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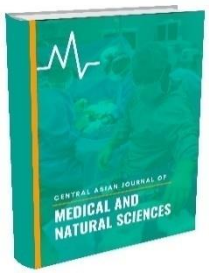

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PROBLEMS OF PREMENOPAUSAL AGE

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Annotation: *The article describes the analysis of dysfunctional uterine bleeding in premenopausal women, studies the causes and methods of treatment. The study was conducted in the gynecological department of the 1st maternity complex in 2022-2023. The study used general medical, clinical laboratory and instrumental diagnostic methods. The study examined the causes and methods of treating uterine bleeding and made recommendations for improving treatment methods.*

Key words: dysfunctional uterine bleeding (DUB), endometrial hyperplastic processes (HPE), premenopause, combined oral contraceptives, premenstrual syndrome, treatment methods.

Relevance. Dysfunctional uterine bleeding (DUB) or anomaly uterine bleeding (AUB) occupies a leading position in the structure of gynecological diseases, which is confirmed by many studies and practice; moreover, the frequency of their occurrence increases with age, reaching up to 50% in pre- and postmenopause [2,5,10,15]. One third of DUB is caused by organic causes: endometrial hyperplastic processes (HPE), uterine fibroids, adenomyosis, and less commonly, cancer. Uterine bleeding in 2/3 of premenopausal patients recurs, in 60% of cases it leads to iron deficiency anemia [1,3,7,9,11,13].

Based on the prevalence of this phenomenon, there is a need for a more detailed study of the cause of DUB, improving diagnostic and treatment methods [4,6,8,10,12,18].

In their study, Kenzhebay Elvira Agybaevna and others argue that the most important task in clinical practice in the treatment of gall bladder disease is to quickly stop bleeding, and the establishment of the clinical and pathogenetic variant of gall bladder disease is secondary and requires additional time and certain examination methods [14, 16, 20].

Objective: to improve management tactics for premenopausal patients with dysfunctional uterine bleeding.

Materials and methods. The study was conducted using a continuous prospective method in 40 patients hospitalized in the gynecological department during the period from January 2022 to December 2023 at the clinical base of the Department of Obstetrics and Gynecology No. 1 of Samarkand State Medical University with a diagnosis of “Abnormal uterine bleeding” or with symptoms of menorrhagia in case of violation menstrual cycle. General medical methods were used (analysis of complaints,

medical history and life history, results of an objective examination and gynecological examination), clinical laboratory methods (general blood test, general urine test, flora smear, study of hormonal levels) and instrumental methods (ultrasound diagnostics, colposcopy, hyseroscopy) diagnostics, calculation of average and relative indicators. Tactics for managing patients with AUB have been determined and recommendations for their improvement have been proposed. The data obtained from the analysis of materials was accumulated and analyzed in a database developed using Microsoft Office (Access 2010).

Results. The management tactics of 40 patients with abnormal uterine bleeding in premenopausal age were analyzed. The average age of all patients who sought inpatient treatment in the gynecological department was 46.3 ± 4.76 years. The majority were women aged 45 to 50 years; there were relatively fewer women aged 40 to 45 years. The average length of hospital stay was 5.2 ± 2.6 days. The main complaints upon admission to the hospital were associated with heavy bleeding from the genital tract in patients and aching pain; 17 women (42.5%) had irregular, prolonged, scanty bleeding. In the structure of gynecological pathology, the most common cysts of the left/right ovaries (20%), uterine fibroids (25%); less often - inflammatory diseases of the pelvic organs - 22.5%, while endometriosis (32.5%) and endometrial hyperplasia (40%) were quite common.

The first stage in all patients was aimed at stopping bleeding through medical hemostasis. At this stage, injection forms of ethamsylate 2.0-4.0 ml are used intravenously or intramuscularly; oxytocin 5 IU intramuscularly for at least 5 days. Vikasol and ascorutin tablets 3 times a day, 1 tablet, were also prescribed. Hemostatic therapy using oxytocin 5 IU every 12 hours, the duration of administration averaged 3.7±1.2 days. The prescription of etamsylate 2.0-4.0 ml was noted in 18 (45%) patients. The frequency of administration was 1-2 times a day, the duration of treatment was 3-5 days.

In 4 (10%) of 40 women hospitalized in the gynecological department, there was a decrease in hemoglobin levels below 70 g/l. These patients, as prescribed by the doctor, received iron supplements (Serrofer 5.0 ml diluted in 200 ml of saline intravenously for 5 days; followed by switching to Ferronal 2 tablets orally), patients with moderate anemia (40%) had It is recommended to take iron-containing medications without specifying the name of the drug. In addition, 18 women (45%) were prescribed folic acid 1.0 mg orally for 20 days.

The further choice of treatment method is determined by the degree of anemia, clinical and etiological factors, and diagnostic indicators.

The second stage for patients who did not benefit from the first stage included hormonal hemostasis (estrogens, gestagens, combined oral contraceptives) and included anti-relapse therapy, which was also carried out on an outpatient basis. The conditions for prescribing medications are moderate bleeding from the genital tract, the absence of signs of posthemorrhagic anemia, and the exclusion of other causes of uterine bleeding. The histological structure of the endometrium, the patient’s age, concomitant metabolic disorders, and the presence of extragenital and genital diseases are also taken into account.

If a woman does not plan a pregnancy in the coming years, it is recommended to introduce an intrauterine hormonal releasing system with levonorgestrel "Mirena" for a period of 5 years. For hormonal hemostasis, COCs containing ethinyl estradiol (0.03 mg) and progestogen are used. On the first day, 1 tablet is prescribed 3-4 times a day, depending on the intensity of bleeding, then the dose is reduced to 1 tablet every 3 days to 1 tablet per day, after which the use of COCs is continued for up to 21 days or more.

Among 40 patients hospitalized in the gynecological department, anti-cancer hormonal therapy upon discharge was recommended to only 5 (12.5%) women. In each case, the drug was prescribed for 3 to 6 months according to the schedule. The following were recommended: Visanne (dienogest), Qlaira (dienogest + estradiol valerate), Novinet (ethinyl estradiol + desogestrel), Belara (chlormadinone + ethinyl estradiol), Mirena IUD (levonorgestrel).

In 15 (37.5%) cases out of 40 patients, separate diagnostic curettage was performed. Patients with bleeding from a myomatous node with a node size of more than 30-40 mm were recommended to undergo surgical treatment. Patients with endometrial hyperplasia after curettage were still prescribed antihemorrhagic treatment for 3-5 days. Most often, bleeding and spotting stopped after the 2nd day.

Conclusions. Step-by-step treatment of abnormal uterine bleeding once again confirms the need for careful diagnosis. When AUB is associated with hyperplastic processes, antihemorrhagic treatment was effective in 12.5% of cases. Hormonal hemostasis was effective in 30% of cases. 37.5% required separate diagnostic curettage. For patients with bleeding from a myomatous node, antihemorrhagic therapy and hormonal hemostasis gave a temporary effect. It is recommended to use management tactics for premenopausal women based on the etiological cause of abnormal uterine bleeding, taking into account the characteristics of the body.

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