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Katta yoshdagi ayollarda bepushtlik sabablari, davolash usullari, tashxislash va diagnostika

Annotatsiya: Ayollarda bepushtlik (ayol infertilligi) — jinsiy yetuk yoshdagi ayollarning bir yil davomida tug'ruq a'zolariga sun'iy yoki tabiiy yo'l orqali muntazam ravishda yashovchan, faol spermatozoidlarning kirib borishi natijasida homilador bo'la olmasligi tushuniladi. Shuningdek homiladorlik har doim homila tushishi bilan kechsa ham bepushtlik tashxisi qo'yiladi. Bepusht nikoh 10-20% hollarda qayd qilinadi. Ushbu maqolada batafsil yoritiladi.

Kalit so'zlar: Ayollarda bepushtlik sabablari, bepushtlik nima, bepushtlik tasnifi, laboratoriya va instrumental usullar, ayollarda bepushtlik alomatlari va belgilari, ayollarda bepushtlik sabablari.

AYOLLARDA BEPUSHTLIK ALOMATLARI VA BELGILARI

Ayollardagi bepushtlikni ko'rsatuvchi eng muhim belgi bu homilador bo'lishiga qulay shart-sharoit mavjudligida bir yil yoki undan ortiq vaqt davomida homilador bo'la olmasligi, bunday sharoitlarga xususan:

Muntazam jinsiy aloqa;

Yaxshi spermogrammali jinsiy sherigi;

Kontratseptsiya vositalarining to'liq, uzoq rad etilganligi;

20 — 45 yosh oralig'ida bo'lishi.

Bepushtlik ko'pincha patognomik (asosiy, aniq) alomatga ega emas va alomatlarsiz yoki bilvosita alomatlar bilan namoyon bo'ladi. Bepushtlik belgilari anamnez yig'ish, ko'rik, jismoniy, laboratoriya va instrumental tadqiqotlar yordamida aniqlanadi.

ANAMNEZ

Muntazam sikl buzilishi bilan bog'liq aniq alomatlar o'rganiladi: uzoq yoki qisqa muddatli, og'riqli, ko'p qon ketishi, yot ajralmalar ajralishi bilan. Bepushtlik infektsion, noinfektsion va jarrohlik kasalliklarga xos bo'lgan bilvosita alomatlarga asoslanib taxmin qilinishi mumkin.

JISMONIY KO'RIK

Klinikada jismoniy tekshiruvlarda bepushtlikning mumkin bo'lgan alomatlariga:

Tana massasi indeksi 20 dan kam yoki 26 dan ko'p;

Endokrin buzilishlari belgilari bilan terining va unumlarning holati;

Sut bezlarining qoniqarsiz rivojlanish darajasi;

Bimanual ginekologik palpatsiyada ayolning kichik tos organlarida og'riq, zichlanish belgilari;

Bachadon bo'yni vaginal oyna, kolposkopiya orqali ko'rilganda ginekologik kasalliklar alomatlari.

LABORATORIYA VA INSTRUMENTAL USULLAR

Laboratoriya va instrumental tadqiqotlar jarayonida bepushtlikning mavjudligini ko'rsatuvchi alomatlar quyidagilar bilan belgilanadi:

Jinsiy yo'l bilan yuqadigan kasalliklar (JYYK) uchun infektsion skrining;

Endokrin bepushtlikni istisno qilish uchun gormonal skrining;

Ayolning kichik tos a'zolar, qalqonsimon bezining ultratovush tekshiruvi — gormonal bepushtlik;

Gisterosalpingografiya (GSG) — bachadon nayi o'tkazmasligi alomatlarini istisno qilish uchun rentgenologik tekshiruv;

Miya o’simtalarini (turk egatidagi) aniqlash uchun MRT — hayz siklini nazorat qiluvchi gormonlar ishlab chiqarishini sekinlashtirgan bo’lishi mumkin;

Kichik tos a’zolarini spiral kompyuter tomografiyasi (SKT) — bepushtlikning anatomik sabablari;

Laparoskopiya (qorin bo’shlig’i organlarining vizual tekshiruvi) — nay-peritoneal bepushtlik, yopishib qolishi, bachadon o’smalari, tuxumdonlarning retentsion kistalari;

Gisteroskopiya (bachadon bo’shlig’ining devorlarini tekshirish) — bachadon o’smalari, yallig’lanishi, bachadon devorlarining yaralari.

AYOLLARDA IKKILAMCHI BEPUSHTLIK SABABLARI

Bepushtlikning sabablarini aniqlash uchun yordamga ko’proq ilgari muvaffaqiyatli ravishda homilador bo’lgan ayollar murojaat qilishadi. Uzoq vaqt mobaynida qayta homilador bo’la olmaslik ayollarning ikkilamchi bepushtligi deb ataladi. Agar homiladorlikdan ko’ngilli ravishda bosh tortish va yosh omilini hisobga olmasak, ikkinchi darajali bepushtlikning eng aniq sabablari boshdan o’tkazilgan yuqumli kasalliklar, jumladan infektsion yoki noinfektsion etiopatogenezli ginekologik kasalliklardir.

BEPUSHTLIK OMILLARI

Bepushtlikning deyarli har doim ko’p sabablari (omillari) mavjud. Tadqiqot va klinik kuzatuvlar natijasida bepushtlikning omillari bir xil xususiyatlarni birlashtirish asosida tuzilgan (guruhlangan), ular quyidagilarga ko’radir:

Bepushtlikni keltirib chiqaradigan kasalliklarning patogenezini anatomik joylashuvi;

Organizmdagi patofiziologik jarayonlar tabiati (endokrin kasalliklar, jinsiy hujayralarni immunologik rad etish fenomeni);

Urug’lanishga to’sqinlik qiladigan genetik anomaliyalar;

Turli xil hayot sharoitlaridagi fertil yoshdagi ayollarning psixosomatik holati xususiyatlari;

Erkak bepushtligi omilining ta’siri.

KONTRATSEPTIV VOSITALARDAN KELADIGAN BEPUSHTLIK

Tibbiy adabiyotlarda gormonal kontratseptivlarni qo’llash to’g’risidagi qarama-qarshi fikrlar mavjud. Tarafdorlar gormonal kontratseptivlarni qabul qilishni bekor qilgandan keyin «rebound ta’siri» tufayli bunday vositalaridan foydalanish foydali ekanligini ta’kidlashadi. Ya’ni urug’lantirish jarayonini to’xtatuvchi omillarni bekor qilish, estrogenlarning keskin chiqarilishini rag’batlantiradi, shu tufayli homilador bo’lish ehtimolligi oshadi. Ba’zi holatlarda rostdan ham shunday bo’ladi.

Boshqa tomondan, kontratseptsiya vositalaridan uzoq muddat foydalanishdan keyin fertilizatsiya (urug’lantirish) vaqtinchalik yoki doimiy ravishda pasayishi hollari qayd qilingan. Shubhasiz, haqiqat ikkalasining o’rtasida. Gormonal preparatlarning salbiy ta’siridan qochish uchun ginekolog maslahatlariga amal qilish kerak. Kontratseptsiyaning turli usullarini birlashtirish mumkin, balki shunda ular bepushtlik sabablaridan biri bo’lmas.

AYOLLARDA BEPUSHTLIK SABABLARI

Ayollarning bepushtligi — ko’plab muayyan sabablar (omillar) bilan bog’liq. Har doim ham sabablar aniq bo’lmaydi. Ba’zi hollarda ular tashxislanmaydi yoki bir-biri bilan birlashib, ayol tanasiga o’tkazadigan salbiy ta’sirni kuchaytiradi.

Agar bepushtlikning ma’lum sabablarini (omillarini) umumiylashtirsak, bir nechta yirik guruhlarni bepushtlik sabablarini ajratsa bo’ladi:

Reproduktiv organlarning tug’ma anomaliyalari.

Reproduktiv organlarda orttirilgan, kelib chiqqan:

anatomik va morfologik o’zgarishlar;

funktsional buzilishlar;

modda almashinuvi muvozanatining buzilishi.

BEPUSHTLIKNING SERVIKAL OMILI

Bachadon bo'yni o'rtasidagi teshik, shlyuz singari, bachadon bo'shlig'ini va qinni birlashtiradi. Shlyuzning vazifasi o'zini davriy ravishda namoyon qiladi:

Yot agentlar, shu jumladan spermatozoidlar uchun ko'proq vaqt bachadonning yopiqligi;

Bachadonning tuxum hujayranini urug'lantirishga intilayotgan faol spermatozoidlar uchun ochiqligi.

Bu vazifa servikal kanalning shillig'i bilan ta'minlanadi, shilliq estrogenlar ta'siri ostida hayzning turli davrlarida o'zining fizik-kimyoviy va reologik (yopishqoqlik) xususiyatlarini o'zgartiradi.

Urug'lantirishning ehtimoli yuqori bo'lgan davrda shilliq o'z xususiyatlarini o'zgartiradi, masalan pH nordon muhitdan spermatozoidlar uchun qulay — neytral va biroz ishqorli va kamroq yopishqoq holatga keladi.

Inaktiv bosqichida shilliq ayolning organizmnini patogenlardan himoya qiladi.

Agar bachadon bo'yni teshigi shillig'i patologik omillar ta'siri ostida spermiylarning fertil fazaga kirib borishiga imkon bermasa, bu bepushtlikning servikal omili hisoblanadi.

Sog'lom ayol organizmida servikal shilliq quyidagi funktsiyalarni bajaradi:

Protektsiya (himoya qilish) va reproduktiv yo'llarda spermatozoidlar uchun vaqtinchalik depo (yig'uvchi);

Servikal shilliqning jismoniy to'siqlarini yengib o'ta olmagan zaif spermatozoidlarni ushlab qolish;

Spermatozoidlarni faollashtiruvchi omilni uzatish, ularning harakat faolligini mustahkamlash;

Spermatozoidning kapatsitatsiyasi va akrosomal reaktsiyasi, ya’ni spermatozoidni ootsitga kirish qobiliyati.

Tashqi bachadon bo’yni teshigi — vaginal oyna orqali ko’rsa bo’ladi, ichki bachadon bo’yni teshigi — odatiy usullar yordamida tekshirish imkoni yo’q.

Bepushtlikning servikal omili kolposkopiya yordamida bachadon bo’yni teshigining «qorachiq alomati»ni aniqlash orqali aniqlanadi. Qorachiqning ijobiy alomati — shaffof, suvli periovulyar shilliqdir.

Servikal omil laboratoriya usullari bilan aniqlanganda:

Shilliqning reologik va biokimyoviy xususiyatlarini tadqiq qilish;

Jinsiy aloqadan biroz keyingi spermiy va shilliqning o’zaro ta’siri bo’yicha postkoital test (PKT). Odatda PKTni aniqlash vaqti 9-24 soatni tashkil qiladi;

Kurtsrok-Miller periovulyator probani aniqlash.

Laboratoriya sinovlari tajribali laborant-mutaxassislar tomonidan olib boriladi. Tadqiqot natijalari o’rganishning to’g’ri tanlangan vaqtiga bog’liq.

BEPUSHTLIKNING NAY OMILI

Bachadon nayi (fallopiy nayi) orqali yetilgan tuxum hujayra tuxumdondan bachadon bo’shlig’iga ko’chiriladi. Bachadon naylari shilliq qavati harakatchan epiteliya bilan qoplangan.

Tuxum hujayraningning harakatlanishi quyidagilar natijasida quyidagilar sodir bo’ladi:

Nay devorlarining peristaltik harakatlari;

Epiteliy kiprikchalarining tebranma harakati, natijada nay suyuqligi oqimi yuzaga keladi.

Kiprikchalarning shikastlanishi tuxum hujayraning nayda patologik birikishib qolishini, bachadondan tashqari homiladorlik xavfini keltirib chiqaradi. Eng katta salbiy ta’sir yetilgan

tuxum hujayra uchun naylarning to'liq yoki qisman yopiqligi bilan bog'liq — bu bepushtlikning nay omilidir.

Fallop naychalarining obstruktsiyasi (o'tkazmasligi) bo'lishi mumkin:

Bachadon nayining distal (uzoq) bo'limida;

Bachadon naychalarining proksimal (yaqin) bo'limida;

Nayning butun uzunligi bo'ylab.

Obstruktsiyaning turlarini aniqlash ham tashxisiy ahamiyatga ega:

Qisman;

To'liq.

Nay o'tkazmasligi — bu bepushtlik omili nay bo'shlig'ining yallig'lanishli yopshib qolishi, o'smalar o'sishi, boshqa sabablarga ko'ra spazmi yoki yopilib qolishi natijasida kelib chiqadi. Nay o'takzmasligi va uning bo'shlig'ida suyuqlik yig'ilib qolishi bilan kechadigan bachadon nayi kasalligi — gidrosalpinks deb ataladi.

Gidrosalpinksning oddiy sabablari — quyidagi yallig'lanishlarning asorati hisoblanadi:

Fallopiy naychalari — salpingit;

Fallopiy naylari va tuxumdonlar — salpingo-ooforit;

Fallopiy, tuxumdonlar va boylamlar — adneksit (ortiqlarning yallig'lanishi).

Tuxum hujayra yo'lidagi to'siq qorin og'rig'i bilan birga kechishi mumkin. Gidrosalpinksni tashxislash uchun rentgen tekshiruvi (gisterosalpingografiya) va / yoki laparoskopiya (qorin bo'shlig'ining maxsus tekshiruvi) qo'llaniladi.

BEPUSHTLIK DARAJALARI

Tibbiyotda «daraja» so’zining etimologik ma’nosi patologik jarayonlar intensivligi boyicha farq qiluvchi taqqoslashning kattaligini anglatadi. Termindan foydalanish o’xshash tashxisli bemorlar guruhiga nisbatan ma’lum (o’ziga xos) patologik jarayonlarni taqqoslashda mos keladi. Ko’pincha, mavjud bo’lgan adabiyotlarda bepushtlik I va II tur sifatida tavsiflanadi.

Ayollarda 1-darajali bepushtlik. Yoki bepushtlik I — bu avval tug’magan ayolning homilador bo’la olmasligini ifodalaydi. Odatda kontratseptiv vositalardan foydalanmasdan muntazam jinsiy hayot boshlanganidan keyin bir yil o’tgach homiladorlik kuzatilmasa, ayol bepusht hisoblanadi. Bepushtlik I sabablari yuqorida matnda ko’rsatilgan (bepushtlikning tasnifini qarang).

Ayollarda 2-darajali bepushtlik. Yoki bepushtlik II — bu avval tuqqan yoki homilador bo’lgan ayollarning homilador bo’la olmasligini nazarda tutadi. Bepushtlik muddati homilador bo’lishga birinchi urinishlaridan boshlab o’lchanadi. Odatda bir yildan keyin. Bepushtlikning II sabablari yuqorida keltirilgan (bepushtlikning tasnifini qarang). Ayollarda 3-darajali bepushtlik — homilador bo’lish qobiliyatining yo’qligi darajasini belgilovchi atama, mavjud adabiyotlarda ishlatilmaydi.

BEPUSHTLIK GUMON QILINGANDA AYOLLARGA TAVSIYALAR

Mutaxassislar muvaffaqiyatli urug’lanish imkonini maksimallashtirish maqsadida homilador bo’lishga urinishni hayz siklining 11 dan 18 kunigacha amalga oshirish kerak deb ta’kidlashadi. Shuni eslatish kerakki, birinchi kun hisobi hayz kunining birinchi kunidan boshlanadi. Erkaklarga har 2 kunda bir martadan ko’p eyakulyatsiya qilish tavsiya etilmaydi, chunki aynan shunday holatda sperma konsentratsiyasi maksimal darajada ushlab turiladi. Ikkala sherik ham lubrikant ishlatmasligi kerak.

Va jinsiy aloqadan keyin ayol darhol yuvinishi kerak emas. Bundan tashqari, ekspertlar homilador bo'lish uchun «missioner» pozasida jinsiy aloqa qilishni tavsiya etadi, bunda ayol jinsiy aloqadan keyin 15-20 daqiqa tizzalarini bukib, chalqancha yotishi kerak.

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