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Research Article

EARLY DIAGNOSIS OF OVARIAN ENDOMETRIOSIS

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ABSTRACT

In the algorithm of management of women with external genital endometriosis, it is advisable to include a study of the quality of life using the developed questionnaire "Health profile of patients with endometriosis", as well as the use of a visual analog scale (VAS) when assessing pain syndrome as a simple and objective criterion for assessing pain in clinical practice.

KEYWORDS

ovarian cysts, hormonal and combined treatment, dienogest, endometrium.

INTRODUCTION

The problem of endometriosis in modern society remains global and has great medical, scientific and social significance [13,15,17,19,21,23]. According to WERF, every 10th woman of reproductive age in the world suffers from endometriosis. About 176 million women aged 17 to 49 worldwide suffer from this disease [1,3,5,7,9,11].

According to modern views on the problem of external genital endometriosis, there are several strategic tasks in clinical practice, on the solution of which the outcome of the disease depends. One of the problems is the negative impact of endometriosis symptoms on the quality of life of women and the problem of increasing it is one of the priorities.

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Currently , the developed methods for assessing the quality of life involve the use of standardized questionnaires . A number of authors have shown the negative impact of the disease on women's social activity, life activity, and sexual relations. However, in most published studies, general questionnaires on quality of life were used, which are not specific to a specific nosology and do not reflect the relationship with the true picture of the disease (Burry K.A., 2015).

There are few publications on the assessment of the quality of life using a special questionnaire for patients with endometriosis EHP-30. In addition, the work carried out considers changes in the parameters of quality of life either after surgical or drug treatment, without considering complex therapy. Another strategic objective is adequate surgical treatment and adequate comprehensive postoperative therapy. Surgical intervention 3 4 in endometriosis should be the first stage of treatment, since the surgical method of treatment has been and remains the only way to remove the morphological substrate of endometriosis. The operation performed by laparoscopic access is the "gold standard" of surgical treatment. However, the key issue of managing patients after surgery is the problem of relapses. According to various researchers, the frequency of relapses with the resumption of symptoms after surgical treatment is: after 1-2 years - 15-21%, after 5 years - 36-47%, after 5-7 years - 50-55 [2,4,6,8,10,12].

It should also be noted the resistance of various clinical forms to the treatment. Therefore, according to the experts of the American Society for Reproductive Medicine (ASRM), "endometriosis should be considered as a chronic disease that requires the development of a long-term management plan for the patient in order to maximize the use of medication and exclude repeated surgical interventions." The main drugs used for the treatment of endometriosis, until recently, were gonadotropin-releasing hormone (GnRH) agonists. However, their long-term use is limited due to the development of severe symptoms of hypoestrogenism. Hormonal drugs with an antiproliferative effect can be used as drug therapy. It is known that the endometrium of patients with endometriosis has distinctive features. The obtained data on the increased proliferative activity of both ectopic and eutopic endometrium were highlighted in the works of Kiselev S.I. (2011), Sukhoi G.T. (2012), Sonova M.M. (2019), Zarubina I.P. (2016), etc.

The most common and widely used marker of proliferation in tissues is Ki-67. According to published data and presented at the 11th International Congress on Endometriosis in 2011 in Montpellier, a promising group of drugs for the long-term treatment of endometriosis with antiproliferative action 4 5 are progestins and their representative drug dienogest, which appeared in 2012 in our country. There are few studies in the world evaluating its effectiveness and pathogenetically justifying its inclusion in the therapy of endometriosis. However, new data are needed for widespread implementation into practice. Another important problem of endometriosis is the delay in its diagnosis. According to a global multicenter global study on 5 continents in 16 countries, the delay in diagnosis of the disease is on average up to 7 years (WERF, 2015). The study of the causes leading to such a long delay in establishing a diagnosis is a promising direction of modern scientific research. It is known that the main clinical manifestations of endometriosis manifest in the form of pelvic pain in 40-70%, infertility in 25-40% of cases and menstrual disorders [14,16,18,20,22,25].

Pain often increases during sexual intercourse and during menstruation. Pain during sexual contact often

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forces the patient to avoid sexual activity, and severe dysmenorrhea leads to loss or decrease in working capacity. The first manifestations of the disease occur during the period of time when women receive education, build a career, partner relationships and create a family. Pain syndrome and infertility, partial disability have an extremely negative impact on the quality of life, hinder the disclosure of potential and the full realization of women's opportunities. This makes it possible to consider endometriosis a socially significant disease related to the key problems of the 21st century. According to Adamyan L.V., 2015 and Chapron C. et al., 2016, there is a tendency in modern society towards late and minimal realization of reproductive function in young women. Regular menstruation for a long period of time and frequent casting of endometrial cells into the abdominal cavity can increase the risk of endometriosis. This point of view is indirectly confirmed by the increase in the frequency of NGE in recent decades, which may be associated with an increase in the social activity of a woman, which causes a delay in the age of the first birth, a reduction in the number of pregnancies and a short lactation period. In this connection, modern women menstruate on average 10 times more than their ancestors. The study of the peculiarities of reproductive function and social factors in women with endometriosis will allow the formation of risk groups of patients and timely influence the progression and outcome of the disease. The above literature data indicate the expediency of in-depth study of the medical problem of endometriosis, taking into account social factors.

The purpose of the study

Improving the effectiveness of treatment and prevention of endometriosis, taking into account significant medical and social factors.

MATERIALS AND METHODS

The dissertation includes materials of observation of 280 women with external genital endometriosis who were examined and treated in gynecological departments of the bases of the Department of Reproductive Medicine and Surgery of the FPDO. Inclusion criteria: the presence of a verified diagnosis based on laparoscopy and histological examination, reproductive age. Exclusion criteria: malignant neoplasms, severe, chronic extragenital pathology in the stage of decompensation, systemic diseases.

All patients with external genital endometriosis were divided into 2 groups depending on the presence of pain syndrome. 152 (54%) patients were included in group 1 with the presence of pain syndrome, 128 (46%) patients were included in group 2 without pain syndrome. In group 1 with pain syndrome, depending on the type of hormone therapy received in the postoperative period, two subgroups of the subjects were identified. Subgroup 1A included 38 patients with the presence of pain syndrome who received leuprorelin acetate (3.75 mg intramuscularly once every 28 days). The first injection was carried out in the period from the 1st to the 5th day of the menstrual cycle. Subgroup 1B included 38 patients who received dienogest (2 mg per day orally in a continuous mode). Surgical treatment was carried out in the proliferative phase of the cycle. The total duration of treatment with leprorelin and dienogest was 6 months.

In order to quantify pain symptoms, determine the severity and intensity of pain, a Visual analog Scale (VAS) was used, representing pain gradations from 0 (no pain) to 100 points (unbearable pain). Each patient was asked to make a mark on this line corresponding to the intensity of the pain she was experiencing at the moment. Every centimeter on the visual analog scale corresponds to a certain score. In the course of the study, a questionnaire was developed and used to

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study the quality of life of endometriosis patients "Health profile of endometriosis patients" based on a specialized questionnaire on endometriosis EHP-30. The questionnaire includes 67 questions and is divided into 2 parts: a basic part suitable for all women and a modular part. The basic part includes the following scales: pain syndrome, vital activity, emotional component, social functioning, self-esteem. The modular part includes such scales as work, relationship with children, sex life, infertility, attitude to health workers, attitude to treatment. Each scale of the basic and modular parts is calculated according to formulas on a scale from 0 to 100: 0 is the best possible health status, 100 is the worst possible health status.

The majority of patients (90%) with external genital endometriosis were of active reproductive age. At the same time, in the group with pain syndrome, endometriosis was diagnosed a little earlier at the age of 29□0.1 years due to the presence of pain symptoms (dysmenorrhea, dyspareunia, HTB), which significantly reduce the quality of life and require medical diagnostic laparoscopy to verify the diagnosis and surgical treatment. In patients of group 2, which included mainly women with no pain syndrome, diagnostic laparoscopy was more often performed to determine the cause of infertility at the age of 32□0.35 years.

In the study, much attention was paid to the study of the social status of patients with endometriosis. Social status is the position that a person occupies in society. A person can be the owner of several social statuses. Such parameters of social status as the level of education, the presence or absence of a family, data on the place of residence and the level of total income per 1 family member per month were studied. The analysis of the results showed that the average age of patients in group 1 was 29.71±7.72, in group 2 of the study - 32.15±7.62 ($p \leq 0.05$).

The data obtained indicate the presence of a statistically significant strong direct correlation between the severity of pain syndrome and the negative impact on working capacity in women with endometriosis with Spearman's rank correlation coefficient r=0.649 (p=0.001). In addition, the study obtained similar data and noted the presence of a direct correlation during the correlation analysis between the severity of the pain syndrome and the effect on the parameter "vital activity"(r=0.63 and p=0.001), between the severity of the pain syndrome and the negative impact on sexual life (r=0.47 and p=0.001). Thus, our study proved that pain syndrome in endometriosis is a key parameter that has a negative impact on the quality of life of patients.

The data obtained show that by the end of treatment, the intensity of pain significantly decreased in patients of both groups equally ($p < 0.05$). There were no differences in this indicator. In the group with GnRH a treatment, significantly more pronounced side effects were observed compared to the group taking dienogest. The same data were obtained in the studies of Harada T. et al., (2007), Cosson M. et al., (2002), Strowitzki T. (2010). Dienogest is a new therapeutic agent for our country specifically for the treatment of endometriosis, which dictates the need to study the effect of the drug in the population of Uzbek women. According to the recommendations of the SOGC Clinical Practice Guideline (2008), as well as the latest consensus on the management of patients with endometriosis (MONTPELLIER, 2011), oral monotherapy with progestins refers to 1-line therapy. Our study showed that the results of treatment with dienogest and leuprorelin from the standpoint of resolving pelvic pain and improving quality of life

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indicators are comparable. However, the tolerability of dienogest was significantly better compared to that when using leuprorelin due to the few side effects and better tolerability of dienogest. Our study showed the high effectiveness of dienogest therapy in women with pain syndrome, few side effects, which contributes to the choice of optimal treatment for endometriosis.

CONCLUSIONS

1. Statistically significantly reduced quality of life indicators were noted in women with endometriosis. At the same time, women in the group with pain syndrome had significantly lower quality of life indicators compared to the group without pain syndrome in the following categories: "pain", "vital activity", "emotional state", "social functioning", "self-esteem", "work life", "relationships with children", "sex life".

2. In the algorithm of management of women with external genital endometriosis, it is advisable to include a study of the quality of life using the developed questionnaire "Health profile of patients with endometriosis", as well as the use of a visual analog scale (VAS) when assessing pain syndrome as a simple and objective criterion for assessing pain in clinical practice.

3. In order to prevent relapses and improve the quality of life, it is advisable to carry out complex treatment, including surgical intervention followed by hormone therapy with the inclusion of the drug dienogest along with analogues of Gn-Rg.

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