



ANALYSIS OF GYNECOLOGICAL PATHOLOGY IN WOMEN OF LATE REPRODUCTIVE AGE WITH BREAST DISEASES

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Abstrakt. According to various authors, one of the most common diseases of the mammary glands is fibrocystic disease or, as it is often called, mastopathy [1]. Fibrocystic disease is not only one of the most common, but also one of the most heterogeneous in clinical, radiological, and histological manifestations of diseases. Such mosaicism is due to the multifactorial nature of the disease. In its formation, a leading role is played by various hormonal disorders, stress, and reproductive dysfunction; with age, the frequency of mastopathy increases.

Keywords:. Mastopathy, hormonal disorders, stress, fibrocystic mastopathy, colposcopy, nodular mastopathy.

According to a number of authors, the incidence of mastopathy increases sharply among women suffering from diseases of the female genital organs [2,3].

The commonality of mastopathy and a number of gynecological diseases is indicated by many authors, who are unanimous in the fact that pathological changes in the levels of pituitary hormones affect the mammary glands through disruption of steroidogenesis in the ovaries, which is the leading factor in the pathogenesis of diffuse changes in the mammary glands [3].

According to L.M. Burdina [1,2], the group with the highest risk of developing mastopathy was observed in patients with hyperplastic processes of the internal genital organs (endometriosis, uterine myoma, endometrial hyperplasia, or a combination of them). Regardless of the nasological form of the underlying disease, the frequency of mammary gland pathology in this group of patients is extremely high and ranges from 68-92%.

The goal The aim of the study was to examine the frequency of gynecological pathology in patients with mastopathy in the late reproductive period.

Research material 42 patients who came to the gynecologist at the Bukhara branch of the Republican Specialized Scientific and Practical Center of Oncology and Radiology with various complaints served. The age of the patients ranged from 35-47 years, on average 39 ± 1.1 years.

All patients were examined by a mammologist and a therapist. Clinical laboratory tests, gynecological examination, analysis of discharge from the cervical canal, RAP smear, colposcopy, ultrasound of the genitals, mammary glands (mammography if necessary), ultrasound of the thyroid gland, liver and kidneys, palpation of the mammary and thyroid glands were carried out. According to indications, diagnostic curettage of the cervical canal and uterine cavity was performed.

Various breast diseases were diagnosed in 27 (65.0%) patients (according to ultrasound, mammography and after consultation with a mammologist). The control group

consisted of 15 (35.7%) patients without mastopathy. Diffuse mastopathy was diagnosed in 12 (28.6%), fibrocystic mastopathy in 21 (50.8%) and nodular mastopathy in 9 (21.4%).

When studying the medical history of the women being examined, attention was paid to the illnesses they had suffered.

When studying the age of menarche, 21.4% of patients with mastopathy menarche occurred before the age of 11. In the control group, only 5 women (25%) had menstruation after the age of 12.

In the control group, the vast majority of patients – 15 (70%) – had their periods during this period of life, while in 55 (76.9%) the age of menarche was 12 years or older.

A study of the gynecological anamnesis showed that the most common gynecological diseases suffered were There were various menstrual dysfunctions – 29 (69%) versus 2 (10%) in the control group. Most often, menstrual dysfunctions in the past were indicated by patients with fibrocystic mastopathy – 15 (71.4%). Inflammation of the uterus and appendages in the anamnesis was indicated by 1.6 times more patients with mastopathy – 19 (45.2%) compared to 6 (30%) in the control. Ovarian cysts and uterine fibroids were noted by 16 (38.1%) patients with mastopathy versus 2 (10%) in the control. Most often, these pathological conditions were indicated in the anamnesis – 5 (55.6%) with the nodular form of mastopathy. Every 10th patient – 4 (9.5%) in the group with mastopathy noted primary infertility in the anamnesis. A similar condition was not observed in the control group.

One of the risk factors for the development of breast pathology is considered to be the performance of more than 3 medical abortions.

Our data showed that the number of medical terminations of pregnancy was 1.3 times higher in the group of patients with mastopathy compared to the control group - 19 (45.2%) versus 6 (30%). From 3 to 10 medical abortions were performed in 16 (38.1%) patients, which is 2.5 times more compared to the control group. In addition, habitual miscarriage was noted in 9 (21.4%) women with mammary gland pathology. This pathology was not observed in the control group. Unfortunately, we were unable to determine the duration of breastfeeding in the examined patients.

Thus, the analysis of gynecological pathology showed its significant frequency in patients with mastopathy in the late reproductive period, which dictates the need for an in-depth examination of the mammary glands in this contingent. Risk factors for the development of mammary pathology in women with gynecological diseases are late menarche, more than 3 medical abortions, the presence of somatic pathology - diseases of the digestive organs, cardiovascular diseases, bronchopulmonary diseases, pathology of the urinary tract, pathology of the thyroid gland.

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