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Age- related factors in diagnosis of malignant neoplasms of the female genital area

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Annotation: The incidence rate standardized according to the world standard of the age distribution of the population (an increase of 19.55%) with an average annual growth rate of 1.77% increased to the level of 15.38 per 100 thousand women. Compared with other malignant neoplasms of the female genital area (uterus, ovary), the peak incidence of breast cancer occurs at the age of 40-49 years. Over the past two decades, there has been an unfavorable trend towards rejuvenation of the disease, especially noticeable in women under 30 years of age. The increase in the incidence of breast cancer in the age category ranks first among all malignant tumors in women, and in the age group of 35-49 years – the second ranking place.

Key words: Cervical cancer, breast cancer, oncological diseases, malignant neoplasms, hysterectomy.

Relevance. Cervical cancer (cervical cancer) for a long time remains the most common oncogynecological pathology in women worldwide, ranking fourth in the frequency of malignant neoplasms in the structure of morbidity of women and fourth in the frequency of causes of death from oncological diseases of the female population. In 2018, 570 thousand new cases of cervical cancer were registered in the world and 311 thousand women died from this disease. In 2019, 17,503 women with a newly diagnosed diagnosis of breast cancer were registered. The "rough" incidence rate in 2019 was 22.25 per 100 thousand of the female population. Over 10 years, this indicator has grown by 22.26%, the average growth rate was about 2% per year. During the same period of time, the incidence rate standardized according to the world standard of the age distribution of the population (an increase of 19.55%) with an average annual growth rate of 1.77% increased to the level of 15.38 per 100 thousand women. Compared with other malignant neoplasms of the female genital area (uterus, ovary), the peak incidence of breast cancer occurs at the age of 40-49 years. Over the past two decades, there has been an unfavorable trend towards rejuvenation of the disease, especially noticeable in women under 30 years of age. The increase in the incidence of breast cancer in the age category ranks first among all malignant tumors in women, and in the age group of 35-49 years – the second ranking place. Breast cancer ranks 10th in the structure of causes of cancer mortality of women in Russia (4.7%). The mortality rates of women from malignant neoplasms of the cervix are steadily increasing. In 2019, 6389 women died from breast cancer. In dynamics, the "rough" mortality rate for 10 years increased by 2.84% and amounted to 8.12 per 100 thousand female population in 2019, the standardized mortality rate of women from malignant neoplasms of the cervix increased by 2.14% over the same period and amounted to 5.01% per 100 thousand female population. Mortality remains high during the first year from the moment of diagnosis (14.3%), which indicates late diagnosis and not always adequate treatment. Malignant neoplasms of the cervix are the main cause of death of women with oncological pathology in 15-39 years. In 2019, 38.16% of malignant neoplasms were diagnosed in stage I of the disease, 28.42% – in stage II, 22.87% – in stage III, 9.19% – in stage IV. The proportion of advanced cervical cancer (stage III–IV) remains high, which exceeds 30% of cases. The survival rate of patients with a malignant tumor of the cervix is directly related to the stage of the disease, the five–year survival rate at stage I is 88.8%, II – 74%, III – 51.4%, IV - 7.8%, at all stages – 81.9%.

The aim of the study: to study the position of the cervix and the tactics of cervical pathology in women who underwent total hysterectomy and did not undergo surgery due to uterine fibroids.

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Material and methods: 100 patients with uterine fibroids of two groups, with controlled uterine fibroids aged from 26 to 55 years, with an average of 37.3 ±0.8 uterine fibroids were analyzed.

Group 1 - 70 cases of uterine fibroids treated surgically;

By the 2nd group, 30 aèl departments have been organized, which are under the supervision of a dispensary with uterine fibroids.

The control group consisted of 25 patients with an average age of 38.2±0.8 years, who had no pathology in the uterine body.

Results:

During the examination of patients, the main emphasis was placed on the presence of pathology in the body and cervix during ananesia. The means and methods of contraception used by the patient were also emphasized. The main attention was paid to the complaints of patients, the factors of the development of diseases of the body and cervix were considered. The effectiveness of earlier treatment has been thoroughly studied. On average, 37.3±0.8 patients were examined, from 26 to 55 patients.

This is an examination and revision of the cervix area, the condition of the vagina and vulva, in which the epithelial layer of the cervix is enlarged 15 times under a microscope. Colposcopy-Leisegang‖ is viewed through a colposcope, the position of the epithelial fundus of the bund is performed in a position of 15-fold magnification. Extended colposcopy was performed according to a generally accepted technique: the mucous membrane of the cervix is not treated at first, then treated with 3% acetic acid, at the end it is checked on an aqueous solution of 2% Lugol (Schiller probe). To evaluate colposcopic lubrication, we used the international colposcopic terminology, revised by the International Colposcopic Association (organization), which studies cervical pathology and colposcopy in Barcelona in 2003.

The material for cytological examination is taken from the upper part of the cervical canal, the transition zone and the endroservical. The lubricated grease is ground into a mixture of Nikoforov (1:1 most alcohol and ether) at a temperature of 20 minutes. The preparations are obtained with chalk based on the papanicolau method: hematoxylin chalk, phosphoric sulfuric acid and carrot G, then stained with green, brown Bismarck and Y-eosin.

He used the classification of Papanicolaou to evaluate the results of cytological examination. The result is typical for morphologically altered epithelial cells for the 2nd degree, typical for a cytogram based on normal cells for the 1st degree, in which there is the appearance or metaplasia of epithelial cells in an enlarged state of the nucleus, in the 3rd degree there is the appearance of clearly morphologically altered nuclei, called discariasis, characterized by the appearance of atypical cells of the 4th degree. Morphological studies of biopsies of the cervix and deeply located tumors were carried out in the laboratory of pathomorphology.

As a result of colposcopic examination, 22 (31.4%) patients of group 1, 10 (33.3%) patients of group 2 and 8 (32%) of the control group showed signs of inflammation of the cervix and the mucous membrane of the cervical canal, exoservicitis. These patients had a red rash that appeared after treatment with a 3% solution of acetic acid based on hyperemia and edema. After the transfer of Schiller (cinema) si, it became known that these rashes were not smooth and dense. The namoen of cervicitis was caused by edema that was visible to the eye around the cervical canal, where hyperemia and yellowish fluid separated. The colcoscopic type of exoservitis, which was detected in combination with ectopic elements, was detected in 2 (2.8%) patients of group 1 and in 1 (3.3%) patients of group 2. During the same period, there was noticeable hyperemia and swelling of the external mucous membrane of the cervix, as well as a state of

increased secretion of glands. There is also a case of an invisible rash. When analyzed with Lugol's solution, an uneven spot on the mucous membrane is observed.

	1 group	2 group	Control group
Ekso and endoservitsit	22 (31,4%)	10 (33,3%)	8 (32%)
Ektopic eksocervix	1 (1,4%)	2 (6,6%)	1 (5%)
Eksocervix's cist of nabotov	32 (45,7%)	22 (73,3%)	10 (40,0%)
Eksocervit	27 (38,5%)	6 (20%)	4 (16%)
Polip of cervix	7 (10%)	2 (6,6%)	3 (12%)
Leykoplacia	4 (5,7%)	1 (3,3%)	1 (4%)
Ektopia	30 (42,8%)	11 (36,6%)	7 (28%)
CIN I-II	5 (27,8%)		
Cancer	1 (5,5%)		

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During colposcopic examination, ectopia of the transformation zone was observed in 1 (1.4%) patient in the second group, 2 (6.6%) and 1 (5%) patient in the control group. After the operation, reddish spots appeared, which were formed due to the outflow of capillaries, after testing with a solution of acetic acid, without a clear appearance of a whitish spot. The vaginal mucosa was distinguished by the presence of edema, mild pain in the analyzed jar and sometimes bleeding. With the development of the inflammatory process after the Schiller test, the appearance of rashes in the non-smooth, iodonegative and iodopositive parts was observed as a result of desquamation and construction in some areas of the epithelium on the mucous membrane of the exoservix and vagina.

Colposcopy of Leukoplakia charaenida consists of iodonegative zones with clear boundaries, has a yellowish-white hue and uneven relief. There are no vascular manifestations in these zones. The leukoplakia zones were leaking when treated with acetic acid, when treated with Lugol's solution there was no pronounced prismatic glycogen epithelium. Cervical leukoplakia was detected in 1 group 4 (5.7%), in 2 groups 1 (3.3%) and in 1 (4%) patients of the control group.

The cervix is an ectopiaziphysiological phenomenon, it is not included in the diseases of the cervix. During colposcopy, the cylindrical epithelium has clear and smooth borders, the upper part of which is covered with a pale pink or red hue, and the multilayer is covered with a flat epithelium. At the point of transition of the cylindrical epithelium into the flat epithelium with several cavities, there are no signs of isolation of the haraen. In it, the fluid flowing out of the endoservix was slimy, transparent and sparse. When treated with 3% acetic acid, the upper part of the ectopia is clearly visible, which has acquired a whitish color. During the analysis of Schiller with Lugol's solution, the color of the epithelium did not change due to the absence of glycogen in its composition, but the multilayer flat epithelium around it received an even dark brown shade. Ectopia was detected in 30 (42.8%) patients from group 1, 11 (36.6%) from group 2 and 7 (28%) from the control group. Based on the instructions of the research groups, 18 patients underwent cervical biopsy, and the resulting material was analyzed in the pathology department.

Conclusion: when analyzing the obtained malumotlarni, it can be concluded that when analyzing patients in the group, it was found that children were infected with infectious diseases and extragenital diseases, and their frequency was not studied in the group. When analyzing patients with uterine fibroids, infectious and inflammatory gynecological diseases, mainly cervicitis and chronic salpingoopharitis of the musculature, attract attention. The analysis of patients with cervical pathology showed that 67% of the 2 main groups of patients had a certain number of diseases with the term cervical erosion. It is known that cervical erosion is a disease that is very rare and indicates desquamation of the epithelium, in this case, etiotropic treatment is recommended instead of destructive treatment. Many patients were treated with various destructive methods without additional examination and without an accurate diagnosis. During the study of the results of extended colposcopy, the same thing became known, fakatgina sometimes accurately correlates the colposcopic properties of the cervix, which are characteristic of patients with fibroids. Another thing that attracted attention was that in the structure of cervical pathology, patients of all groups had different degrees of inflammation of the EXO- and endoservix. The patients of the main group had more signs of cervitis than the patients of the control group. Cervical canal polyps are relatively rare in all groups of patients. On the basis of the inflammatory process of the cervix, various pathological changes were detected in some patients, that is, diseases such as abnormal colposcopic zone of atypical transformation, iodonegative zones, leukoplakia, smooth warts.

It should be noted that pathological cervical jaundice has been poorly studied in patients with gynecological diseases. More precisely, research work on the characteristics and frequency of cervical diseases that occur in combination with the pathology of the reproductive system is rather insufficient. There are no clear indications for differentiated treatment of patients with gynecological pathology. Analyzing the literature, we see that the cervix is an organ that requires hormones, like the uterus itself, and pathological changes indicate a commonality of specific pathogenetics based on development. But from the point of view of anatomical and functional nuances, the cervix is an organ in an autonomous state, therefore, the pathology that develops in it, in particular gynecological pathologies, has not yet been fully studied. In particular, in patients with cervical problems, the structure of the disease of patients who were not treated surgically included in the dispensary control, the condition of the cervix in patients after subtotal

hysterectomy, the structure of cervical diseases has not been fully studied. The fertility of methods of cervical treatment and rehabilitation after treatment was also not determined. Due to its high qualities, the upper method of investigation is considered one of the advanced methods by which diagnostics is carried out. But if the diagnosis is indicated, then the method of morphological examination of the biopsy of the cervix is considered a gentle method.

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