MANAGEMENT OF ABNORMAL UTERINE BLEEDING IN WOMEN OF REPRODUCTIVE AGE

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Relevance. Despite numerous studies conducted over the past decades, the problem of abnormal uterine bleeding (AMB) not associated with pregnancy does not lose its relevance. During the reproductive period, AUB occurs at least once in a lifetime in more than 1/2 of women, but only 1/4 of them seek medical help. AUA cause iron deficiency anemia and a decrease in the quality of life of women, which determines the social and clinical significance of these problems.

Purpose of study: Based on the analysis of literature data and international recommendations, to develop tactics for the treatment of abnormal uterine bleeding in women of reproductive age.

Material and methods of research: A retrospective analysis of 80 women of reproductive age with abnormal uterine bleeding who applied to the gynecological department of the 2-maternity complex in Andijan from 2021-2023 was carried out.

Results of the study: In the period from 2021-2023, 80 women of reproductive age were admitted to the gynecological department of the 2-maternity complex in Andijan with complaints of heavy bleeding. In the course of instrumental and laboratory studies, it was found that the bleeding was not associated with pregnancy, in the future, women were diagnosed with "Abnormal uterine bleeding".

Levonorgestrel releasing intrauterine system (LNG-IUD Mirena®) and combined oral contraceptives with a dynamic dosing regimen of estradiol valerate / dienogest E2V / DNG (Klaira®) are the drugs of first choice. The levonorgestrel releasing intrauterine system (LNG-IUD) had efficacy similar to endometrial ablation in the treatment of severe menstrual bleeding. The results of the study indicate that the decrease in menstrual blood loss against the background of a levonorgestrel-releasing intrauterine system reached 86% by the 3rd month, and 97% by the 12th. In women with anemia, there was a significant increase in the concentration of ferritin in the blood serum and hemoglobin values. There was a decrease in menstrual blood loss with the use of such drug treatments as tranexamic acid (26-54%), non-steroidal anti-inflammatory drugs - (10-52%), combined oral contraceptives - combined oral contraceptives (35-69%), levonorgestrel excreting intrauterine system – Levonorgestrel releasing intrauterine system Mirena (71-95%), prolonged regimen of oral progestins (87%).

Low efficacy has been established with the use of progestogens in the luteal phase of the cycle. In this case, blood loss decreased by 20% or less. Prescribing non-hormonal drugs such as non-steroidal anti-inflammatory drugs and antifibrinolytics (tranexamic acid) to reduce menstrual blood loss can be quite effective in the treatment of heavy predictable uterine bleeding.

Conclusion. Excessive MCP (menstrual blood loss) has a negative impact on a woman's physical, emotional, social and material well-being. Difficulties for the clinician may be associated with an adequate assessment of the amount of menstrual blood loss, the identification of latent iron deficiency, which in European countries reaches 30-40%. The tactics of managing abnormal uterine

bleeding should be based on the results of an adequate diagnosis of the causes of bleeding, taking into account the assessment of the age, reproductive plans and health status of women. The appointment of hemostatic therapy, including hormone therapy, can reduce the number of hospitalizations in gynecological hospitals and the number of unjustified intrauterine surgical interventions, which improves the quality of life and overall well-being of patients with abnormal uterine bleeding. The choice of therapy should be differentiated, taking into account the balance of benefits and risks of drugs, as well as the personal preferences of patients.

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