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MULTIPARAMETRIC ULTRASOUND EXAMINATION IN THE DIAGNOSIS OF FOCAL OVARIAN FORMATIONS

An urgent problem of modern oncogynecology is the timely and reliable diagnosis ovarian formations [1]. According to statistics, ovarian tumors occupy the 7th plac (4%) in the structure of all malignancies in women of all age groups. 5-10% of the female population undergoes surgical treatment, 13-21% of those operated have malignant neoplasms [1, 2]. In the diagnosis of ovarian cancer (RYA) at stage I, the 5-year survival rate reaches 80%, while diagnosis in the later stages reduces this figure to 12%. At the same time, only 20% of patients receive treatment at stage I, since ovarian malignancies go on for a long time without a clinical picture, and early diagnosis of ovarian cancer is an exception rather than the rule [3].

Despite the introduction of increasingly high-quality diagnostic equipment into modern medicine, determining the nature of the tumor,the severity of proliferative processes in the formation of the ovary is one of the most difficult tasks of radiation diagnostics in oncogynecology [4].

None of the existing diagnostic methods can provide sensitivity and specificity equal to 100% [5, 6]. The most common classification of ovarian focal formations in clinical practice is histological, proposed by the World Health Organization in 1973. According to it, all ovarian tumors are divided into the following groups: epithelial tumors; tumors of the genital stroma of embryonic gonads; tumors from germinogenic cells; metastatic and rare (soft tissue tumors, nonspecific for ovaries, unclassifiable tumors, tumor-like processes) [7, 8].

Benign formations together with "borderline" make up approximately 80%, malignant – 20% of the diagnosed focal ovarian formations [7, 8]. Each of the presented groups has corresponding ultrasound signs that determine the morphological structure, the severity of proliferative processes, as well as metastatic damage to various organs and systems [9-11].

Early diagnosis of RA requires the development of new approaches and diagnostic prognosis scales, taking into account the echostructure and severity of proliferative processes in focal formation [12]. The widespread introduction of ultrasound examinations (ultrasound) into medical practice has significantly improved the recognition of pathologies of the female reproductive system [11]. However, due to the inexperience of the ultrasound diagnostics doctor, the formal approach to the study, lack of time for examination, lack of comparison of symptoms and echocarts, diagnostic errors may occur, and correct conclusions are not always established. To prevent this , attempts have been made at various times to create diagnostic scales to optimize the work of the doctor.

Conclusion

Based on the results obtained, the most informative criteria for ultrasound evaluation of ovarian formations were: its size, the ratio of the area of solid inclusion to the total volume of formation, lesion of the peritoneum, omentum, regional lymph nodes, the index of color.Doppler mapping of focal formation, the index of resistance in the vessels of the capsule and the septa of the formation, the maximum systolic blood flow rate, pulsation index.

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