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INFLAMMATORY GYNECOLOGICAL DISEASES: CAUSES, DIAGNOSIS, NEW TREATMENT METHODS, PREVENTION AND RECENT ADVANCES

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ABSTRACT

Inflammatory gynecological diseases (IGDs) are a group of conditions that cause inflammation of the female reproductive organs. Various infections, including bacteria, viruses, fungi, and protozoa can cause them. IGDs can lead to serious complications, such as infertility, ectopic pregnancy, and cancer.

KEYWORDS

Modern problems in gynecology, innovations, liquid biopsy, 3D ultrasound, artificial intelligence, and genetic testing.

INTRODUCTION

The female reproductive system is a complex and delicate system that is essential for fertility and childbearing. However, it is also susceptible to various infections that can cause inflammation. IGDs are a common problem, affecting millions of women worldwide.

Causes of IGDs

The most common cause of IGDs is sexually transmitted infections (STIs), such as chlamydia,

gonorrhea, and trichomoniasis. These infections can spread from the vagina to the uterus, fallopian tubes, and ovaries. Other causes of IGDs include:

- Bacterial vaginosis: This is an overgrowth of bacteria in the vagina that can cause inflammation.
- Pelvic inflammatory disease (PID): This is a serious infection of the upper reproductive organs.

- Endometritis: This is an inflammation of the lining of the uterus.
- Salpingitis: This is an inflammation of the fallopian tubes.

Symptoms of IGDs

The symptoms of IGDs can vary depending on the specific infection or condition. However, some common symptoms include:

- Lower abdominal pain
- Vaginal discharge
- Bleeding between periods
- Pain during sex
- Fever

Diagnosis of IGDs

The diagnosis of IGDs is based on a combination of medical history, physical examination, and laboratory tests. The doctor may also order pelvic ultrasound or other imaging tests to get a better look at the reproductive organs.

Treatment of IGDs

Treatment for IGDs depends on the specific infection or condition. Most IGDs are treated with antibiotics. However, some IGDs may also require surgery

Prevention of IGDs

There are several things that women can do to prevent IGDs, including:

- Practicing safe sex: This includes using condoms and limiting the number of sexual partners.
- Getting regular Pap smears: Pap smears can help detect cervical cancer and other STIs early on when they are most treatable.
- Maintaining good hygiene: This includes washing the hands regularly and avoiding douching.
- Getting vaccinated: There are vaccines available for some STIs, such as hepatitis B and human papillomavirus (HPV).
- Recent advances in the treatment of IGDs
- There have been several recent advances in the treatment of IGDs. These include:
 - The development of new antibiotics: New antibiotics are being developed that are more effective against the bacteria that cause IGDs.
 - The use of minimally invasive surgery: Minimally invasive surgery techniques are being used to treat IGDs, such as laparoscopy and hysteroscopy.
 - The use of new medications: New medications are being developed to treat the symptoms of IGDs, such as pain and inflammation.

The main methods of new therapeutic tactics for chronic processes:

Physiotherapeutic procedures, such as electrophoresis, magnetic therapy, ultrasound therapy, and laser therapy, are used to improve blood circulation, reduce inflammation, and stimulate regenerative processes.

Treatment using stem cells:

This method is at the development stage, but its use in the future may become a new promising direction in the treatment of inflammatory diseases.

Benefits of new treatments:

- Higher efficiency
- Fewer side effects
- Reducing treatment time
- Reducing the risk of complications
- Improving the quality of life of patients

It is important to note that the choice of treatment method depends on the individual characteristics of the patient, the type of infectious agent, the severity of the inflammatory process and the presence of concomitant diseases.

New methods of treating inflammatory diseases in gynecology make it possible to more effectively combat this problem and improve the quality of life of women.

CONCLUSION

IGDs are a common problem, but they are preventable and treatable. Women can take steps to protect themselves from IGDs by practicing safe sex, getting regular Pap smears, maintaining good hygiene, and getting vaccinated. There have also been several recent advances in the treatment of IGDs, which offer new hope for women who are affected by these conditions.

REFERENCES

1. American College of Obstetricians and Gynecologists
2. Centers for Disease Control and Prevention
3. National Institute of Child Health and Human Development
4. Khamzaevna Z. Z. ROLE OF BETA-BLOCKERS IN THE TREATMENT OF ARTERIAL HYPERTENSION Zubaydilloeva Zarina Khamzaevna //Independent Publishing Network Ltd Mailing address-MB# 1869, PO BOX 229, EGHAM, TW20 8WZ, UK. – 2020. – C. 20.
5. Karimova G. S. CHRONIC PELVIC PAIN SYNDROME IN WOMEN IN GYNECOLOGICAL PRACTICE //International Journal of Medical Sciences And Clinical Research. – 2023. – T. 3. – №. 02. – C. 50-53.
6. Khudoyarova D. R., Shodiklova G. Z., Yunusova Z. M. DEBATABLE ISSUES OF PATHOLOGICAL COURSE OF PREGNANCY AND CHILDBIRTH IN

- CONNECTIVE TISSUE DYSPLASIA //American Journal Of Social Sciences And Humanity Research. – 2024. – Т. 4. – №. 02. – С. 19-25.
7. Samadovna K. G. THE CAUSES OF CHRONIC SORE THROAT SYNDROME, WHICH OCCURS IN WOMEN, ARE TENTATIVE //Journal of Modern Educational Achievements. – 2024. – Т. 3. – №. 1. – С. 172-176.
8. Samadovna K. G. BACTERIAL VAGINOSIS PREGNANCY AND POSTPARTUM //INNUC. – 2024. – Т. 2. – №. 2. – С. 107-110.
9. Алиева Д. А., Аскарова З. З., Каримова Г. С. Значение гистероскопии в диагностике аномальных маточных кровотечений в перименопаузе //Вопросы науки и образования. – 2020. – №. 37 (121). – С. 20-26.
10. Ахтамова Н. А. и др. Синдром хронической тазовой боли-современный взгляд на проблему (Обзор литературы) //Достижения науки и образования. – 2019. – №. 12 (53). – С. 91-95.
11. Каримова Г. А. Гепатопротективная активность дармонала при токсическом гепатите //in Library. – 2020. – Т. 20. – №. 1. – С. 86-91.
12. Каримова Г. С. ТЕЧЕНИЕ БЕРЕМЕННОСТИ И РОДОВ У ЖЕНЩИН С ПРЕЭКЛАМПСИЕЙ И АНЕМИЕЙ //ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. – 2024. – Т. 5. – №. 1.
13. Каримова Г. С. СИНТЕЗ ИГРОВОЙ И ИННОВАЦИОННО-ИНФОРМАЦИОННОЙ ТЕХНОЛОГИИ В ПРЕПОДАВАНИИ СПЕЦИАЛЬНЫХ ДИСЦИПЛИН //ББК 74.00 П 23. – 2016. – С. 37.
14. Каримова Г. С. BACHADON BO'SHLIG'IDAGI SHARTLI PATOGEN MIKROFLORANING NOMILA TUSHISHIDA O'RNI //ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 1.
15. Киямова Л. и др. СОВРЕМЕННЫЕ АСПЕКТЫ ГЕСТАЦИОННОГО ПИЕЛОНЕФРИТА //Бюллетень студентов нового Узбекистана. – 2024. – Т. 2. – №. 1. – С. 27-31.
16. Киямова Л. и др. СОСТОЯНИЕ МИКРОФЛОРЫ ВЛАГАЛИЩА ПОСЛЕ КОЛЬПОПОЭЗА //Бюллетень студентов нового Узбекистана. – 2024. – Т. 2. – №. 1. – С. 32-38.
17. Киямова Л. и др. ВОЗМОЖНЫЕ ОСЛОЖНЕНИЯ ПОСЛЕ КОЛЬПОПОЭЗА //Бюллетень студентов нового Узбекистана. – 2024. – Т. 2. – №. 1. – С. 39-45.
18. Худоярова Д. и др. ПРАВОВЫЕ АСПЕКТЫ ЯТРОГЕНИИ В АКУШЕРСТВЕ //Молодые ученые. – 2024. – Т. 2. – №. 4. – С. 110-113.
19. Худоярова Д. Р., Турсунов Н. Б. «ОСТРЫЙ ЖИВОТ» В ГИНЕКОЛОГИИ: СОВРЕМЕННЫЕ ВОЗМОЖНОСТИ.

20. Худоярова Д. Р., Хайитбоев Д.,
Зубайдуллоева З. Х. СОВРЕМЕННЫЕ
АСПЕКТЫ ПОВЫШЕНИЕ АКТИВНОСТИ И
РОЛИ ЖЕНЩИН В ОБЩЕСТВЕ //Молодые
ученые. – 2024. – Т. 2. – №. 5. – С. 147-151.



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