

PRINCIPLES OF DIFFERENTIAL TREATMENT OF UTERINE MYOMA IN PERIMENOPAUSE WOMEN.

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Abstract: Uterine myoma is a chronic multifactorial disease, in which nodules of smooth muscle cells with unpredictable growth dynamics are formed in the wall of the organ. This article provides information on the principles of differential treatment of uterine myoma in perimenopausal women.

Key words: Uterine myoma, hysterectomy, myomectomy, cryotherapy, uterine artery embolization.

Uterine myoma is a benign tumor of smooth muscle. Fibroids often cause abnormal uterine bleeding, pelvic pain and pelvic organ compression, dysuric disorders, bowel dysfunction, and difficulties during pregnancy. Diagnosis is made using ultrasound and pelvic examination or other diagnostic visual imaging techniques. Treatment of symptomatic patients depends on the patient's ability to become pregnant and the desire to preserve the uterus. Treatment may include oral contraceptives, short-term preoperative gonadotropin-releasing hormone therapy to shrink the fibroid, progestin therapy, and more radical surgical procedures (eg, hysterectomy, myomectomy). The following types of uterine fibroids are most common:

- Subserous (most common)
 - Intramural
 - Submucosal (rare)
- If significant changes are detected during bimanual gynecological examination: diagnosis of uterine myoma: enlarged, mobile, irregular uterus. Imaging techniques are required for confirmation and are usually indicated in the following cases:
- In recurrent myoma.
 - When fibroids increase in size.
 - When causing symptoms.
 - To distinguish them from other abnormalities (for example, ovarian tumors).

Causes of uterine fibroids Currently, scientists have not identified the causes of myomatosis nodes. There are two main theories, but neither of them has strong evidence: Embryonic theory explains that there are abnormalities during the development of the fetus. The smooth muscle cells of the embryonic uterus do not complete their development for a long time, until the 38th week of pregnancy, and are in an unstable state (the smooth muscle cells of the bladder and intestine "ripen" until the 16th week), so there is a risk of defects in them high

Treatment of uterine fibroids

- Gonadotropin-releasing hormone (GnRH) agonists or other drugs may be used for temporary relief of symptoms.
- Myomectomy (to preserve fertility) or hysterectomy to treat symptomatic fibroids

Asymptomatic fibroids do not require treatment. Patients should be examined periodically (every 6-12 months).

Myomectomy for uterine fibroids Myomectomy is performed only for patients who want to remove the fibroid without touching the uterus, and want to preserve the reproductive function or the uterus. In 55% of women with infertility due to fibroids alone, myomectomy helps to restore reproductive function and start pregnancy 15 months after the operation. However, removal of the uterus is often necessary or the patient himself expresses this desire. Myomectomy is performed only for patients who want to remove the fibroid without touching the uterus, and want to preserve the reproductive function or the uterus. In 55% of women with infertility due to fibroids alone, myomectomy helps to restore reproductive function and start pregnancy 15 months after the operation. However, removal of the uterus is often necessary or the patient himself expresses this desire. New treatments may relieve symptoms, but the effectiveness of these treatments in restoring reproductive health has not been established. These treatments include:

- High-intensity focused sonography
- Cryotherapy
- Radiofrequency ablation
- Magnetic resonance guided ultrasound surgery

• Uterine artery embolization Among them, let's talk about uterine artery embolization. Uterine artery embolization is used to infarct the uterine fibroid site without affecting healthy uterine tissue. Recovery after this procedure is faster than hysterectomy or myomectomy, but the rate of complications and the number of relapses are higher. Treatment failure rate is 20 to 23%; in such cases radical treatment by hysterectomy is required. Uterine artery embolization

Uterine artery embolization (UAE) is a non-surgical treatment for uterine fibroids. The effect is achieved by blocking blood flow in fibroid nodes with the help of a special drug that is injected into the uterine arteries through a thin tube (catheter) through the thigh. The drug contains small balls (emboli) that block the vessels of the fibroid, after which it dies within a few hours. Embolization of the uterine arteries in most cases, in the presence of myoma, allows to refuse the need to remove the uterus and preserve the reproductive function. In uterine bleeding, UAE causes mechanical blockage of the bleeding vessel, followed by thrombus formation. With myoma, UAE causes blood flow to stop along the branches of the uterine arteries that supply blood to the myoma. Different diameters of myometrium feeding branches and myometrium feeding branches have a minimal effect on the vessels of the intact myometrium. After the blood supply is cut off, the muscle cells that form the myoma die. In a few weeks, they are replaced by connective tissue. Later, in the process of "resorption" of these tissues, a significant reduction and or complete disappearance of nodes occurs, and the symptoms of fibroids disappear.

This is a non-surgical treatment for fibroids. When non-cancerous tumors appear in the uterus, it is treated with uterine artery embolization. An interventional radiologist performs uterine artery embolization and usually takes 1-3 hours. The procedure is usually done like this: Get a sedation incision. The radiologist passes the catheter into the uterine artery. This artery supplies blood to the uterus. Small plastic or gelatin particles are injected through the catheter into the blood vessels that supply blood to the fibroid. These particles block the blood supply of the small arteries that supply blood to the fibroid. Without this blood supply, the fibroid will shrink and die. A BAA is performed through the same incision in your left and right uterine arteries.

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