



INFERTILITY ON THE BACKGROUND OF ENDOMETRIOSIS NEW OPPORTUNITIES

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Abstract

The article presents data on the treatment of infertility against the background of extragenital endometriosis. On the basis of the gynecological department of the 1st clinic of the Samarkand State Medical University, a comparative analysis of the conservative and surgical treatment of endometriosis was carried out, as a result of which the patients were divided into 2 groups. As a result of studies, natural fertility was restored in 44% of patients.

Keywords. External genital endometriosis, infertility, conservative treatment, surgical treatment, laparoscopic removal of lesions, human chorionic gonadotropin (hCG), ovulation stimulation.

Objective

Improving the effectiveness of infertility treatment, methods of restoring natural fertility in patients with extragenital endometriosis.

Materials and Methods

The study was conducted on the basis of the clinic of Samara State Medical University No. 1. 50 patients with infertility due to endometriosis were examined. Of these, in 20 patients, infertility treatment was carried out after special preparation (group A), and 30 patients received surgical treatment of endometriosis at the first stage of treatment (group B).

The standard clinical examination of patients included anamnesis, initial examination, gynecological examination, ultrasound of the pelvic cavity organs, hormonal examination, and the conclusion of the therapist. Endoscopic examination methods included laparoscopy, which was carried out using KARL STORZ equipment in accordance with generally accepted methods. To diagnose pregnancy, the concentration of hCG was determined and an ultrasound scan was performed.

In the course of conservative treatment, patients underwent corrective therapy. Women with obesity (BMI>30) were prescribed a diet with some physical activity to reduce weight. Patients with high levels of LH and testosterone were prescribed low doses of oral contraceptives (3-6 months), patients with hyperlactinemia - dostinex and hypothyroidism - L-thyroxine preparations. Treatment began before surgery and continued until the postoperative period. Correction of hormonal disorders was carried out under the supervision of endocrinologists.

Group A patients were prescribed laparoscopy only after preparatory treatment (correction of hormonal disorders, elimination of cervical dysfunction factors, restoration of vaginal microflora) and the lack of effectiveness of attempts to restore natural fertility used by ovulation stimulation. For this



reason, endoscopic techniques have only been used in 15 out of 20 patients since 5 (25%) of the patients became pregnant after prescribed conservative treatment.

When conducting laparoscopy was performed - the destruction of endometriotic heterotopia. All patients underwent chromopertubation to assess the open condition of the fallopian tubes. After endoscopic surgery, in order to prevent infectious complications, broad-spectrum antibiotics were prescribed.

Results and Discussions

For patients (Group B) with preserved ovulation and menstrual function, endoscopic methods (laparoscopy) were used as a “primary” treatment in all cases. After endosurgical treatment of this pathology, etiotropic therapy of endometriosis was carried out for 6 months. At this stage, spontaneous uterine pregnancy occurred in 9 (30%) patients. In cases of non-pregnancy, it was switched to the use of ovulation stimulators. Ovulation induction using CC (clomiphene citrate) was used in 21 patients; resulting in pregnancy in 6 patients (20%). Hyperstimulation syndrome was observed in 1 patient (3.33%).

Thus, the restoration of reproductive function in patients with EGE without signs of hormonal infertility was effective in 15 out of 30 patients.

Treatment of infertility in patients with EGE with signs of hormonal infertility in group A gave the following results: in total, 20 patients received treatment with ovulation stimulants, after which 2 (10%) became pregnant.

Conclusion

Based on the results of the study, we made the following conclusions: In patients with external genital endometriosis of I-II degree, rational infertility treatment can restore natural fertility in an average of 44% of cases.

There may be states of hyperstimulation and ectopic pregnancy, which requires further study and improvement of methods.

References

1. Адамян Л. В., Мартиросян Я. О., Асатурова А. В. Этиопатогенез эндометриоз-ассоциированного бесплодия (обзор литературы) //Problemy Reproduktsii. – 2018. – Т. 24. – №. 2.
2. Ибрагимов Б. Ф. и др. Новые Вехи В Оптимизации Комплексного Лечения Бесплодия При Синдроме Поликистозных Яичников //Актуальные вопросы современной медицины. – 2021. – С. 6-10.
3. Оразов М. Р. и др. Бесплодие, ассоциированное с эндометриозом: от легенды к суровой реальности //Трудный пациент. – 2019. – Т. 17. – №. 1-2. – С. 6-12.



4. Парамонова Н. Б. и др. Морфологические и молекулярно-биологические признаки нарушения рецептивности эндометрия при бесплодии женщин, страдающих наружным генитальным эндометриозом //Архив патологии. – 2018. – Т. 80. – №. 3. – С. 11-18.
5. АмировнаТИЛЯВОВА С., ХУДОЯРОВА Д. Р. РЕАЛИИ ВРЕМЕНИ. СИНДРОМ ГИПЕРАКТИВНОГО МОЧЕВОГО ПУЗЫРЯ И ПРЕМЕНОПАУЗА //БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ. – С. 25.
6. Тилявова С. А. MODERN APPROACHES TO THE DIAGNOSTICS AND TREATMENT OF URINATION DISTURBANCES IN PREMENOPAUSAL WOMEN //УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ. – 2022. – Т. 3. – №. 3.
7. Худоярова Д. Р., Шопулотова З. А. OPTIMIZATION OF MANAGEMENT OF PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS //УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ. – 2022. – Т. 3. – №. 3.
8. Худоярова Д. Р., Кобилова З. А., Шопулотов Ш. А. СОВЕРШЕНСТВОВАНИЕ МЕТОДОВ ВОССТАНОВЛЕНИЯ ЕСТЕСТВЕННОЙ ФЕРТИЛЬНОСТИ У ЖЕНЩИН С БЕСПЛОДИЕМ, ВЫЗВАННЫМ ЭНДОМЕТРИОЗОМ //ЗДОРОВЬЕ, ДЕМОГРАФИЯ, ЭКОЛОГИЯ ФИННО-УГОРСКИХ НАРОДОВ HEALTH, DEMOGRAPHY, ECOLOGY. – С. 453.
9. Шавкатова А., Шопулотова З., Худоярова Д. Влияние озонотерапии на фетоплацентарную недостаточность //Журнал гепато-гастроэнтерологических исследований. – 2021. – Т. 2. – №. 3.2. – С. 63-66.
10. Шаматов И. и др. ВОЗМОЖНОСТИ КОМПЬЮТЕРНОЙ И МАГНИТНО-РЕЗОНАНСНОЙ ТОМОГРАФИИ В ВИЗУАЛИЗАЦИИ ПОЛОСТИ НОСА И ВЕРХНЕЧЕЛЮСТНОЙ ПАЗУХИ //Журнал вестник врача. – 2021. – Т. 1. – №. 2 (99). – С. 113-115.
11. Khudoyarova D. S. D. R., Tilavova S. A., Shopulotova Z. A. MANIFESTATIONS OF EXAMINATION OF CHRONIC PYELONEPHRITIS IN PREGNANT WOMEN (CLINICAL CASE) //Thematics Journal of Microbiology. – 2022. – Т. 6. – №. 1.
12. Худоярова Д. Р., Кобилова З. А., Шопулотов Ш. А. IMPROVEMENT OF METHODS OF NATURAL FERTILITY RESTORATION IN WOMEN WITH INFERTILITY CAUSED BY ENDOMETRIOSIS //Здоровье, демография, экология финно-угорских народов. – 2020. – №. 4. – С. 53-55.
13. Shavkatova G. S., Xudoyarova D. R., Shopulotova Z. A. METABOLIK SINDROM-ZAMONAVIY JAMIYATNING MUAMMOSI //Eurasian Journal of Academic Research. – 2022. – Т. 2. – №. 3. – С. 486-491.