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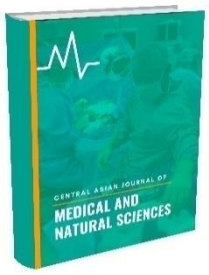

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Features of Uterine Fibroids in Women of Reproductive Age

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Abstract: Myoma of the uterus is one of the most common tumors among diseases of the female reproductive system. Studies carried out in recent years indicate a tendency towards "rejuvenation" of patients in the context of a tendency to planning pregnancy for a later reproductive period. According to the literature, the development of the tumor is on average 5 years, in most patients (84%) the nodes are multiple (Vikhlyaeva E.M., 2004; I.S. Sidorova, 2002). The average age of detection of uterine fibroids is 32 years, while primary infertility is observed in 17.7% of patients, secondary - in 27% (Vikhlyaeva E.M., Vasilevskaya L.V., 1986). Uterine fibroids is a hormone-dependent lesion with a central role for steroid hormones - estrogens, progesterone and their receptors in the growth and differentiation of smooth muscle tissue. In the last decade, it has been established that the growth of myoma occurs mainly due to the proliferation of smooth muscle cells under the influence of sex hormones on growth factors with a relatively low capacity of tumor cells for apoptosis.

Key words: uterine myoma; pathogenesis; risk factors; diagnostics; classi fi cation; treatment

Introduction

Myoma of the uterus is a true benign tumor of the uterus, which in turn belongs to hormone-dependent organs. The uterine myoma develops from muscle tissue and in its structure contains myocytes, connective tissue components, blood vessels, pericytes, plasma and mast cells.

Depending on the ratio of the parenchyma and stroma, this tumor previously had different names: myoma, fibroma, fibroids. However, taking into account that fibroid nodes often develop precisely from the muscle cell, i.e. has a monoclonal origin, most authors consider the term leiomyoma (myoma) more correct.

Currently, uterine fibroids are increasingly being diagnosed at a younger age in women who are sexually active and planning pregnancy, which makes us pay attention to this age category.

The increased incidence of uterine fibroids at a young age and, accordingly, the ambiguity and lack of literary information, the need to identify the most significant factors affecting the growth of myomatous nodes, dictates the need for further research in this direction.

Aim of the work. To study the incidence of various forms of uterine fibroids and to assess the prognostic value for assessing the restoration of the reproductive system, to identify the clinical and pathomorphological features of the development of uterine fibroids.

Objects of the research: Analysis of case histories of patients with uterine fibroids at different periods of reproductive age. Identification of the most common forms of uterine fibroids, middle age of patients with uterine fibroids.

Materials and Methods: 51 case histories of women with various forms of uterine fibroids were analyzed. The patients were divided into 2 groups: group 1 included 16 patients aged 23-35 years, group 2 consisted of 35 women aged 36-45 years.

Results: The main reasons for referring to a gynecologist in these women were the absence of the desired pregnancy, the presence of clinical manifestations of fibroids. The analysis revealed the following forms of uterine fibroids: in the first group, multiple uterine fibroids were diagnosed in 37.5% of patients, intramural - in 25%, interstitial-subserous - in 25%, subserous - in 12.5%. In the second group, interstitial-subserous localization of myomatous nodes was established in 51.5% of women, multiple myoma - in 25.7%, subserous - in 14.2%, intramural - in 8.6%.

There was a pronounced trend towards an increase in the number of young (up to 30 years old) patients with uterine myoma (from 4.1% in 2009 to 8.4% in 2015). Risk factors for the development of uterine fibroids at a young age were: burdened heredity for the development of the disease (33%), later menarche (19.3%), overweight and obesity (25.6%), the presence of chronic extragenital diseases (61.4%)), the absence of childbirth (82.4%), the consequences of inflammatory (24.4%) and traumatic (32.4%) injuries of the uterus.

The clinical features of uterine fibroids in young patients are rapid growth and large tumor sizes, malnutrition of myoma nodes, mainly interstitial, interstitial - submucous localization of myoma nodes with the presence of menometrorrhagia and the development of chronic posthemorrhagic anemia in 64.1% of patients. The priority for patients with uterine fibroids is to carry out organ-saving operations by laparotomic access with the optimal technique for removing nodes and forming the uterus (prevention of hematomas, inconsistent scars after myomectomy, postoperative purulent-septic complications).

Conclusions

The dominant form of uterine fibroids in patients aged 23-35 years is multiple fibroids with different localization of nodes. The most frequent localization of uterine fibroids in patients aged 36 to 45 years is interstitial subserous. We consider it justified to actively manage patients with the use of surgical treatment in women with multiple myoma, large node sizes, and rapid tumor growth.

The onset of uterine fibroid nodes occurs at the age of 30, when somatic, gynecological diseases and neuroendocrine disorders accumulate in women. The summation of pathological factors at this age causes a somatic mutation of cells in the organs of the reproductive system, which probably plays a leading role at the stage of formation of the proliferative component during the regeneration of damaged myometrial cells.

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