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MARKERS OF CORRECTIVE STATES WITH HYPERPLORIFERATION IN THE ENDOMETRY

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The search for new highly informative and minimally invasive diagnostic markers of the state of the endometrial tissue will allow not only to identify, but, if possible, to prevent the formation of new pathological changes, which is quite promising for modern science, medicine, and the patient's quality of life.

Aim: study and analysis of Hif-1α molecular genetic markers y.o.e. and VEGFy.o.e. with normal, hyperplastic and atypical endometrium in the perimenopausal period.

Methods: as a result of the study of endometrial tissue samples from 98 women who were under our supervision with pathological conditions, a molecular genetic study was conducted to study the hypoxic indicator of Hif-1α y.o.e. and activity of the vagoinsular marker VEGF y.o.e.

Results: as a result of the work carried out, we established the occurrence of hypoxic disorders in the endometrial tissue, which was accompanied by an increase in Hif-1α=1.27±0.15 y.o.e. in endometrial hyperplasia, and its increase was special for atypical forms of Hif- 1α= 2.07±0.05 y.o.e. In certain cases, these changes were accompanied by an increase in VEGF=3.14±0.04 y.o.e., and VEGF=3.48±0.07 y.o.e. respectively in categories. Situations when the growth of hypoxic and vagoinsular factors occurred forced researchers to observe the form of development, they were not very promising and directed doctors to the development of pathological conditions.

Discussion: the application and use in medical practice of new molecular-genetic methods of diagnosis allow making potentially new and capable types of diagnosis and treatment.

Conclusions: the data of our work coincide with the results of other studies, which confirm that Hif-1α regulates the transcription of hundreds of genes that regulate energy exchange and vascularization, and can take an active part in the development of hyperproliferation, especially its atypical states. For practical medicine, it is important to create more accurate prognostic systems for determining the risk of recurrence and possible negative processes of disease development, which can ensure favorable treatment results, early detection of malignancy processes, and the implementation of modern cancer prevention methods.

Key words: endometrial tissue, hypoxic disorder, energy exchange and vascularization

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POSTOPERATIVE SCAR ENDOMETRIOSIS: A 20 -YEAR CLINICAL CASES ANALYSIS

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Introduction. Postoperative scar endometriosis (PSE) is a rare form of extragenital endometriosis. PSE is most commonly diagnosed after a cesarean section, but cases of this pathology occurring after transabdominal gynecological and surgical interventions have also been

described.

The purpose of the study was to retrospectively analyze the causes of occurrence and the features of the clinical course of endometriosis in postoperative scars.

Materials and methods. Scar endometrioma is a rare form of extragenital endometriosis, which is diagnosed in 0.03-1.5% of women. It is believed that the occurrence of extragenital endometriosis is associated with metaplasia of multipotent mesenchymal cells

Results and their discussion. In the Multidisciplinary Medical Center of ONMedU over the last 20 years, among all cases of endometriosis, approximately 5-10 cases per year are attributed to postoperative scar endometriosis. Endometriosis in abdominal scars can occur due to the growth of endometrial tissue in the tissues of the anterior abdominal wall after cesarean section, uterine rupture, and fallopian tubes, as well as from foci of endometriosis of pelvic organs (endometrioid ovarian cysts) and the abdominal cavity in adenomyosis. The main clinical feature in the involvement of endometrial cells in postoperative scars is the appearance of a voluminous formation in the scar tissue. This symptom is present in about 90% of patients .Women feel a pulling pain and itching in the area of the pathological lesion. An important feature is the cyclical nature of the clinical picture. The neoplasm can become denser and increase in size before and during menstruation (85-90%). The first clinical signs appear 1,5-2 years after surgery. The intensity of the manifestations of this form of pathology depends on the number and size of foci of lesions, age, and individual characteristics of the patient's body. A visual examination and palpation of the pathological area are usually sufficient for the diagnosis.One diagnostic method for endometriosis is ultrasound examination, which is performed on days 22-25 of the menstrual cycle for better visualization of the lesion. Surgical treatment involves excision of the pathological foci, usually at the site of the old scar. Hormonal therapy (progestins, combined oral contraceptives as indicated) is indicated for the prevention of recurrence.

Conclusion: Treatment of patients with endometriosis requires an individual approach, optimal combination of surgical and medical treatment. In cases of extragenital endometriosis, including endometriosis after surgical scarring, the method of choice is surgical treatment aimed at removing the affected tissues.

Key words: postoperative scar endometriosis, endometrioid ovarian cyst, endometrial cell, voluminous formation.

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FEATURES OF PREGNANCY IN WOMEN WITH LEIOMYOMA

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The topicality of the work lies in the high incidence of uterine leiomyoma in women of reproductive age, which hasn`t tended to decrease in the frequency and severity of obstetric and perinatal complications for decades.

Purpose of the study. Retrospective analysis of medical documentation to determine the features of pregnancy in women with leiomyoma.

Materials and methods. Retrospective analysis of medical documentation for 3 years (2021-2023).

Results and discussion. Based on the results of the retrospective analysis of pregnant women` 40 individual cards whose pregnancies were aggravated by the presence of the uterus leiomyoma: 30 (75%) women were at risk of miscarriage, 5 (12.5%) women were at risk of premature birth, 5 (12.5%) women were diagnosed with an isthmic-cervical insufficiency, which was corrected by pessary. In 30 (75%) women, pregnancy is aggravated by anaemia I - II degree, in 2 (5%) women by gestational pyelonephritis andin 8 (20%) women by vaginal dysbacteriosis. In accordance withthe ultrasound study5 (12.5%) women have a submucous node, 20 (50%) have intramural and 15 (37.5%) have subserous. Low placenta is diagnosed in 3 (7.5%) women. In 2 (5%) women with submucosal myoma, the pregnancy is complicated by premature detachment of