Morphological characteristics of the endometrium in women with primary and secondary infertility. This is a thesis conference

Khudayarova D.R.
Doctor of Medical Sciences, Associate Professor,
Samarkand State Medical University of Obstetrics and Gynecology Department

Kurbaniyazova A.Z.
master 2 course.
Samarkand State Medical University obstetrics and gynecology department

Relevance of the topic: Field of diseases, unfortunately, is very wide, studying gynecology. Among them, acute forms and the disease became chronic. One of these diseases is chronic endometritis.

chronic endometritis, diagnosis, symptoms Medicine has studied well the causes, studied one of the main directions of studying the disease - chronic endometritis and pregnancy, effective treatment has been found. Such a diagnosis is now 14% of cases of gynecological pathology.

Let's face it with the fact that it is chronic endometritis - it is an inflammatory process. This is because of poor treatment of acute endometritis. Due to inflammation, other surgery (in the process of labor, many cervical fractures, etc., scraping, blowing the tube) caused by the abortion, the cervix is injured due to various factors. A powerful catalyst that exacerbates the symptoms of chronic endometritis is a weakened immune system.

Purpose of research: The whole essence of the problem called chronic endometritis and pregnancy is the formation of uterine adhesions, so-called adhesions, and endometrial seal (hardening). Usually, these "traces" formed in a state of inflammation of the uterine wall exist forever. As a result of sustained damage to the endometrium, more receptors begin to function properly. It is expressed in the second period of the menstrual cycle, the inability to abnormal maturation of the endometrium (fat). Because this pathology is already enough to suspect the combination of endometritis and pregnancy, spontaneous abortion and often even infertility.

Methods and materials: All cases are mutually exclusive, but chronic endometritis and pregnancy are not. Due to disruptions in the functioning of the endometrium, its readiness for important processes, due to bad damage to the pregnant woman, the current is damaged and reaches the ovum and its development. Of course, a woman whose diagnosis is chronic endometritis can become pregnant, but the probability of this is very small, and the best way is a preliminary examination by a specialist.

In order to properly treat chronic endometritis, it is necessary to make an accurate diagnosis. The diagnosis of the disease is based on its clinical manifestations, for example, pain in the abdomen, bleeding of various degrees at any time during the cycle. During the ultrasound examination, the diagnosis is made, and the final confirmation is made by histological examination of the endometrium.

Expected results: Infertility statistics by gender

Infertility is almost as common in men as in the U.S., with 9 percent of men aged 15 to 44 and 10 percent of women in that age group reporting it (CDC, 2013 and Office on Women's Health, 2019).

30% of infertility cases are female-only, 30% male-only, 30% may be a combination of both partners, and 10% have an unknown cause. (Answers to Fertility, 2020)

Infertility statistics by age

Typically, my infertility patients are in their early 20s and in their mid-40s, says Sarah Mucovsky, MD, fertility specialist at Dallas IVF.

1 in 4 healthy women aged 20-30 will get pregnant in any one menstrual period. (American College of Obstetricians and Gynecologists, 2018)

One in 10 healthy women over the age of 40 will get pregnant during any one menstrual period. (American College of Obstetricians and Gynecologists, 2018)

In general, fertility begins to decline for most women in their 20s and 30s, and declines more rapidly after age 35. (American Society for Reproductive Medicine, 2012)

Couples with a male partner 40 years of age or older have difficulty conceiving. (CDC, 2019)

Spermatozoa usually do not become a problem for men until they reach the age of 60. (American Society for Reproductive Medicine, 2012)

Conclusion: This gynecological examination does not indicate that a woman has chronic endometritis, and pregnancy still occurs.

A disease that increases the signal for any woman is more dangerous during this period. If the inflammation is not revealed in the early stages and is not treated, then the disease can affect the fruit and fetal membranes. The tragic end of this scenario may be the death of the child in the womb.

As a rule, the treatment of chronic endometritis is comprehensive. It includes the treatment of related diseases, and the main support is based on the intake of sedatives and vitamins. Activation of endometrium receptors is given as physical therapy.

In the acute stage of endometritis, the doctor prescribes the most effective antibiotics for their administration directly inside the uterus. Antibiotic treatment considered unreasonably forgiving.

References:

1. Курбаниязова, В. Э., Н. А. Ахтамова, and Ш. М. Хамидова. "Интенсивное восстановление женщин репродуктивного возраста перенесших операцию Кесарево сечение." Проблемы биологии и медицины 4 (2019): 53-55.
2. Курбаниязова Венера Энверовна Ранняя реабилитация женщин, перенесших кесарево сечение, и оптимизация ведения последующих родов // Достижения науки и образования. 2020. №2 (56). URL: https://cyberleninka.ru/article/n/rannyaya-reabilitatsiya-zhenschin-perenesshih-kesarevo-sechenie-i-optimizatsiya-vedeniya-posleduyuschih-rodov (дата обращения: 24.04.2023).

3. Тилявова, С., et al. "Акушерские аспекты нарушений мочеиспускания у женщин." Журнал проблемы биологии и медицины 4, 1 (85) (2015): 173-175.

4. Курбаниязова, В. Э., and Д. Д. Камалова. "Эффективная контрацепция после кесарева сечения." Неделя науки 2015. 2015.

5. Закирова, Н., et al. "Акушерские и перинатальные исходы беременности при артериальной гипотензии." Журнал проблемы биологии и медицины 1 (93) (2017): 195-197.

6. Kurbaniyazova, V. E., and K. D. Rakhimovna. "Prospects for the rehabilitation of women under cesarian section." European Journal of Molecular and Clinical Medicine 7.3 (2020): 4385-4398.

7. Курбаниязова Венера Энверовна, Худоярова Дилдора Рахимовна РЕАЛИИ ВРЕМЕНИ. РЕАБИЛИТАЦИЯ ЖЕНЩИН С РУБЦОМ НА МАТКЕ // Вестник науки и образования. 2020. №23-1 (101). URL: https://cyberleninka.ru/article/n/realii-vremeni-reabilitatsiya-zhenschin-s-rubtsom-na-matke (дата обращения: 24.04.2023).

8. V. Kurbaniyazova CESAREAN SECTION: INSTRUCTIONS, DISADVANTAGES AND ADVANTAGES, COMPLICATIONS, RECOMMENDATIONS // SAI. 2023. №D2. URL: https://cyberleninka.ru/article/n/cesarean-section-instructions-disadvantages-and-advantages-complications-recommendations (дата обращения: 24.04.2023).

9. Enverovna, Kurbaniyazova Venera. "Histological analysis of the state of the scar after operational delivery." Asian Journal of Multidimensional Research 11.10 (2022): 149-155.

10. Курбаниязова, Венера Энверовна. "CLINICAL, ECHOGRAPHIC, MORPHOLOGICAL AND IMMUNOLOGICAL CRITERIA FOR EVALUATING A WELL-FOUNDED SCAR ON THE UTERUS AFTER CESAREAN SECTION." УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ SPECIAL 1 (2021).

11. Курбаниязова, Венера Энверовна. "CLINICAL, ECHOGRAPHIC, MORPHOLOGICAL AND IMMUNOLOGICAL CRITERIA FOR EVALUATING A WELL-FOUNDED SCAR ON THE UTERUS AFTER CESAREAN SECTION." УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ SPECIAL 1 (2021).

12. Матлубов, М., et al. "Интегральная система многофакторного прогнозирования риска осложнений во время родоразрешения и анестезии у пациенток с ожирением." Журнал проблемы биологии и медицины 3 (89) (2016): 49-53.

13. Юлдашева, У., et al. "Врожденные пороки сердца у беременных–современное решение проблемы." Журнал проблемы биологии и медицины 4, 1 (85) (2015): 191-195.

14. Атаева, Ф., Н. Закирова, and В. Курбаниязова. "Современные подходы к лечению плацентарной недостаточности и синдрома задержки развития плода." Журнал проблемы биологии и медицины 4, 1 (85) (2015): 141-142.

15. Юлдашева, У., et al. "Оценка состояния плода и новорожденного у беременных с врожденными пороками сердца." Журнал проблемы биологии и медицины 3 (84) (2015): 194-196.

16. Юлдашева, У., et al. "Оценка состояния плода и новорожденного у беременных с врожденными пороками сердца." Журнал проблемы биологии и медицины 3 (84) (2015): 194-196.

17. Аюбова, Х., et al. "Планирование и ведение беременности у женщин с генитальным герпесом." Журнал проблемы биологии и медицины 3 (84) (2015): 125-127.