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Anamnestic Data Of Patients With Hyperplastic Processes In The Endometrium

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Abstract: Endometrial hyperplasia (EH) is one of the main forms of pathological proliferative changes in the uterine mucosa, regardless of the age of women. Hyperplastic processes can occur independently or be combined with anotherpathology, appear against the background of many somatic and gynecological diseases. Result: In recent years, there has been an increase in endometrial hyperplastic processes, which is associated with an increase in the life expectancy of the female population, an unfavorable environmental situation, an increase in the number of chronic somatic diseases.

Keywords: endometrial hyperplastic, cardiovascular system, polycystic ovary syndrome, extragenital pathology, pregnancy outcomes.

1. INTRODUCTION

The endometrium is a tissue that is highly sensitive to hormonal changes in the female body [12,14,16,19]. Risk factors for the development of pathological proliferative changes in the uterine mucosa include chronic anovulation, hormonally active ovarian tumors, impaired fat metabolism, diabetes mellitus, Itsenko-Cushing's disease, polycystic ovary syndrome and other conditions caused by insulin resistance [9,10,18]. In addition, endometrial hyperplasia is facilitated by disorders of tissue reception, immune status, pathology of the thyroid gland and hepatobiliary system [13,15,1,6].

Currently, the issues of diagnosis and treatment of endometrial hyperplastic processes are still relevant for practical health care [2,15]. The emergence of new drugs, the widespread introduction of modern diagnostic technologies and minimally invasive surgery require the development of new approaches to the management of such patients [6,8,11,12].

2. MATERIALS AND RESEARCH METHODS

For the purpose of immunodiagnostics and evaluation of the effectiveness of treatment of patients with hyperplastic processes in the endometrium, we examined 125 women.

The control group consisted of 34 gynecologically healthy women with an undisturbed menstrual cycle.[1,2,3]

Depending on the clinical course, the women of the main group were also divided into 3 subgroups: I-subgroup consisted of 33 women without special complaints or with

complaints of pain in the lower abdomen and in the lumbar region; II-subgroup - 58 women with menstrual irregularities by the type of menometrorrhagia; III-subgroup consisted of 10 carriers of endometrial hyperplasia from among the previous 2 subgroups, who had a "rapid growth" of the endometrium.[4,5,6]

To develop a new approach to early diagnosis and immunocorrective therapy of endometrial hyperplasia, we used our own method of immunodiagnostics of hyperplastic processes based on a comprehensive assessment of the immune system.

3. RESULTS AND DISCUSSION

The control group consisted of 34 women of fertile age with an undisturbed biphasic menstrual cycle without HP.

The age of the surveyed ranged from 19 to 40 years and averaged 29.3 ± 0.9 (σ ± 5.0) - Table 1 and 2.

Table 1: Age of the surveyed women in the control group

Age	till 19	20 - 24	25 - 29	30 - 34	35 - 40
Amount	1	13	2	3	15
Percentage	2.9	38.2	5.9	8.8	44.1

The incidence of infectious and allergic diseases is shown in Table 2.

Table 2: Frequency of transferred infectious-allergic diseases in the control group

Past illnesses childhood	number	percentage
influenza 10 29.4	10	29.4
measles 5 14.7	5	14.7
chickenpox 1 2.9	1	2.9
scarlet fever 1 2.9	1	2.9
angina 7 20.6	7	20.6
rubella 1 2.9	1	2.9
hepatitis 2 5.9	2	5.9
During the formation of menarche		
flu 15 44.1	15	44.1
hepatitis 1 2.9	1	2.9
angina 4 11.8	4	11.8
URT infections 2 5.9	2	5.9
pneumonia 1 2.9	1	2.9

When studying the anamnestic data, it was revealed that the majority of the surveyed women (73.5%) suffered from 1-2 infectious and allergic diseases (measles, chickenpox, scarlet fever, etc.) in childhood. The infectious index of the control group was 0.8.

During the period of the formation of menstrual function and in adulthood, 15 women had influenza, 1 - hepatitis, 4 - sore throat, and 3 of them had a tonsillectomy at the age of 17-19 years; Appendectomy was performed on 5 patients. A history of pneumonia was detected in 1 woman. Among the extragenital pathology, kidney disease in 1, a cardiovascular system in 2, impaired fat metabolism in 2, diseases of the digestive system in 2, chronic diseases of the upper respiratory tract in 3, grade I-II anemia in 5 women were revealed.

Among gynecological diseases, inflammatory diseases of the uterine appendages were noted in the anamnesis in 20.6%, cervical erosion - in 5.9%, endometritis in 2.9%, colpitis - in 23.5% of women in the control group.

The analysis of menstrual function showed that in 88.2% of cases menarche occurred on time (11-14 years old), the remaining 11.8% had a late onset of menarche (at 16 years old and later). The average cycle time was 27.9 ± 0.5 (σ ± 2.6), the duration of

menstruation was 4.1 ± 0.2 days (σ ± 1.2). Complaints about painful menstruation were presented by 5.9% of the surveyed women.

The study of the reproductive function of the surveyed women in the control group showed that the age of the onset of sexual activity averaged 20.2 σ 0.4 (σ ± 2.4) with individual fluctuations from 16 to 26 years.

94.1% of the examined women had a history of pregnancies from 1 to 5, on average 2.3 ± 0.2 (σ ± 0.96).

All women who had pregnancies (94.1%) had a history of uncomplicated labor from 1 to 5, on average 1.8 ± 0.2 (σ ± 0.96). In addition, 29.4% had a history of 1 to 3 artificial abortions, 1 had an early spontaneous abortion, and 1 had primary infertility.

Thus, the results of the examination of women in the control group showed that the frequency of infectious and allergic diseases that they suffered in childhood and during puberty, as well as in adulthood, does not exceed that in the population. The gynecological history was aggravated in 9 women (in 26.5% of cases).

91 women with HP were examined, of which 66 underwent surgical treatment. 10 patients were studied in the period of a one-month cycle before the operation and 81 patients - in the period of two cycles - before and after treatment: 56 - operative and 25 - conservative treatment. Immunocorrective therapy for 1 month received 37 women in the postoperative period and 25 - in the process of conservative treatment.[7,8,9]

Group of patients with hyperplastic processes in the endometrium

The age of the surveyed women ranged from 31 to 57 years and averaged 43.8 ± 0.6 years (σ ± 5.3) - Table 3.

Table 3 :Age of examined women with HP

Age	Before 30	31 - 35	36 - 40	41 - 45	46 - 50	Over 50
Number	-	4	15	34	25	12
%, n-91	-	4.4	16.5	37.4	27.5	13.2

Comparative analysis of the anamnestic data of the control and the main groups showed that the frequency of infectious and allergic diseases suffered in childhood and during puberty in women with HP is more than 3 times higher than in the control - Table 4

Table 4:The incidence of infectious and allergic diseases in women with HP in the control group

Past illnesses in childhood	Patients with HP (n-91)		Control group (n-34)	
	Abs	% to total the number of women	Abs	% to total number women
influenza 29 31.9 10 29.4	29	31.9	10	29.4
measles 21 23.1 5 14.7	21	23.1	5	14.7
rubella 6 6.6 1 2.9	6	6.6	1	2.9
hepatitis 8 8.8 2 5.9	8	8.8	2	5.9
whooping cough 4 4.4 - -	4	4.4	-	-
mumps 5 5.5 - -	5	5.5	-	-
angina 14 15.4 7 20.6	14	15.4	7	20.6
chickenpox 10 10.9 1 2.9	10	10.9	1	2.9
scarlet fever 4 4.4 1 2.9	4	4.4	1	2.9
total 101 27	101		27	
During the formation of menarche and in adulthood				

influenza 55 60.4 15 44.1	55	60.4	15	44.1
hepatitis 2 2.2 1 2.9	2	2.2	1	2.9
angina 16 21.9 4 11.8	16	21.9	4	11.8
URT infections 1 1.1 2 5.9	1	1.1	2	5.9
pneumonia 3 3.3 1 2.9	3	3.3	1	2.9
brucellosis 1 1.1 - -	1	1.1	-	-
total 78 23	78		23	
Total 179 50	179		50	

Attention should also be paid to the high incidence of diseases during the formation of menstrual function and in adulthood in the surveyed women with HAP (84.6%).

In this case, the greatest role is assigned to influenza (92.3%), measles (23.1%), angina (33%), chickenpox (10.9%), and hepatitis (11.0%), i.e. viral infection. The infectious index of the examined women with HP was 3.08, and in women in the control group, 2.3. Nevertheless, the transferred infectious and allergic diseases could contribute to the emergence of functional disorders in early childhood.[10,11,12]

The frequency and structure of extragenital pathology and previous surgical interventions for extragenital diseases in women with HP and the control group are presented in Table 5.

Table 5: The frequency of extragenital pathology in patients with HP and the control group

Extragenital pathology	Patients with HP		Control group	
	Abs.	%, n-91	Abs.	%, n-34
Anemia	48	52.7	5	14.7
• I degree	24	26.4	4	11.8
• II degree	9	9.9	1	2.9
• III degree	15	16.5	-	-
Gastrointestinal tract	20	21.9	2	5.9
cardiovascular system	18	19.8	2	5.9
chronic pyelonephritis	11	12.1	1	2.9
allergic reactions	8	8.8	1	2.9
HRG	1	1.1	1	2.9
chronic diseases of upper respiratory tract	2	2.2	3	8.8
rheumatoid arthritis	2	2.2	-	-
obesity	1	1.1	2	5.9
diabetes mellitus	1	1.1	-	-
hypothyroidism	1	1.1	-	-
skin diseases	1	1.1	-	-
osteochondrosis	1	1.1	-	-
Total	115		24	
• Tonsilectomy	9	9.9	3	8.8
• Appendectomy	11	12.1	5	14.7
• Removal of ureteral stone	1	1.1	-	-
• Strumectomy	2	2.2	-	-
• Remove cysts of the p / i gland	1	1.1	-	-
Total	24		8	

The most common concomitant extragenital pathology in patients with HAP was anemia (52.7%), with I degree - in 26.4%, II degree - in 9.9%, and III degree - in 16.5% of the examined women. In the control group, anemia was detected only in 14.7% of women. Diseases of the digestive system (mainly gastritis, liver, and biliary tract diseases) were detected in 21.9% of patients with HP and in 5.9% of women in the control group. There was a high incidence of the pathology of the cardiovascular system - 19.8% and of the genitourinary system - 12.1% in comparison with the control (5.9% and 2.9%, respectively).

Analysis of the formation of the menstrual function is presented in the Table. 6.

Table 6. The menstrual function of patients with HP and women control group

Parameters of the menstrual cycle	Patients with HP		Control group	
	Abs.	%	Abs.	%
Menarche age, years	14,1 ± 0,2		13,9 ± 0,1	
• Earlier (up to 11)	-	-	-	-
• Timely (11-14)	75	82.4	30	88.2
• Later (16 and more)	16	17.6	4	11.8
Cycle time	27,1 ± 0,2		27,9 ± 0,5	
• 21 – 25	19	20.9	2	5.9
• 26 – 30	70	76.9	30	88.2
• 31 – 35	1	1.1	2	5.9
• More than 35 days	1	1.1	-	-
Duration of menstruation	4,7 ± 0,2		4,1 ± 0,2	
• 3-4	52	57.1	28	82.4
• 5-7	38	41.8	6	17.6
• More than 7 days	1	1.1	-	-
Blood loss				
• poor	-	-	-	-
• moderate	89	97.8	34	100
• abundant	2	2.2	-	-
Established				
• immediately	89	97.8	34	100
•during a year	-	-	-	-
• more than two years	2	2,2	-	-
Regular	90	98.9	34	100
irregular (opsomenorrhea)	1	1.1	-	-
Painful with menarche	7	7.7	2	5.9

The average age of menarche onset in women with HP was 14.1 ± 0.2 (σ ± 1.6) with individual fluctuations from 11 to 19 years. The duration of menstruation in the anamnesis averaged 4.7 ± 0.2 (σ ± 1.4) days with fluctuations in individual values from 3 to 10 days, and in the control group 4.1 ± 0.2 () ± 1.2); the duration of the intermenstrual period was 27.1 ± 0.2 (σ ± 2.2) and 27.9 ± 0.5 (σ ± 2.6) in women with HP and without HP, respectively. In 97.8% of patients with HAP, menstruation was moderate. Menstruation was established immediately and was regular in 98.9% of women. [13,14,15]

However, attention is drawn to the high frequency of menstrual dysfunction with menarche and its spectrum. In the group of women with HAP, the incidence of CMC was 33%; almost 2 times more often than in the control.

The analysis of fertility is presented in Table 7.

Table 7. The generative function of patients with HP and the control group

Indicators generative functions	with HP (n-91)			Control group (n-34)		
	Number of women	Average value	% to total number of women	Number of women	Average value	% to total number of women
Sexual life		21.5 ± 0.3			20.2 ± 0.4	
Pregnancy had	86		94.5	32		94.1
Number of take		5.1 ± 0.2			2.3 ± 0.2	
Births had	84		92.3	32		94.1
Number of births - 1 childbirth - 2 - 4 genera - 5 and more	 28 46 10	2.6 ± 0.1	 30.8 50.6 11	 2 28 2	1.8 ± 0.2	 5.9 82.4 5,9
Abortion • s / manuf. • art. -1-2 - 3 or more	78 11 67 32 35	 1.7 ± 0.6 2.9 ± 0.2	85.7 12.1 73.6 35.2 38.5	11 1 10 7 3	 1 1.8 ± 0.2	32.4 2.9 29.4 20.6 8.8
Infertility - primary - secondary	10 7 3		11 7.7 3.3	1 1 -		2.9 2.9 -

It should be noted that in the group of women with HAP there was a higher frequency of surgical interventions and disorders in the dynamics of pregnancy and delivery, where the frequency of spontaneous abortions was 4.2 times, and that of induced abortions was 2.5 times higher than in controls. Every seventh (12.1%) woman with HP had a history of spontaneous miscarriages. On average, the number of spontaneous abortions was 1.6 ± 0.6 (σ ± 1.8) with individual values from 1 to 7, and only 2.9% of women in the control group.

Induced abortions from 1 to 8, on average 2.9 ± 0.2 (σ ± 1.5), were noted in 73.6% of women with HAP, of which 38.5% had more than three abortions, and in the group control - 29.4%, of which only 8.8% of women had more than three abortions.

A comparative analysis of pregnancy outcomes in women with HP and without HP is shown in Table 8.

Table 8:Pregnancy outcomes in women with HP and the control group

How the pregnancy ended	In patients with HP (n-91		Control (n-34)	
	Total	% to total the number of pregnancies (n-86)	total	% to total the number of pregnancies (n-32)
- Urgent delivery 84	84 (4 out of are caesarean section)	97.7	32	100
-Antenatal	1	1.2	-	-
fetal death	4	4.7	-	-
-Ectopic intake	11	12.8	1	3.1
-Self-made. abortion	67	77.9	10	31.3
- Artificial abortion	7	8.1	-	-
- Self-made abortion.	1	1.2	-	-

The table shows that both spontaneous and induced abortions (8.1%) were noted only in women of the main group.

Anamnestic data on genital pathology and the frequency of surgical interventions on them are shown in Table 9.

Table 9:Genital pathology in women with HP and the control group

Past pathology	Patients HP(n-91)		Control (n-34)	
	Number of diseases	% to total the number of women	Number of diseases	% to total the number of women
. Gynecological diseases: • inflammation of the appendages	y 45 27	49.5 29.7	y 10 7	29.4 20.6
erosion of the cervix	15	16.5	2	5.9
• ovarian cyst	1	1.1	-	-
• endometritis	2	2.2	1	2.9
• colpitis	38	41.8	8	23.5
Infertility • Primary • Secondary	 7 3	 7.7 3.3	 1 -	 2.9 -
Ectopic pregnancy	4	4.4	-	-
Ovarian apoplexy	1	1.1	-	-
Habitual miscarriage	1	1.1	-	-
Bubble drift	1	1.8	-	-
Total	100		19	
Operational interventions: • Salpingectomy • DTC • Cystectomy • Ovarian resection • Caesarean section	y 36 4 10 1 1 4	39.6 4.4 11 1.1 1.1 4.4	- - - - - -	- - - - - -
Total surgeries	38		-	-
IUD used	16	17.6	5	14.7

As can be seen from the table, the number of women who underwent pelvic inflammatory disease among patients with HP was 1.7 times higher than among women without HP (49.5% and 29.4%, respectively): colpitis prevailed among them (41.8% and 23.5%) and adnexitis (29.7% and 20.6%, respectively). The incidence of background cervical diseases was almost 3 times higher in the study group than in the control group (16.5% and 5.9%, respectively). Each of the women with HAP had 2 or more diseases.

It should be noted that 39.6% of patients with HAP in the past underwent surgery on the pelvic organs, and 85.7% of HAP patients had a history of instrumental damage to the walls of the uterus, which could not but affect the sensitivity of the receptor apparatus of the endometrium. [16,17]

At the time of the study, the examined women of both groups had complaints, the nature of which is shown in Table 10.

Table 10:Complaints of patients with HP and the control group

Nature of complaints	Patients with HP (n-91)		Control group **(n-34)**	
	Abs.	%	Abs.	%

Menstrual dysfunction: • Hypermenorrhea • Menorrhagia • Metrorrhagia	57 6 18 34	63.7 6.6 19.8 37.4	3 1 - -	8.8 2.9 - -
Algodismenorrhea	13	14.3	2	5.9
Climacteric dysfunction of oligoopomenorrhea	6	6.6	-	-
Menopause	3	3.3	-	-
Hot flashes, feeling hot	1	1.1		
General somatic nature: • headache, nervousness, weakness, dizziness,	31	34.1	10	29,4
Pain • lower abdomen • in the lower back • shingles nature of pain • permanent • periodic • thirty	74 30 7 37 53 21	81.3 33 7.7 40.7 58.2 23.1	4 2 1 1 - 4	11.8 5.9 2.9 2.9 - 11.8
Dysuric disorders	6	6.6	-	-

As can be seen from the table, in women with HP, complaints of menstrual dysfunction (63.7%), pain in the lower abdomen and lower back of various nature (81.3%), dysuric disorders (6.6%) and painful menstruation prevail. (14.3%). Moreover, out of 58 women with menstrual irregularities, 37.4% complain of acyclic uterine bleeding, 19.8% of cyclical bleeding and 6.6% of heavy menstruation.[18,19]

In order to clarify the relationship between the time of occurrence of the main clinical complaints of patients with HP, in particular, menstrual dysfunction and the duration of the initial diagnosis of the disease, we conducted a comparative analysis of the data obtained

4. CONCLUSION

It can be seen that HP is usually diagnosed already in the presence of complications such as uterine bleeding. Thus, every second (47.3%) woman was diagnosed with HP for the first time before 1 year ago, i.e. when the majority of women with this pathology (48.3%) had complaints of menstrual dysfunction in women. For the rest (51.7%) women, the diagnosis of HP took from 3 to 5 years or more of follow-up.

Hemodynamic parameters were close to normal values. The electrocardiogram in almost all patients with HP had some degree of severity of metabolic changes of a functional nature.

The results of a clinical examination of blood showed that in the preoperative period the red blood counts were lower than the normative values, but there were no significant differences between the groups. A biochemical blood test and indicators of the coagulation system also did not reveal significant deviations from the norm.

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