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Research Article

PREMENOPAUSAL PERIOD AND ABNORMAL UTERINE BLEEDING

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ABSTRACT

The article describes the analysis of abnormal uterine bleeding in premenopausal women, studies the causes and methods of treatment. The study was conducted in the gynecological department of the 1st clinic of the Samarkand State Medical University for 2021-2022. The study used general medical, clinical laboratory and instrumental diagnostic methods. The study investigated the causes and treatments for abnormal uterine bleeding and recommendations for improving treatment methods are given.

KEYWORDS

Abnormal uterine bleeding, premenopausal period, endometrial hyperplasia, endometrial cancer, malignancy, treatment.

INTRODUCTION

Abnormal uterine bleeding (AUB) occupies a leading position in the structure of gynecological diseases, which is confirmed by many studies and practice, moreover, the frequency of their occurrence increases with age, reaching up to 50% in pre- and postmenopause [1,3,5,12,18]. One third of AUB is due to organic causes: endometrial hyperplastic processes (EHP), uterine myoma, adenomyosis, and less commonly, oncological diseases. Uterine bleeding in 2/3 of premenopausal patients recur, in 60% of cases they lead to iron deficiency anemia [7,9,11,13].

Based on the prevalence of this phenomenon, there is a need for a more detailed study of the cause of AUB,

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improvement of diagnostic and treatment methods [2,6,8,10,11,15].

In their study Kenzhebai Elvira Agybaevna and others argue that the most important task in clinical practice in the treatment of AUB is the rapid stop of bleeding, and the establishment of the clinical and pathogenetic variant of AUB is secondary and requires additional time and certain examination methods [16].

Objective: to study the method of managing premenopausal patients with abnormal uterine bleeding.

RESEARCH MATERIALS AND METHODS

The study was carried out by the method of continuous prospective monitoring of 40 patients hospitalized in the gynecological department from January 2021 to June 2022 of the clinical base of the Department of Obstetrics and Gynecology No. 1 of Samarkand State Medical University with a diagnosis of "Abnormal uterine bleeding". General medical methods were used (analysis of complaints, anamnesis of the disease and anamnesis of life, the results of an objective examination and gynecological examination), clinical and laboratory (general blood count, urinalysis, flora smear, study of hormonal levels) and instrumental methods (ultrasound diagnostics, colposcopy, hyseroscopy) diagnostics, calculation of average and relative indicators. The tactics of managing patients with AUB are determined and recommendations for their improvement are proposed. The data obtained during the analysis of materials were accumulated and analyzed in a database developed using the Microsoft Office program (Access 2010).

RESULTS

The tactics of managing 40 patients with abnormal uterine bleeding in premenopausal age were analyzed. The average age of all patients who applied for inpatient treatment in the gynecological department was 46.3 ± 4.76 years. The majority were women aged 45 to 50 years, there were relatively fewer women aged 40 to 45 years. The average duration of hospital stay was 5.2 ± 2.6 days. The main complaints upon admission to the hospital were associated with copious blood discharge from the genital tract in patients and aching pain, 17 women (42.5%) had irregular prolonged scanty blood discharge. In the structure of gynecological pathology, the most common were cysts of the left/right ovaries (20%), uterine myoma (25%); less often - inflammatory diseases of the pelvic organs - 22.5%, while endometriosis (32.5%) and endometrial hyperplasia (40%) were quite common.

The first stage in all patients was aimed at stopping bleeding by medical hemostasis. At this stage, injectable forms of etamsylate 2.0-4.0 ml intravenously or intramuscularly are used; oxytocin 5 IU intramuscularly for at least 5 days. Vikasol was also prescribed, ascorutin tablets 3 times a day, 1 tablet.

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Hemostatic therapy using oxytocin 5 IU after 12 hours, the duration of the appointment was on average 3.7±1.2 days. The appointment of etamsylate 2.0-4.0 ml was noted in 18 (45%) patients. The multiplicity of the appointment was 1-2 times a day, the duration of treatment was 3-5 days.

In 4 (10%) of 40 women admitted to the gynecological department, there was a decrease in hemoglobin below 70 g/l. These patients, as prescribed by the doctor, received iron preparations ("Serrofer" 5.0 ml diluted in 200 ml of saline intravenously for 5 days; with a subsequent transition to "Ferronal" 2 tablets orally), patients with an average degree of anemia (40%) had it is recommended to take iron-containing drugs without specifying the name of the drug. In addition, 18 women (45%) were given folic acid 1.0 mg orally for 20 days.

Further choice of treatment method is determined by the degree of anemia, clinical and etiological factors, and diagnostic parameters.

The second stage for patients who were not helped by the first stage included hormonal hemostasis (estrogens, gestagens, combined oral contraceptives) and included anti-relapse therapy, which was also carried out on an outpatient basis. The conditions for prescribing drugs are moderate bleeding from the genital tract, no signs of posthemorrhagic anemia, and the exclusion of other causes of uterine bleeding. The histological structure of the endometrium, the age of the patient, concomitant metabolic disorders, the presence of extragenital and genital diseases are also taken into account.

If a woman does not plan pregnancy in the coming years, then the introduction of an intrauterine hormonal releasing system with Mirena levonorgestrel for a period of 5 years is recommended. For hormonal hemostasis, COCs containing ethinyl estradiol (0.03 mg) and progestogen are used. On the first day, 1 tablet is prescribed 3-4 times a day, depending on the intensity of bleeding, then the dose is reduced by 1 tablet every 3 days to 1 tablet per day, after which COCs are continued for up to 21 days or more.

Among 40 patients hospitalized in the gynecological department, anti-cancer hormonal therapy at discharge was recommended only to 5 (12.5%) women. In each case, the drug was prescribed for 3 to 6 months according to the scheme. The following were recommended: Visanna (dienogest), Qlaira (dienogest + estradiol valerate), Novinet (ethinyl estradiol + desogestrel), Belara (chlormadinone + ethinyl estradiol), IUD Mirena (levonorgestrel).

Among 40 patients, in 15 (37.5%) cases, patients underwent separate diagnostic curettage. Surgical treatment was recommended for patients with bleeding from a myomatous node with a node size of more than 30-40 mm. Patients with endometrial hyperplasia after curettage for 3-5 days were still

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prescribed antihemorrhagic treatment. Most often, bleeding and spotting stopped after the 2nd day.

Conclusions. The phased treatment of abnormal uterine bleeding once again confirms the need for a thorough diagnosis. When AUB is associated with hyperplastic processes, antihemorrhagic treatment was effective in 12.5% of cases. Hormonal hemostasis was effective in 30% of cases. 37.5% needed a separate diagnostic curettage. In patients with bleeding from the myomatous node, antihemorrhagic therapy and hormonal hemostasis gave a temporary effect. It is recommended to use the tactics of managing women of premenopausal age based on the etiological cause of abnormal uterine bleeding, taking into account the characteristics of the body.

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