



ANALYSIS OF CLINICAL AND MORPHOLOGICAL CHANGES IN UTERINE MYOMA

Alibekov O.O., Israilov R.R., Mamataliev A.R.

Republican Center of Pathological Anatomy of Uzbekistan
Andijan State Medical Institute

Article history:	Abstract:
Received: April 10 th 2025 Accepted: May 8 th 2025	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. Rapid growth myomatous nodes in the reproductive age is observed in 48-60% of patients, in 7-28% of cases a recurrence of this tumor is possible [1,2,3,4,5] .

Goal of the 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 from 2019 to 2022 (they were divided into groups 1 - simple and 2 - proliferative fibroids) and 5 patients who underwent amputation of the uterus for other reasons are included as a control group .

IN retrospective analysis studied anamnestic data (hereditary and family history), complaints, reproductive function, somatic pathology, gynecological diseases and examinations, general morphological changes.

RESULTS: Average the 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 before diagnosis was longer than in patients with proliferative myoma. The reason for this is the rapid growth of proliferative myomas, clinical and morphological symptoms - meno-metrorrhagia, infertility and deformation of the uterine cavity , which negatively affect on the development of the fetus , causing abortion .

Table 1

The frequency of complaints in uterine myoma

Complaint upon arrival	1-group (p=25)		2-group (p=50)	
	Abs.	%	Abs.	%
General weakness	8	32%	26	52%
Nausea, vomiting	2	8%	10	20%
Abundance of menstruation	6	24 %	thirty	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 with simple myoma.

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

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

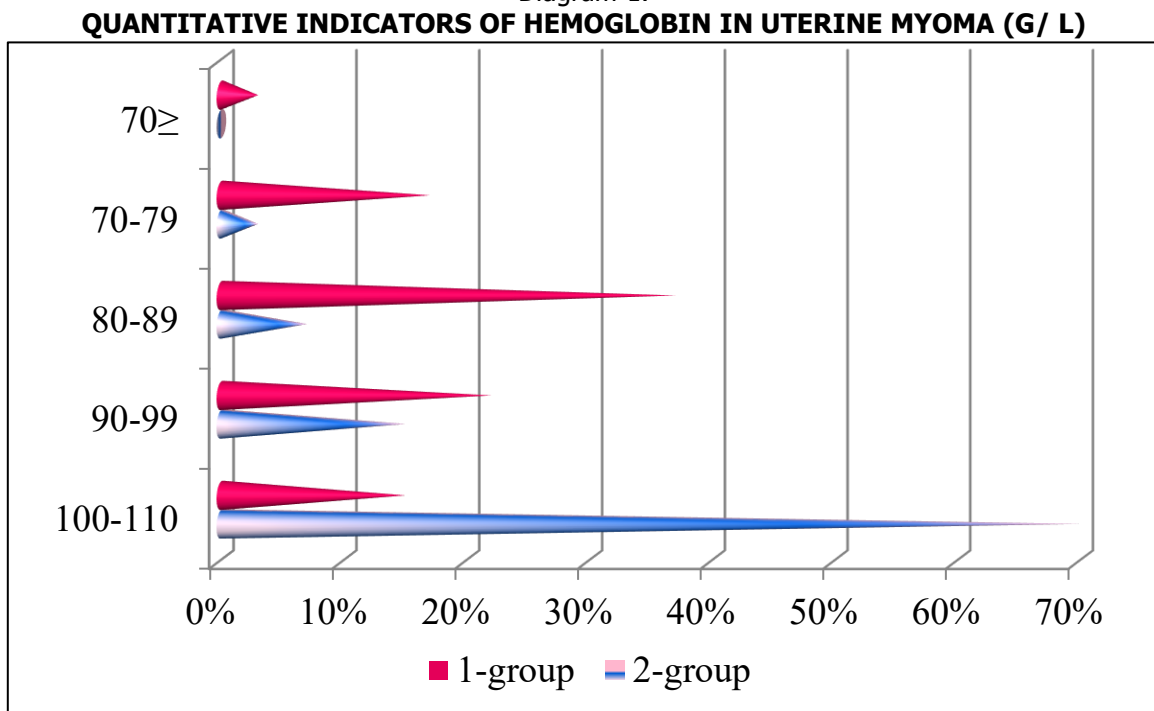
At the same time, observation of complaints of heavy menstruation and dysuria in patients of the 2nd group showed a statistically significant ($p < 0.05$) higher result compared to the corresponding indicators in the 1st group.



The presence of uterine fibroids is 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 level of hemoglobin in patients with simple uterine myoma in most cases corresponded to indicators of mild anemia, in 38 (79.2%) cases, the hemoglobin level in patients with "proliferative" fibroids was less than 90 g/l.

In patients of group 1 with Hb levels of 100-110 g/l were the most high percentage - 72% (18 patients), and 70-79 g / l - the lowest 4% (1 patient), and in patients of the 2nd group, the value of 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 corresponding results of group 1 (diagram - 1).

Diagram-1.



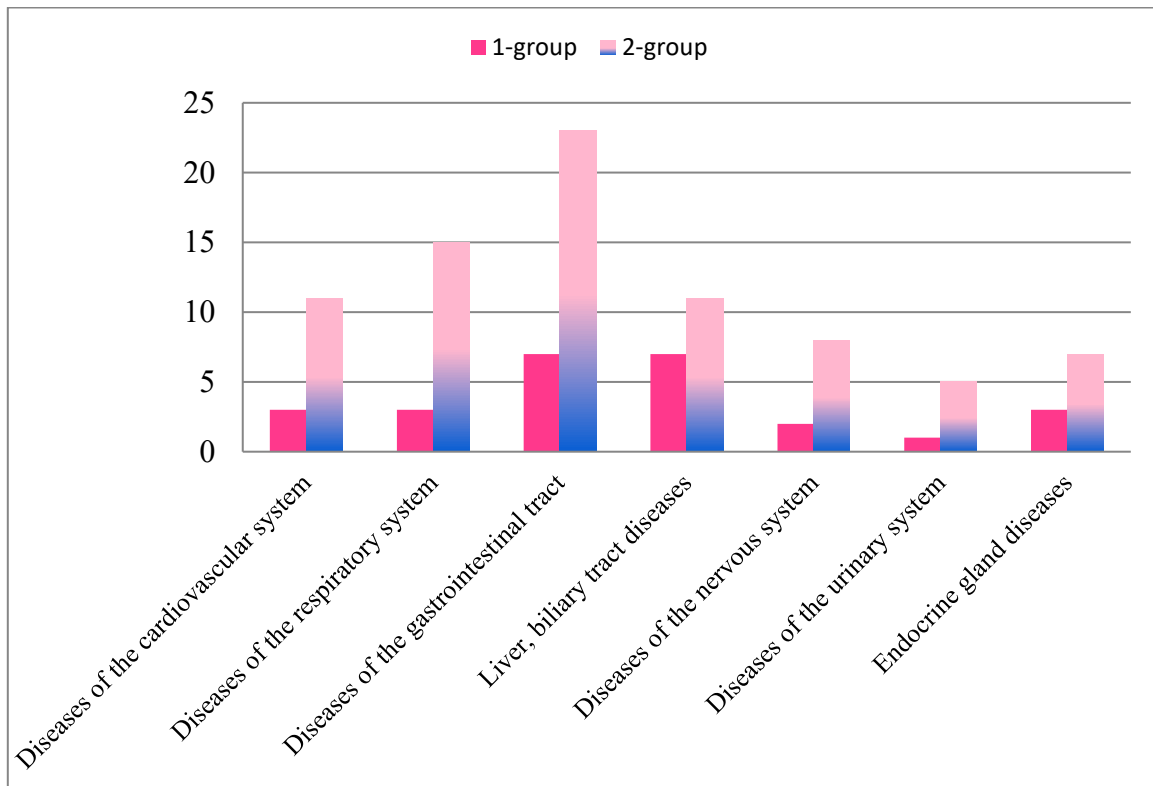
Diseases of the endocrine system and metabolism were observed in almost every fourth patient, regardless of tumor development, their frequency was 26.0% and 25.0% in groups 1 and 2, respectively.

Thyroid pathology in patients with proliferative fibroids was detected 2.5 times ($p < 0.05$) more than in normal fibroids: 13.5 and 37.5%, respectively.

Diseases of the digestive system has been identified as one of the most common diseases among sufferers. Functional diseases of the nervous system (psycho-emotional diseases, neurosis, depression) were significantly more common ($p < 0.05$) in women of the 2nd group (17 patients, 35.4%), and in the 1st group, an indicator of 12.5% (13 patients) (Diagram-2).

Diagram-2.

FREQUENCY OF EXTRAGENITAL DISEASES WITH UTERINE MYOMA (%)

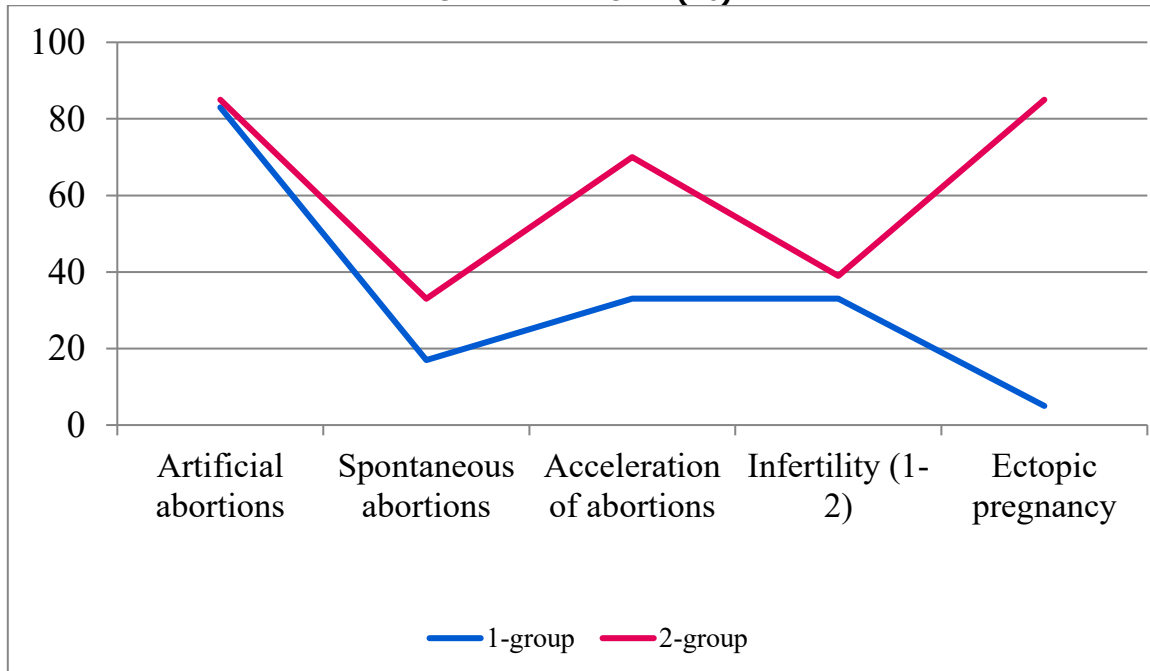


Regardless of the development of various forms of uterine fibroids, it was noted that more than half of the patients had a history of appendectomy . Diseases of the cardiovascular system, respiratory organs, urinary system (chronic pyelonephritis) were observed 5 times more often ($p < 0.05$) in patients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

Assessment of the reproductive history showed that the pregnancy In group 1, childbirth ended in 32 (64%) women, in group 2 it was significantly less ($p < 0.05$) - in 18 (36%) women (diagram-3) .

Diagram-3.
PROPERTIES OF REPRODUCTIVE HISTORY IN WOMEN WITH UTERINE MYOMA (%)



Proliferative uterine myoma in the examined patients was more common (14.6 and 2.9%, respectively) than in patients with primary uterine myoma. 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 group 1 and 70% in group 2. The reasons for this are inflammatory diseases of the genital organs, bleeding (dysfunctional bleeding) , which are often observed in patients with proliferating uterine fibroids.

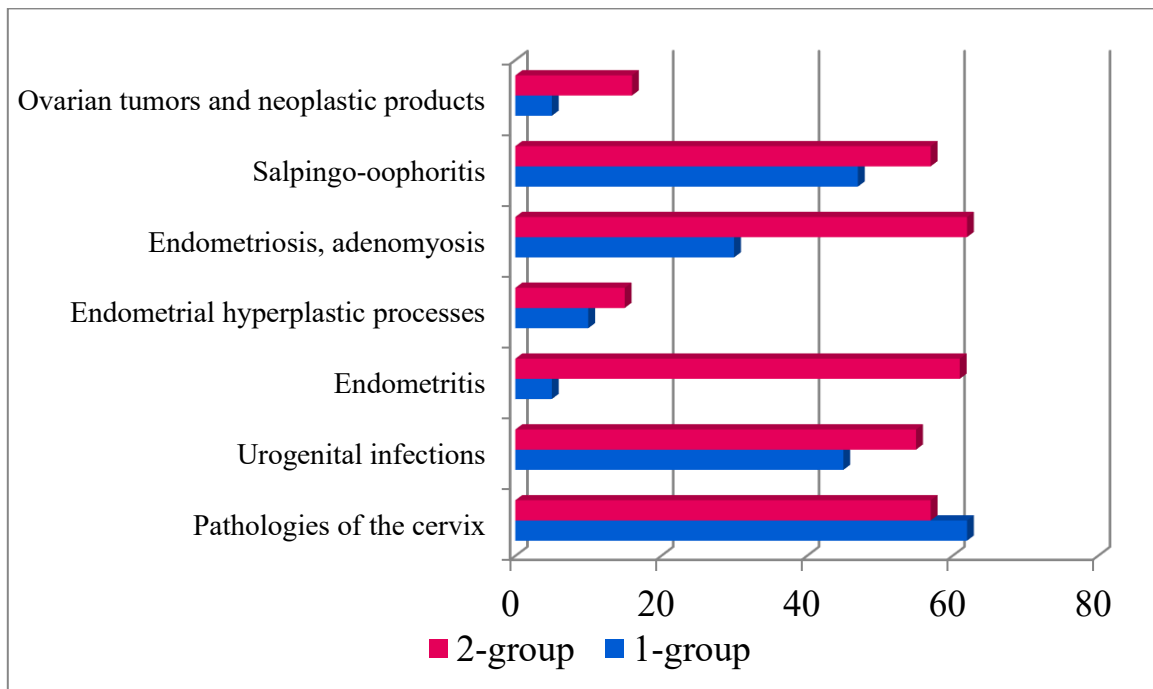
The study of the reproductive history showed that at the initial stage, the reproductive function of

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 surgical interventions 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 groups 1 and 2, 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 simple uterine myoma , the values of the indicators in these groups were 64.6% and 10.6% respectively (Diagram-4).

Diagram-4.

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



It was noted that the frequency of occurrence of inflammatory processes of the genital organs 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 ($p < 0.05$) - 64 and 58.7%, respectively, compared with patients of the 1st group, the values of the indicators were 32 and 48% in 1-group, respectively.

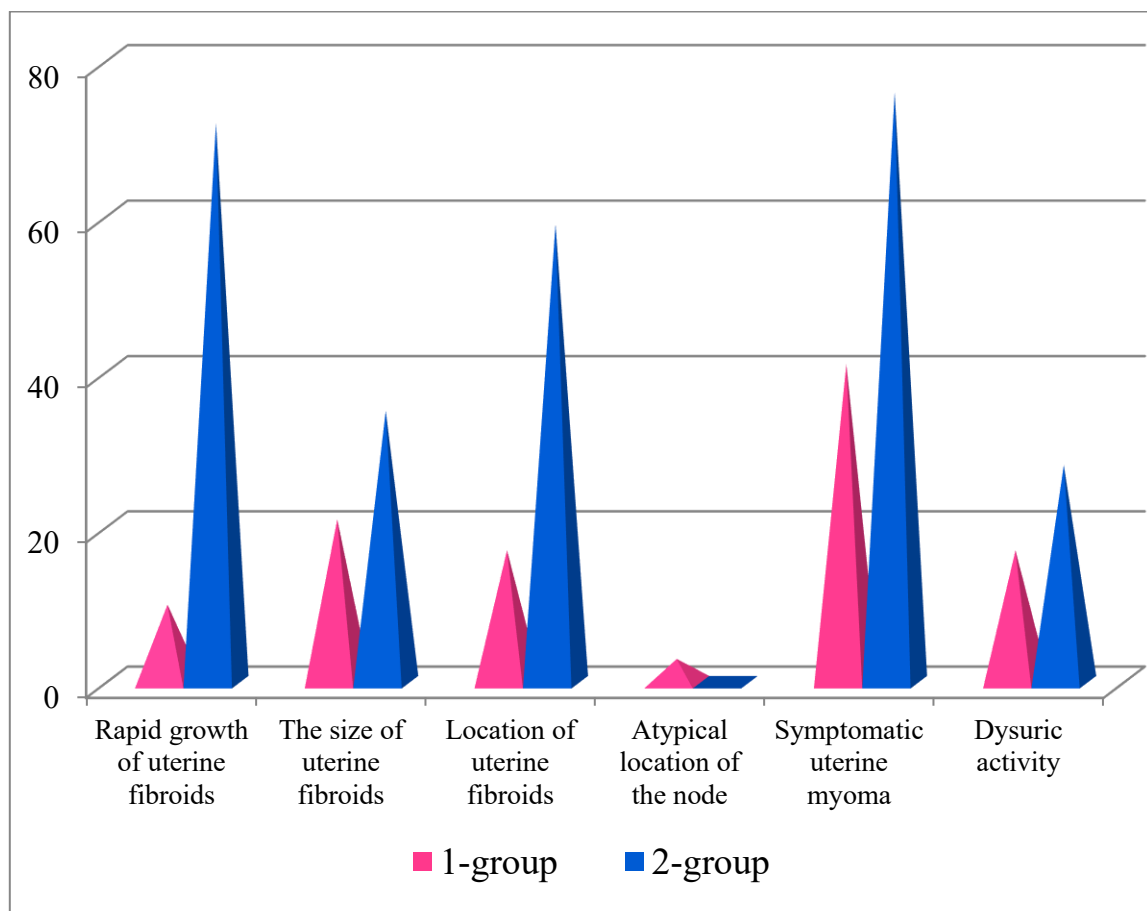
The majority of patients with benign and proliferating uterine fibroids sought treatment when

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

The main indications for surgical interventions in patients with proliferating uterine myoma are the location of myomatosis nodes, which increase and change the shape of the uterine cavity (growing towards the center, interstitial) - 62% (31 patients), in patients of group 1, the percentage was significantly lower ($p < 0.05$) - 20% (5 patients) (Diagram-5)

Diagram-5.

INCIDENCE OF INDICATIONS FOR HISTORY BY TYPE OF UTERINE MYOMA (HYSTERECTOMY).



Rapid tumor growth was considered the main indication for hysterectomy in group 2 - in 72% (50 patients), while in group 1 the frequency was significantly lower ($p < 0.05$) - 16% (in 4 patients). In 19 patients, large uterine fibroids (38%) were detected, anemia and pain syndrome were detected in 38 cases (76%), the latter indicator was statistically significantly higher than in group 1 ($p < 0.05$), 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. It is noted that menstrual dysfunction, hyperpolymenorrhea and menorrhagia are observed relatively often in proliferating fibroids. It was noted that women with proliferative uterine myoma had a higher rate of primary infertility compared to patients with simple myoma. Inflammatory diseases of the genital organs, bleeding (dysfunctional bleeding), which are often observed in patients with proliferative uterine fibroids.

REFERENCES:

1. Andreeva E.N. Abundant menstrual bleeding: a modern approach to the problem and ways to solve

it. Problems of reproduction.-2015.-T. 21, No. 6.-S. 47-55.

2. Buyanova, S.N. et al. Modern aspects of the growth of uterine fibroids. // Russian Bulletin of an obstetrician-gynecologist. -2012.-T. 12, No. 4.-S. 42-48.

3. Krasnopolsky V.I. et al. Operative gynecology-M.: MEDpress - inform, 2010.-S. 40-49.

4. Divakova T.S. Uterine fibroids: etiology, pathogenesis, ultrasonographic diagnostics. // Protection of motherhood and childhood. -2005. -T. 6, No. 1.-S. 40-49.

5. Sidorova I.S., Ageev M.B. Clinical and morphological features of simple and proliferating uterine fibroids// Ros. West. obstetrician-gynecologist. -2013.-T. 13, No. 6.-S. 34-38.