



## SECONDARY INFERTILITY IN MODERN GYNECOLOGY

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### ABSTRACT

The article provides information on methods of assessing the state of the reproductive system in women with uterine scars. The purpose of the study was to compare modern methods of evaluating the condition of the scar after surgical intervention in different uteruses. 50 women selected for the study were diagnosed with secondary infertility after uterine surgery in their anamnesis. The study was conducted in SamSMU clinic during 2023.

### KEYWORDS

Secondary infertility, surgery, uterine scar, hysteroscopy, Iodine body inside the uterus.

### INTRODUCTION

In modern obstetrics and gynecology, the number of uterine pathologies is increasing year by year. Not only pathology, but also the increase in the number of surgical births raises the problem of uterine scars and controversial questions related to its consequences. Cesarean section (CS) operation is included in surgical operation of moderate or severe degree. According to information from various sources, complications after CS surgery are 7-19.5% [1, 4, 11, 17, 20]. These

complications are explained by obstetric and extragenital pathologies. Thus, according to Russian authors, the frequency of endometritis after CK is 10-20% and after spontaneous childbirth is 3-5% [2, 5, 10, 16]. According to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (ACOG), endometritis develops in approximately 60% of women who undergo medically indicated CS and in 24% after elective CS [3, 6, 18, 19].

**The purpose of the study.** Comparison of modern methods of assessment of the condition of the scar after surgical intervention in the uterus during childbirth.

Research materials and methods. The study was conducted in the gynecology department of the SamDTU multidisciplinary clinic during 2023. 50 women selected for the study were diagnosed with secondary infertility after uterine surgery in their anamnesis. The youngest patient was 28 years old, and the oldest was 42. However, most of them were women over 30 years old. The average age of the patients was  $34.3 \pm 3.68$  years.

Laboratory examinations included general blood and urine analysis, biochemical blood analysis. Used instrumental methods - ultrasound and hysteroscopy. Hysteroscopy was performed for all patients under general anesthesia with the help of Karl Stors (Germany) apparatus and in accordance with the general rules at the private clinic "Innova" under contract.

All received materials were subjected to automated statistical processing. Variational-statistical processing of the research results was carried out with the help of "Statistica 6.0" software, determining the main variation indicators: average values (M), average errors (m), standard deviation (p).

The reliability of the obtained results was determined using Student's criterion. A difference between two mean values is considered significant if the p-parameter is less than 0.05. The confidence level was at least 95%.

Tadqiqot natijalari. When analyzing patients' complaints, all patients (100%) had secondary infertility. The duration of secondary infertility varied (from 1 to 5 years), on average it was  $3.2 \pm 1.03$  years. The remaining complaints of the patients were menstrual cycle disorder in 20%, increased duration of menstruation in 28%, lower abdominal pain in 50%, vaginal discharge in 60%. 26 patients (52%) had only one scar on the uterus ( $p > 0.05$ ). Only one patient had 3 scars (2 cesarean sections and 1 myomectomy), and the remaining 23 (46%) had 2 scars.

Among the extragenital diseases of women, the most common are: OF pathology (chronic tonsillitis, gingivitis, dental caries, chronic sinusitis, chronic allergic rhinitis), diseases of the cardiovascular system (in most cases, hypertension), as well as thyroid gland pathologies, shortness of breath Chronic inflammatory diseases of the lungs (chronic bronchitis, chronic pneumonia), chronic diseases of the urinary tract.

When studying the anamnesis of women's gynecological diseases, we were sure that many inflammatory diseases are chronic. Exactly 40% of women had symptoms of endometritis, 24% had

symptoms of endocervicitis, 18% had their combination, 10% had salpingo-oophoritis. It was found that 44% of women with endometriosis received treatment before the changes were noted.

Anemia was noted in 78% of the women who underwent general blood analysis, in which 22 women (44%) had mild anemia, 8 (16%) had moderate anemia, and 4 (8%) had severe anemia. No significant changes were noted in other indicators. Average number of erythrocytes  $3.6 \pm 0.75 \times 10^{12}$ , number of leukocytes  $13.47 \pm 0.36 \times 10^9$ , number of platelets  $287.86 \pm 36.44 \times 10^9$ , reticulocytes  $1.11 \pm 0.57\%$ , Color index  $0.83 \pm 0.07$ ; erythrocyte sedimentation rate was  $12.6 \pm 1.4$  mm/h.

According to UST, the uterine cavity was enlarged in 24% of women. When assessing the scar area, changes were noted in 48% of cases, focal changes, i.e. thinning, were clearly identified in only 28% of women. An iodine body in the uterus was detected in 72%.

According to the results of hysteroscopy, pathology of the uterine cavity and iodine body were detected in most women. In 74% of the studied women, silk sutures were found inside the uterus and they were removed during hysteroscopy. In addition, deformation of the scar area was observed in all studied women, local thinning of the scar, i.e. "niche" symptom was detected in 80%. According to its expression, these women can be divided into two groups. That is, women

with clearly expressed signs of the "niche" symptom - 34%, and women with signs of local thinning, but not strongly expressed - 66%. In addition, pathologies such as endometrial micropolyposis (58%), chronic endometritis (24%), placental polyp (4%), Asherman's syndrome (8%), endometriosis foci (10%) were detected during hysteroscopy.

## CONCLUSION

In general, UST was found in 28% of uterine scar changes, and hysteroscopy in 80%. In the detection of intrauterine uterine bodies, almost no difference was found between the two methods, but hysteroscopy has the advantage that it is a method of diagnosis and treatment at the same time.

## REFERENCES

1. Акетаева А. С., Смагулова Б. Н., Смаилова Л. К. Сравнительная оценка состояния маточных труб у женщин с первичным и вторичным бесплодием в сочетании с эндометриозом // Валеология: Здоровье, Болезнь, Выздоровление. – 2022. – №. 1. – С. 115.
2. Ахтамова О. Ф. ANTIPHOSPHOLIPID SYNDROME AND MISCARRIAGE // УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ. – 2022. – Т. 3. – №. 4.

3. АСКАРОВА Ф. К. SERVITSILAR VA HOMILADORLIK //ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ. – 2022. – Т. 7. – №. 5.
4. ДИОМИДОВА В. Н. и др. Современный подход к применению ультразвуковой эластографии при вторичном женском бесплодии //Problemy Reproduktsii. – 2022. – Т. 28. – №. 6.
5. Тоджиева Н.И., Худоярова Д.Р., Базарова З.З. Совершенствование методов лечения гиперпластических процессов эндометрия в перименопаузе-Профессионал года. 2018. 81-84с
6. Туракулова И. Э., Худоярова Д. Р., Элтазарова Г. Ш. Оптимизация диагностики вторичного бесплодия //Достижения науки и образования. – 2019. – №. 13 (54). – С. 72-74.
7. Шопулотова З. А., Зубайдилоева З. Х. ПЕРИНАТАЛЬНАЯ НЕФРОЛОГИЯ: ПРОФИЛАКТИКА ОСЛОЖНЕНИЙ У БЕРЕМЕННЫХ С ХРОНИЧЕСКИМ ПИЕЛОНЕФРИТОМ //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 9. – С. 79-82.
8. Akhtamova O. F. Comparisons of the Treatments of Endometriosis //Research Journal of Trauma and Disability Studies. – 2022. – Т. 1. – №. 10. – С. 33-38.
9. Abdukhamidovna K. D. MANAGEMENT OF PREGNANT WOMEN WITH IDIOPATIC THROMBOCYTOPENIC PURPLE //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – Т. 3. – №. 02. – С. 16-21.
10. Akhtamova O. METHODS FOR CORRECTION OF ANTIPHOSPHOLIPID SYNDROME //International Bulletin of Medical Sciences and Clinical Research. – 2023. – Т. 3. – №. 4. – С. 53-59.
11. Askarova F. K. The Negative Impact of Vitamin D and Other Micronutrient Deficiencies in Pregnant Women //Central Asian Journal of Medical and Natural Science. – 2021. – Т. 2. – №. 6. – С. 380-382.
12. Iskandarovna T. N., Rakhimovna K. D. Risk factors for the development of endometrial hyperplastic processes in premenopause //Биомедицина ва амалиёт журналі. – с. 72.
13. Jabeen F., Khadija S., Daud S. Prevalence of primary and secondary infertility //Saudi J Med. – 2022. – Т. 7. – №. 1. – С. 22-8.
14. Hasanova D. The governor is a woman who lives with the pain of the people //Texas Journal of Multidisciplinary Studies. – 2021. – Т. 3. – С. 57-58.
15. Fozilovna A. O., Raximovna X. D. Antiphospholipid syndrome and mission of pregnancy //umuminsoniy va milliy qadriyatlar: til, ta'lim va madaniyat. – 2022. – Т. 1. – С. 13-15.

16. Fozilovna A. O., Rahimovna K. D. TO DETERMINE THE INTERACTION OF MISCARRIAGE WITH ANTIPHOSPHOLIPIDS IN THE BLOOD //ResearchJet Journal of Analysis and Inventions. – 2022. – T. 3. – №. 4. – C. 1-3.
17. Fozilovna A. O. MISCARRIAGE AND PREMATURE BIRTH //Open Access Repository. – 2023. – T. 4. – №. 3. – C. 1481-1490.
18. Kudratovna A. F. REALITIES OF THE TIME: IDIOPATHIC THROMBOCYTOPENIC PURPLE AND PREGNANCY //World Bulletin of Public Health. – 2022. – T. 11. – C. 22-24.
19. Khasanova D. PREMENSTRUAL SYNDROME IN THE MODERN SCIENCE //International Bulletin of Medical Sciences and Clinical Research. – 2022. – T. 2. – №. 12. – C. 16-22.
20. Shopulotova Z. COMPARATIVE ANALYSIS OF CLINICAL CASES OF EXACERBATION OF CHRONIC PYELONEPHRITIS IN PREGNANT WOMEN //International Bulletin of Medical Sciences and Clinical Research. – 2023. – T. 3. – №. 8. – C. 22-25.

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