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MODERN METHODS OF TREATMENT OF PATIENTS WITH TUBAL-PERITONEAL INFERTILITY

Fatima Kudratovna Askarova
Assistant of the Department of Obstetrics and Gynecology
Samarkand State Medical University
Islombek Nodirjonovich Yakhshibekov
Student
Samarkand State Medical University

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Abstract:
Infertile marriage is one of the important medical and social problems of modern society, despite the significant progress made in the diagnosis and treatment of infertile couples. Among the causes of female infertility, one of the most frequent forms is tubal-peritoneal (TPB) - 30-65%. The main causes of TPB are inflammatory diseases of the uterine appendages, including sexually transmitted infections (STIs); complicated abortions or childbirth; surgical interventions on the pelvic organs; multiple therapeutic and diagnostic manipulations. Changes in the fallopian tubes are reduced to complete or partial obstruction due to lesions of the epithelial and muscular layer, peritubar adhesions, contractile dysfunction. All this causes difficulty or impossibility to perceive the oocyte, its transport into the uterine cavity. The variety of causes of TPB, difficulties in its detection and conservative treatment require the search for more effective methods of diagnosis and treatment.

Keywords: modern methods, tubal pregnancy, infertility

RELEVANCE. Currently, one of the most effective methods of diagnosis and treatment of TPB is operative laparoscopy, which is performed to separate adhesions and restore the patency of the fallopian tubes. During surgery, the patency of fallopian tubes can be restored in 60-80% of cases, but significant morphofunctional changes in the wall of fallopian tubes do not allow restoring their functional and transport function. In addition, postoperative recurrence of adhesions is an obstacle to the restoration of fertility by surgery. In view of this, the pregnancy rate after restoration of fallopian tube patency remains relatively low and, according to various authors, reaches 25-38% .

PURPOSE OF THE STUDY. To study the history of the disease, types of surgical treatment, tactics of management of patients with tubal-peritoneal infertility.

MATERIALS AND METHODS OF RESEARCH. Case histories of 103 female patients who were under treatment in the gynecological department of the Republican Hospital in the Obstetrics and Gynecology Department of Samarkand city were analyzed.

RESULTS OF THE STUDY AND THEIR DISCUSSION. The mean age of the patients was 31.22±4.61 years. The average duration of examination and treatment of infertility before admission to the hospital was 4.4±0.643 years.

92 patients (89.3%) had an aggravated obstetric and gynecologic anamnesis. The most frequent pathologies were as follows: 15 cases (16.3%) had medical abortions, 8 (8.7%) had spontaneous miscarriages, 21 cases (22.8%) had ectopic pregnancies, 10 patients (10.9%) had cervical erosions, 5 (5.4%) had bleeding and glandular hyperplasia of the endometrium, and other diseases accounted for 35.9% (33 cases).

Sexually transmitted infections were diagnosed in 29 patients (28.2%). Twenty-six patients (89.7%) were sanitized before surgical treatment. Cure control was not performed in 20 patients (77%). Ureaplasmosis was noted in 9 (31.0%) STI cases, chlamydia in 8 (27.6%), a combination of ureaplasmosis and chlamydia in 7 cases (24.1%), and ureaplasmosis and mycoplasmosis in 3 (10.3%). Inflammatory diseases of OMT of nonspecific etiology before surgery were diagnosed in 43 patients (41.7%). Salpingitis was complicated by hydrosalpinges in 48.8% (21 cases) of them. Extragenital pathology was noted in 30 patients (29.1%).

Surgical interventions for abdominal and pelvic diseases were performed on 23 patients (76.7%): appendectomy, laparoscopic cholecystectomy, splenectomy, and bladder surgery. 56 (54.4%) patients had a history of operations on the uterus or

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appendages: 22 (39.3%) intrauterine interventions (hysteroscopies, diagnostic scrapings), 34 (60.7%) on the uterine appendages. Laparoscopic interventions for tubal-peritoneal infertility (salpingoneostomy, fimbrioplasty, salpingoovariolysis) were performed before admission in 12 patients (11.7%). Recurrence of fallopian tube obstruction was detected in 60% of operated patients. Metrosalpingography (MSG) was performed in 21 patients (20.4%). According to the results of MSG, uni- or bilateral obstruction of fallopian tubes in different sections was diagnosed in 15 patients (71.4%). During the operations, chromodiagnostics was performed in all patients, and in 78 (75.7%) cases the fallopian tubes were passable, in the remaining 25 (24.3%) - not passable: in 8 cases one tube out of two available in the patients was not passable, in 9 cases both tubes were not passable, in 4 cases the only tube was passable, but narrowed in the ampullary section, in 4 cases the only tube was not passable at the level of the interstitial section. 55 patients (53%) were diagnosed with primary infertility, secondary infertility - 48 (47%) patients.

The following types of operations were performed: 47 (46.1%) surgical interventions aimed at restoring fallopian tube patency (salpingoneostomy, fimbrioplasty, fimbriolysis in various combinations), 10 (9.8%) - salpingoneostomy, 11 (10.8%) - salpingoovariolysis, 9 (8.8%) - fimbrioplasty and fimbriolysis. 11 (10.8%) surgical interventions were accompanied by ovarian biopsy. Tubectomy was performed in 14 patients (13.7%) due to the impossibility to restore tubal patency.

CONCLUSIONS.

1. It is necessary to reduce the duration of pre-hospital examination and treatment of patients with tubal-peritoneal infertility.
2. More complete control of cure of sexually transmitted infections should be ensured before referral for surgical treatment in hospital.
3 Of all STIs diagnosed in female patients, ureaplasmosis was the most frequent (31.0%), chlamydia was the second (27.6%), and a combination of both types of infections was the third (24.1%). Thus, the infection rate of ureaplasmosis and chlamydia in TPB patients is 82.7%.
4. Combined operations (fimbriolysis, fimbrioplasty, salpingoneostomy) for TPB are most often performed.
5 The effectiveness of TPB treatment depends on the severity of adhesions and morphologic changes in the fallopian tubes

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