CLINICAL AND PROGNOSTIC ASPECTS OF OPTIMIZING TREATMENT TACTICS FOR INTRAUTERAL PATHOLOGIES IN WOMEN OF REPRODUCTIVE AGE

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Abstract: This thesis analyzes the clinical and prognostic aspects of optimizing treatment tactics for intrauterine pathologies in women of reproductive age.

Keywords: intrauterine pathologies, endometrial hyperplasia, uterine fibroids, reproductive age, treatment tactics, individual approach, hormonal therapy, hysteroscopy, prognostic criteria, reproductive function.

In recent years, there has been an increase in the incidence of intrauterine pathologies (endometrial polyps, hyperplasia, submucosal myomas, and intrauterine synechiae) in women of reproductive age. These diseases negatively affect not only women's reproductive health but also their quality of life, leading to complications such as infertility, repeated miscarriages, and menstrual cycle disorders. This situation makes the problem of early detection, effective treatment, and prevention of complications of intrauterine pathologies one of the most pressing issues in modern gynecology.

To date, despite the development of diagnostic and treatment methods, there is an insufficient development of optimal tactics based on a unified, individualized approach to the management of intrauterine pathologies. The issue of choosing a treatment strategy, especially considering the relationship between clinical signs, morphological features, and the patient's reproductive plans, remains controversial. This, in many cases, can lead to excessive invasive interventions or, conversely, insufficient treatment.

From this perspective, determining clinical and prognostic criteria for optimizing treatment tactics for intrauterine pathologies is of particular importance. The development of a differentiated approach based on the characteristics of the disease course, the patient's age, hormonal status, comorbidities, and reproductive plans allows for the achievement of effective treatment results.

The issue of treating and managing intrauterine pathologies in women of reproductive age is considered one of the pressing directions of modern gynecology. In recent years, scientific research aimed at improving the etiopathogenesis, diagnosis, and treatment tactics of these pathologies has expanded significantly.

In studies conducted by V.O. Венюк et al., it was noted that hyperplastic endometrial processes are characterized by a high frequency of recurrence and a risk of malignancy. Based on the pathogenetic approach proposed by the authors, the treatment algorithm (hysteroscopic intervention, subsequent hormonal therapy, and complex anti-inflammatory therapy) was evaluated as an important factor in increasing clinical efficacy. It is also noted that the use of immunohistochemical studies allows for the individualization of treatment tactics [1].

Asrankulova D.B. shows that endometrial hyperplasia occupies one of the leading positions in the structure of gynecological diseases, and hormonal imbalance, especially hyperestrogeny, is one of the main factors in its development. The author emphasizes the significance of endometrial pathology as a precancerous condition and substantiates the high sensitivity and specificity of modern diagnostic methods, specifically immunohistochemical analysis [2]. This plays an important role in monitoring the effectiveness of treatment.

In the studies conducted by Sh.R. Aminova and A.I. Kamalov, the problem of restoring reproductive function in women with uterine fibroids was considered. According to the research results, the patient's age, myoma size, localization, and reproductive plans are of decisive importance in choosing treatment methods. The

authors emphasize that the use of conservative, surgical, and combined treatment methods based on an individualized approach significantly improves reproductive outcomes [3; 4]. An integrated approach is particularly important because it increases the rate of achieving pregnancy.

The studies of Yuldasheva M.A. and Akramjonova Kh.U. extensively cover the epidemiological features, risk factors, and demographic aspects of uterine fibroids. The authors indicate that hormonal imbalance, genetic predisposition, metabolic factors, and lifestyle play an important role in the development of myoma [5]. It is also noted that a latent course of the disease often leads to its late detection and the development of complications.

The analyzed literature indicates that there is no single universal approach to the treatment of intrauterine pathologies. According to modern scientific views, applying an individual approach based on a comprehensive assessment of clinical, morphological, and prognostic factors is the most optimal way to choose treatment tactics. At the same time, the widespread introduction of immunohistochemical and other modern diagnostic methods into practice contributes to increasing the effectiveness of treatment and reducing the risk of disease recurrence.

Optimizing the tactics for treating intrauterine pathologies in women of reproductive age is one of the priority areas of modern gynecology, a process that requires a profound analysis of the etiopathogenesis, clinical course, and individual patient characteristics. Intrauterine pathologies include endometrial hyperplasia, polyps, submucosal myomas, and intrauterine synechiae, which often manifest as impaired reproductive function.

Research indicates that the primary role in the development of these pathologies belongs to hormonal imbalance, specifically hyperestrogeny. Endometrial tissue is a hormone-sensitive system, and the imbalance between estrogen and progesterone leads to the intensification of proliferative processes. As a result, endometrial hyperplasia or

polypoid forms develop. At the same time, metabolic syndrome, obesity, diabetes mellitus, and inflammatory processes also play an important role in the development of pathology.

A comprehensive approach plays an important role in the diagnostic process. The main criteria are clinical symptoms (hypermenorrhea, metrorrhagia, infertility), instrumental examinations (ultrasound, hysteroscopy), and morphological confirmation. In recent years, immunohistochemical studies have been widely used, allowing for the determination of the receptor state of endometrial tissue, proliferative activity, and inflammatory processes. This is important for the individualization of treatment tactics.

When choosing treatment methods, the type of disease, its severity, the patient's age, and reproductive plans are the decisive factors. Conservative treatment mainly includes hormonal therapy (progestins, GnRH agonists), which is aimed at eliminating hyperestrogenesis and reducing endometrial proliferation. However, conservative treatment alone does not yield sufficient effect in all cases, especially in recurrent or severe forms.

Surgical approaches, specifically hysteroscopic polypectomy, myomectomy, and curettage, are effective in the immediate elimination of pathological foci. The use of minimally invasive methods reduces traumatic effects, shortens the recovery period, and allows for the preservation of reproductive function. Nevertheless, there is a risk of recurrence after surgery, in which case additional hormonal and anti-inflammatory therapy is required.

In recent years, a complex, i.e., mixed approach (surgical + conservative treatment) has been considered the most effective method. Such an approach serves not only to eliminate the pathological focus but also to eliminate the pathogenetic factors leading to its re-development. According to research results, it is specifically

complex treatment that contributes to improving reproductive outcomes, normalizing the menstrual cycle, and increasing pregnancy success rates.

Prognostically, the course of the disease and the results of treatment depend on many factors. The main criteria determining the prognosis are the patient's age, hormonal background, type and degree of pathology, as well as comorbidities. Based on immunohistochemical markers, hormonal parameters, and morphological changes, it is possible to predict the risk of disease recurrence. This is of great importance in the development of individual monitoring and preventive measures.

Thus, the application of an individual and comprehensive approach to the treatment of intrauterine pathologies in women of reproductive age, the use of modern diagnostic methods, and the consideration of clinical and prognostic factors are the primary conditions for increasing treatment effectiveness and restoring reproductive health.

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