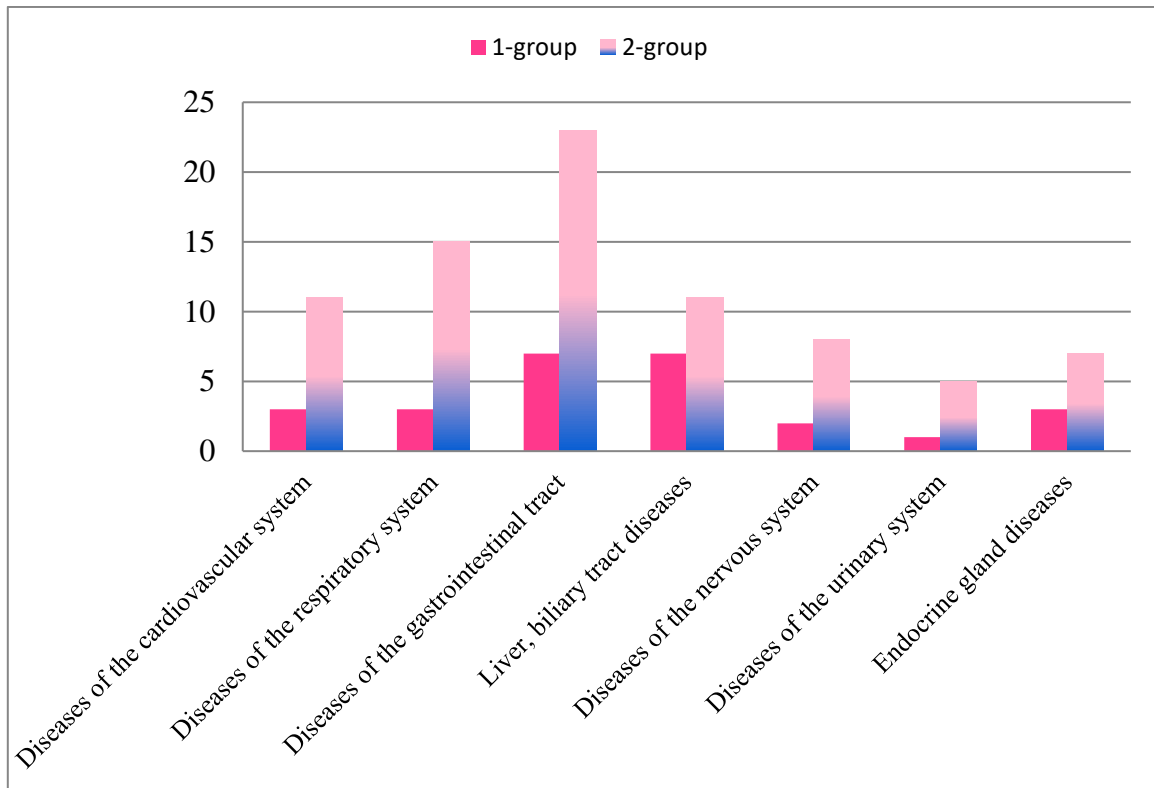


Diseases of the endocrine system and metabolism were observed in almost every fourth patient, regardless of the forms of tumor development, their frequency was 26.0% and 25.0% in the first and second groups, respectively. Pathology of the thyroid gland was detected 2.5 times more often ($p < 0.05$) in patients with proliferative fibroids compared with simple fibroids: 13.5 and 37.5%, respectively.

Among the most common diseases in patients, it was found that these are diseases of the digestive system. Functional diseases of the nervous system (psycho-emotional diseases, neuroses, depression) were significantly more common ($p < 0.05$) in women of the 2nd group (17 patients - 35.4%), while in the 1st group this figure was 12, 5% (13 patients). (diagramm-2).

Diagramm-2.

FREQUENCY OF EXTRAGENITAL DISEASES WITH UTERINE FIBROMAS (%)



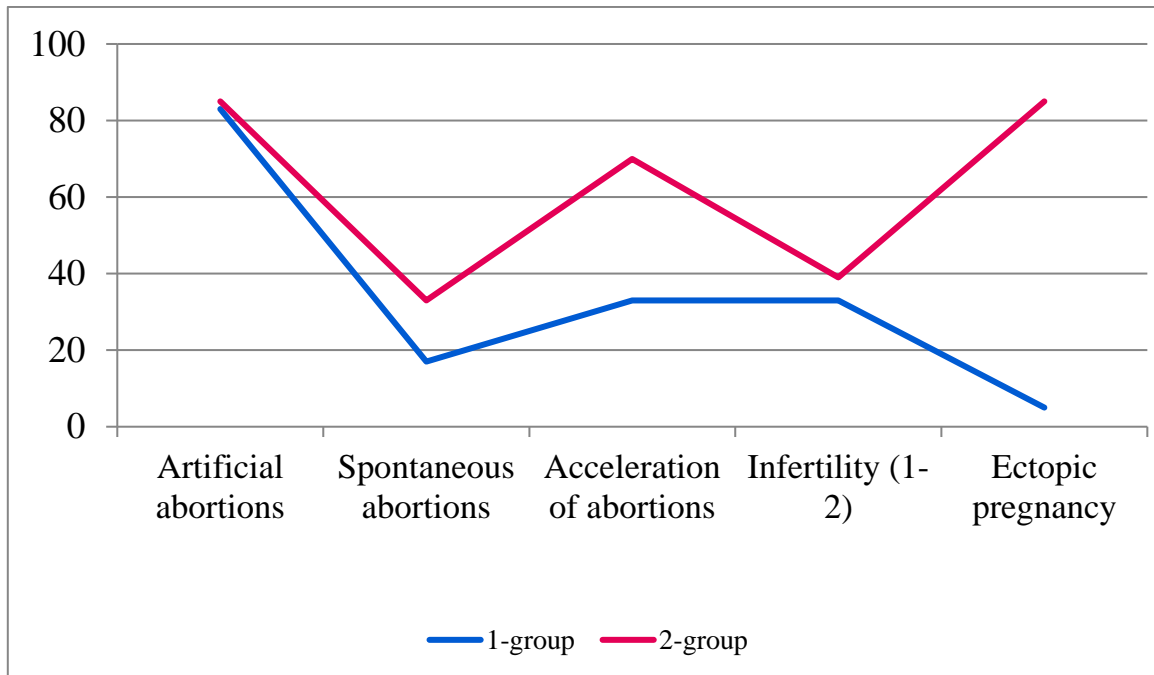
Regardless of the development of various forms of uterine fibroids, it was noted that more than half of the patients had a history of appendectomy. Diseases of the cardiovascular system, respiratory organs, urinary system (chronic pyelonephritis) were observed 5 times more often ($p < 0.05$) in patients with "proliferative" fibroids than in the group of women with simple uterine myoma.

Patients with proliferative uterine fibroids (Group 2) were statistically significantly more likely to experience menstrual dysfunction ($p < 0.05$) than patients with normal uterine myoma (Group 1). Relatively often in the studied groups, hyperpolymenorrhea and menorrhagia were observed. Relatively often in the studied groups, hyperpolymenorrhea and menorrhagia were observed.

An assessment of the reproductive history showed that the pregnancy ended in childbirth in 32 (64%) women of the 1st group, in the 2nd group significantly less ($p < 0.05$) in 18 (36%) women (Diagramm-3).

Diagramm-3.

CHARACTERISTICS OF REPRODUCTIVE ANIMNESIS IN WOMEN WITH UTERINE MYOMA (%)

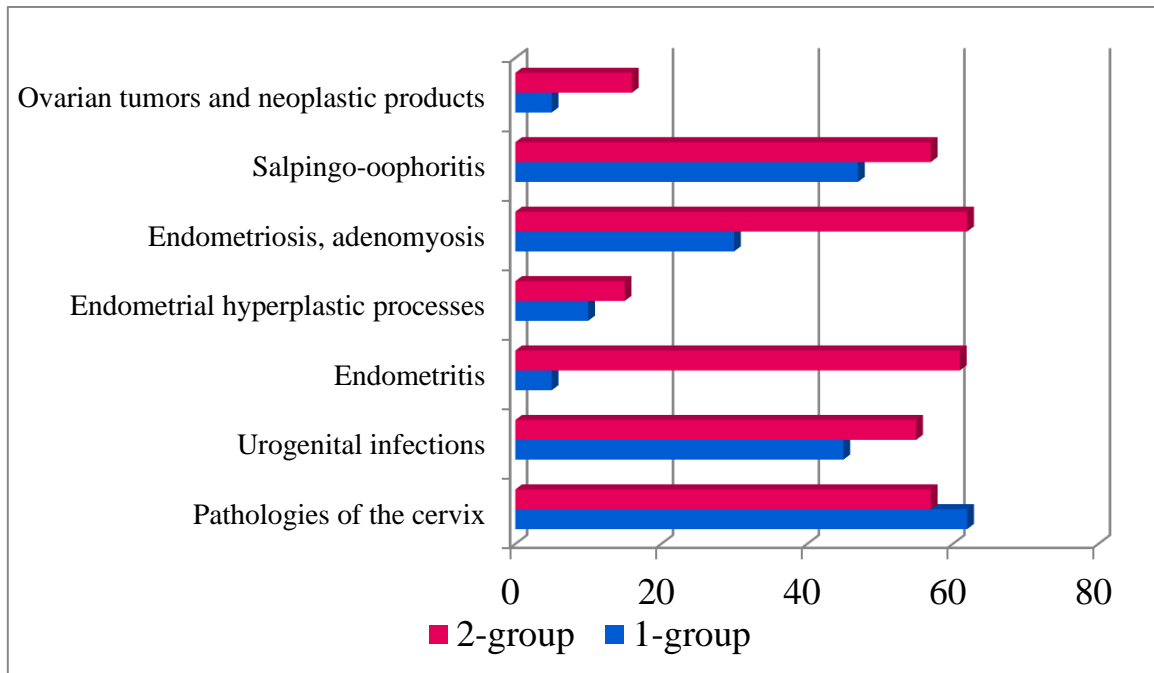


It was noted that primary infertility is higher (14.6% and 2.9%, respectively) in women with proliferative uterine fibroids than in patients with normal fibroids. It should also be noted the high frequency of induced abortions, characteristic of both groups of patients. Complications after induced and spontaneous abortions also differed significantly ($p < 0.05$) and amounted to 32% in the 1st group and 70% in the 2nd group. The reasons for this are inflammatory diseases of the genital organs, bleeding (dysfunctional bleeding), which are often observed in patients with proliferating uterine fibroids. The study of the reproductive history showed that at the initial stage, the reproductive function of most women did not change significantly compared to the

norm. At the same time, as a result of previous surgical interventions (curettage of the uterus and operations on the cervix) and their complications, it was found that many complications during pregnancy and childbirth can lead to the development of pathology of the endometrium and myometrium. In the 1st and 2nd groups, infertility was observed in 8 (32%) and 19 (38%) women, respectively. In the group of patients with proliferative uterine myoma, the frequency of hyperplastic processes in the endometrium was significantly higher ($p < 0.05$) than in the group of patients with normal uterine myoma, the values of the indicators in these groups were -64.6% and 10.6%, respectively % (Diagramm-4).

Diagramm- 4.

FREQUENCY OF GYNECOLOGICAL DISEASES IN THE HISTORY IN WOMEN WITH UTERINE MYOMA (%)



It was noted that the frequency of occurrence of inflammatory processes of the genitals was high in patients of both groups. Inflammatory processes in uterine tumors and endometriosis/adenomyosis in patients of the 2nd group were statistically significantly higher ($p < 0.05$) by 64 and 58.7%, respectively, compared with patients of the 1st group. The values of the indicators were 32 and 48% in group 1, respectively.

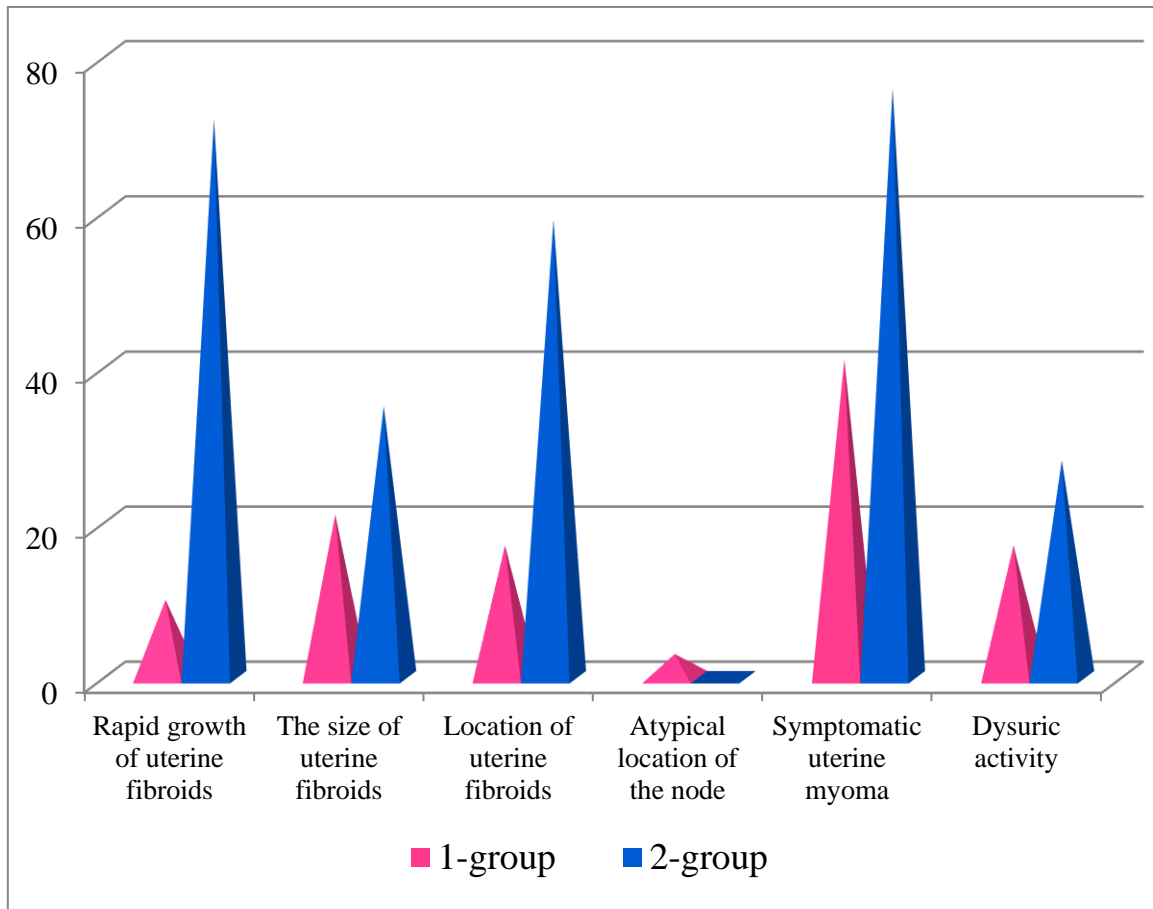
With ultrasound of simple and proliferating uterine myoma, most of the patients were referred for treatment when they reached the size of the organ at

9-12 weeks of pregnancy. At the same time, it was noted that the percentage of women with proliferative fibroids in the 2nd group was slightly higher than in the 1st group.

The main indications for surgery in patients with proliferative uterine myoma are the location of myomatosis nodes that increase and change the shape of the uterine cavity (growing towards the center, interstitial) - 62% (31 patients), 1 - the percentage of such patients is significantly lower in the group ($p < 0, 05$) - 20% (5 patients) (Diagramm-5).

Diagramm-5.

INCIDENCE OF INDICATIONS FOR HYSTERECTOMY DEPENDING ON THE TYPES OF UTERINE MYOMA.



Rapid tumor growth was considered the main indication for hysterectomy in 72% of the 2nd group (50 patients), while in the 1st group this figure was significantly lower ($p < 0.05$) - 16% (in 4 patients). 19 patients were diagnosed with large uterine fibroids (38), anemia and pain syndrome were detected in 38 cases (76), the latter indicator was statistically significantly higher than in the 1st group ($p < 0.05$). a similar indicator was recorded only in 11 patients (44%)

CONCLUSIONS: the study showed a high incidence of somatic and gynecological diseases in patients with uterine myoma. Menstrual dysfunction, hyperpolymenorrhea and menorrhagia were observed relatively often in proliferating fibroids. It was noted that primary infertility is higher in women with proliferative uterine fibroids than in patients with normal fibroids. Inflammatory diseases of the genital organs, bleeding (dysfunctional bleeding), which were often observed in patients with proliferating uterine fibroids.

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