International Journal of Medical Sciences And Clinical Research
(ISSN – 2771-2265)
VOLUME 04 ISSUE 05 PAGES: 42-48
SJIF IMPACT FACTOR (2022: 5. 893) (2023: 6. 184) (2024: 7.544)
OCLC – 1121105677
Publisher: Oscar Publishing Services

Journal Website: https://theusajournals.com/index.php/ijmscr

Research Article

MODERN VIEWS OF THE PROGRESSION OF CERVICAL NEOPLASIA AFTER DESTRUCTIVE TREATMENTS FOR CERVICAL DISEASES

Submission Date: May 13, 2024, **Accepted Date:** May 18, 2024,
Published Date: May 23, 2024
Crossref doi: https://doi.org/10.37547/ijmscr/Volume04Issue05-08

Yunusova Zarnigor Maksadovna
Assistant Samarkand State Medical University, Samarkand, Uzbekistan

ABSTRACT

Diagnosis of cervical intraepithelial neoplasia in women with a history of exocervix ablation is difficult due to the displacement of the junction of the squamous and prismatic epithelium into the cervical canal. Diagnostic significance in these cases belongs to the data of cytological examination of cells obtained with the help of a cyto-brush from the cervical canal. The diagnosis was clarified by coni biopsy. In 20 (17%) of the 70 women followed, CIN and cervical cancer were detected. Patients with ablation exocervixes have a history of developing intracervical neoplasias with the persistence of highly oncogenic types of HPV (human papillomavirus), so they need endocervix cytological control, viral load, and papillomavirus genotype annually as secondary prevention of cervical cancer.

KEYWORDS

Intracervical neoplasia, persistence of human papillomavirus, ablation of exocervix.

INTRODUCTION

Intraepithelial neoplasia (IEN) is a term used to describe a group of precancerous conditions that affect the epithelium, which is the outer layer of tissue that lines many organs of the body. IEN is characterized by the presence of abnormal cells in the epithelium that have the potential to become cancerous.

There are several different types of IEN, which are classified based on the severity of the cell abnormalities and the location of the lesion. Some of the most common types of IEN include:

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 04 ISSUE 05 PAGES: 42-48
SJIF IMPACT FACTOR (2022: 5. 893) (2023: 6. 184) (2024: 7.544)
OCLC – 1121105677
Publisher: Oscar Publishing Services

- Cervical intraepithelial neoplasia (CIN): CIN affects the cervix, which is the opening of the uterus.
- Vulvar intraepithelial neoplasia (VIN): VIN affects the vulva, which is the external female genitalia.
- Vaginal intraepithelial neoplasia (VAIN): VAIN affects the vagina.
- Penile intraepithelial neoplasia (PEN): PEN affects the penis.
- Bronchial intraepithelial neoplasia (BEIN): BEIN affects the bronchi, which are the air passages that lead from the trachea to the lungs.

The exact cause of IEN is unknown, but it is believed to be caused by a combination of genetic and environmental factors. Some of the risk factors for IEN include:

- Human papillomavirus (HPV) infection: HPV is a common virus that is transmitted through sexual contact. Some strains of HPV are associated with an increased risk of IEN.
- Smoking: Smoking is a major risk factor for IEN, particularly for IEN of the cervix, vulva, and lungs.
- Weakened immune system: People with weakened immune systems, such as those with HIV/AIDS, are at increased risk of IEN.

Symptoms of IEN

IEN often does not cause any symptoms in the early stages. However, as the condition progresses, some people may experience symptoms such as:

- Abnormal bleeding: This can include bleeding between periods, after menopause, or after sexual intercourse.
- Pelvic pain: This can be a dull ache or a sharp pain.
- Vaginal discharge: This can be clear, white, yellow, or green.
- Warts or bumps: These may appear on the cervix, vulva, vagina, or penis.

Diagnosis of IEN

IEN is usually diagnosed with a Pap test or a biopsy. A Pap test is a screening test that involves taking a sample of cells from the cervix. A biopsy is a procedure in which a small sample of tissue is removed and examined under a microscope.

Treatment of IEN

The treatment for IEN depends on the severity of the condition and the location of the lesion. Treatment options may include:

- Watchful waiting: This involves monitoring the lesion with regular Pap tests or biopsies.
- Surgery: This may involve removing the affected tissue or the entire organ.

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 04 ISSUE 05 PAGES: 42-48
SJIF IMPACT FACTOR (2022: 5. 893) (2023: 6. 184) (2024: 7.544)
OCLC – 1121105677
Publisher: Oscar Publishing Services

- Laser therapy: This uses a laser to destroy the abnormal cells.
- Cryotherapy: This uses freezing temperatures to destroy the abnormal cells.
- Medications: These may be used to treat HPV infection or to reduce the risk of cancer.

Prevention of IEN

There are several things you can do to reduce your risk of IEN, including:

- Get vaccinated against HPV: The HPV vaccine is safe and effective at preventing HPV infection, which is a major risk factor for IEN.
- Don't smoke: Smoking is a major risk factor for IEN, so quitting smoking is one of the best things you can do to reduce your risk.
- Have regular Pap tests: Pap tests can detect IEN early, when it is most easily treated.
- Practice safe sex: This can help to reduce your risk of HPV infection.

Prognosis of IEN

The prognosis for IEN depends on the severity of the condition and the location of the lesion. With early diagnosis and treatment, most people with IEN can be cured. However, if IEN is left untreated, it may progress to cancer.

The goal of all known treatment methods is the prevention of cervical cancer (cervical cancer). At the same time, there is no doubt about the etiological role of the human papillomavirus (HPV) in the genesis of cervical cancer and the main discussions unfold around therapeutic measures that can destroy HPV: various options for epithelial ablation are offered under the "cover" of immunomodulatory and antiviral drugs or without the latter. Subsequently, observing the patients, it was found that in some of them, the pathological process progresses with the formation of severe intracervical neoplasia (CIN) up to pre- and invasive cancer.

The aim of the research. Identification of risk factors for CIN and its progression in women with a history of benign cervical diseases associated with sexually transmitted infections (STIs) after ectocervix ablations.

Materials and methods of research. We analyzed 90 outpatient records of patients with cervical diseases (cervical diseases), in whom the main method of treatment was electro-, radio-, cryo or laser destruction from 2 to 45 years ago. Women applied to the Department of Obstetrics and Gynecology on their own, or on the referral of a doctor of the antenatal clinic or from the gynecologic department of the perinatal center of the city of Samarkand. the cause of which could not be identified during the examination by other specialists. Patients were referred from the outpatient network based on the results of cytological examinations: detection of signs of mild or severe

International Journal of Medical Sciences And Clinical Research
(ISSN – 2771-2265)
VOLUME 04 ISSUE 05 PAGES: 42-48
SJIF IMPACT FACTOR (2022: 5. 893) (2023: 6. 184) (2024: 7.544)
OCLC – 1121105677
Publisher: Oscar Publishing Services

dysplasia with an outwardly unchanged cervix. Inpatients were examined at the department without fail according to the developed algorithm for diagnosing CSM. The age of the women ranged from 18 to 65 years. At the time of destructive cervical treatment, 45 (50%) patients had no history of childbirth, and 45 (50%) had given birth 1 to 3 times. Follow-up periods and attempts at conservative treatment (ointment tampons, douching, antibacterial and anti-inflammatory therapy) were carried out in all patients before ablation for 1 to 10 years. The main referral diagnosis before the destruction of the exocervix (from the patients' words or outpatient records) was "cervical erosion" or "complicated cervical erosion". Complications most often included combinations of various genital infections, including HPV. Manipulations, as a rule, were performed on an outpatient basis, after cytological, colposcopy, and in 84 (70%) patients, morphological studies with a mandatory clinical and laboratory minimum of diagnostics (blood for syphilis, HIV, hepatitis B and C, fluorography, complete blood and urine analysis, if indicated, sugar, biochemistry, ECG, and consultations with related specialists). The choice of the method of destruction was determined by the availability of the appropriate device in a given medical institution.

RESULTS AND DISCUSSION

As a result of the algorithm for diagnosing ASM adopted at the department, the so-called "five-finger standard", which includes examination in mirrors, smears for atypical cells from exo- and endocervix, simple and advanced colposcopy performed on the digital video colposcope "Sensitek" (with a connected PC with a standard CPS program developed and certified by the Apexmed company), HPV examination (genotype and quantity) and morphological examination of cervical tissues, 30 (33%) of the 90 examined patients were diagnosed with severe CIN and 2 (2.2%) with invasive cervical cancer. Almost every sixth patient who once had exocervix destruction underwent a transformation of the cervical epithelium with a violation of its vertical structure and changes in cells with an increase and deformation of the nucleus and a decrease in the cytoplasm, the progression of mitoses and the appearance of atypical cells capable of both producing their kind in the thickness of the superficial epithelium and invading the basement membrane. The difficulty in diagnosing neoplasia in these patients was associated with the movement of the transformation zone in the cervical canal. On visual examination (in mirrors), the cervix had its usual appearance and shape: pink with a rounded external os (typical after coagulation), with extended colposcopy, the reaction to a 5% solution of acetic acid was negative, and the Schiller test with Lugol's solution was positive, which gave reason to tell the patient about an allegedly "healthy" cervix. Cytological examination of the material obtained with the help of a cytobrush from the cervical canal revealed epithelial cells with a

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 04 ISSUE 05 PAGES: 42-48
SJIF IMPACT FACTOR (2022: 5. 893) (2023: 6. 184) (2024: 7.544)
OCLC – 1121105677
Publisher: Oscar Publishing Services

high probability of malignancy - H81- in 14 (15.5%) and signs of cervical cancer in 4 (4%) of the examined. In postmenopausal patients, the cervix was visually small, the external was punctate, and a test with a vinegar solution gave an active vascular reaction in the form of many subepithelial hemorrhages, often merging, located on a thinned multilayered squamous epithelium. Morphological examination confirmed the cytological conclusion in 19 patients, in 2 patients the diagnosis of cervical cancer "decreased" to CIN 2, and in 1 (4.5%), on the contrary, it worsened to microinvasive cervical cancer.

CONCLUSIONS

Thus, patients with a history of exocervix ablation are at risk of developing intracervical neoplasias with persistence of highly oncogenic HPV types, so they need endocervix cytological control, viral load, and papillomavirus genotype annually as secondary prevention of cervical cancer. In cytologically suspected CIN, the diagnosis is clarified by coni biopsy performed at the depth of the cervical canal, and further treatment tactics are determined after the conclusion of the morphologist.

REFERENCES

1. Adkhamjonovna Q. M., Zarnigor Y. Mathematical Quest as a Learning Activity //Journal of Pedagogical Inventions and Practices. – 2022. – T. 9. – C. 35-38.
2. National Cancer Institute (NCI)
3. American Cancer Society (ACS)
4. Centers for Disease Control and Prevention (CDC)
5. Dildora K., Zikiryaevna G., Zarnigor Y. PREGNANCY AND UNDIFFERENTIATED CONNECTIVE TISSUE DYSPLASIA //Central Asian Journal of Medical and Natural Science. – 2023. – T. 4. – №. 6. – C. 1228-1232.
6. Khudoyarova D., Shodiklova G., Yunusova Z. RELEVANCE OF THE PROBLEM OF CONNECTIVE TISSUE DYSPLASIA IN OBSTETRICS //Естественные науки в современном мире: теоретические и практические исследования. – 2024. – Т. 3. – №. 1. – С. 13-16.
7. 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.
8. Maqsadovna Y. Z. Pregnant women with morbid obesity: pregnancy and perinatal outcomes //Eurasian Medical Research Periodical. – 2023. – T. 16. – C. 72-77.
9. Nuralievna S. N., Maqsadovna Y. Z. Ortiqcha vazni bor ayollarda homiladorlik va tug'ruqning

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 04 ISSUE 05 PAGES: 42-48
SJIF IMPACT FACTOR (2022: 5. 893) (2023: 6. 184) (2024: 7.544)
OCLC – 1121105677
Publisher: Oscar Publishing Services

kechishi va asoratlari //Ta'lim fidoyilari. – 2022. – Т. 22. – №. 7. – С. 429-438.

10. Nuralievna S. N., Maqsadovna Y. Z. PREGNANCY AND CHILDBIRTH COMPLICATIONS IN OVERWEIGHT WOMEN.

11. Ruziyev K. T. et al. COMBINATIVE TREATING METHODS FOR PAPILLOMAVIRUS INFECTION //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С. 122-127.

12. Shopulotova Z. A., Zubaydilloeva Z. K. PERINATAL CARDIOLOGY: PREGNANCY AND CONGENITAL HEART DEFECTS //Евразийский журнал академических исследований. – 2023. – Т. 3. – №. 9. – С. 55-59.

13. Shopulotova Z. A., Zubaydilloeva Z. K. THE VALUE OF ULTRASOUND DIAGNOSTICS IN PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS //Бюллетень студентов нового Узбекистана. – 2023. – Т. 1. – №. 9. – С. 19-22.

14. Shopulotova Z. A., Zubaydilloeva Z. K., Khudoyarova D. R. COMORBID EVENTS IN PREGNANT WOMEN WITH PYELONEPHRITIS AND PREVENTION OF THESE CONDITIONS //Бюллетень педагогов нового Узбекистана. – 2023. – Т. 1. – №. 9. – С. 35-38.

15. Айламазян Э.К. Руководство по гинекологии. Издательство: МЕДпресс-информ, 2012, ISBN 978-5-98322-852-8.

16. Киямова Л. и др. ОСОБЕННОСТИ ТЕЧЕНИЯ ОСЛОЖНЕННОГО ГЕСТАЦИОННОГО ПИЕЛОНЕФРИТА У БЕРЕМЕННЫХ //Solution of social problems in management and economy. – 2024. – Т. 3. – №. 1. – С. 194-201.

17. Юнусова З. М., Шавази Н. Н. БЕРЕМЕННОСТЬ И ПЕРИНАТАЛЬНЫЕ ОСЛОЖНЕНИЯ У ЖЕНЩИН С ОЖИРЕНИЕМ //JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH. – С. 42.

18. Шопулотова З. А., Худоярова Д. Р. ХРОНИЧЕСКИЙ ПИЕЛОНЕФРИТ И БЕРЕМЕННОСТЬ: ВЛИЯНИЕ КОМОРБИДНОСТИ И ЕГО ПРОЯВЛЕНИЯ //ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 4.

19. Шопулотова З. А., Зубайдиллоева З. Х. ПЕРИНАТАЛЬНАЯ НЕФРОЛОГИЯ: ПРОФИЛАКТИКА ОСЛОЖНЕНИЙ У БЕРЕМЕННЫХ С ХРОНИЧЕСКИМ ПИЕЛОНЕФРИТОМ //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 9. – С. 79-82.

20. Шопулотова З. А., Худоярова Д. Р. ХРОНИЧЕСКИЙ ПИЕЛОНЕФРИТ И БЕРЕМЕННОСТЬ: ВЛИЯНИЕ КОМОРБИДНОСТИ И ЕГО ПРОЯВЛЕНИЯ //ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 04 ISSUE 05 PAGES: 42-48
SJIF IMPACT FACTOR (2022: 5. 893) (2023: 6. 184) (2024: 7.544)
OCLC – 1121105677
Publisher: Oscar Publishing Services

УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. –
2023. – Т. 4. – №. 4.