

BACHADON BO‘YNI DISPLAZIYASINI KELIB CHIQISH SABABLARI VA DAVOLASH USULLARI

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Abstract: Cervical dysplasia, or cervical intraepithelial neoplasia (CIN), is a precancerous condition marked by abnormal cellular changes in the cervical epithelium. The study aims to identify its causes, risk factors, diagnostic approaches, and modern treatment options. Human papillomavirus (HPV) infection is the predominant cause, with other contributing factors such as smoking, immune suppression, and prolonged hormonal contraceptive use. Diagnostic advancements like HPV testing and colposcopy have enhanced early detection rates. Treatment options range from conservative management for low-grade lesions to surgical procedures for advanced cases. Preventive strategies, especially HPV vaccination, show promise in reducing disease prevalence.

Keywords: Cervical dysplasia, Cervical intraepithelial neoplasia (CIN), HPV, Diagnosis, Treatment, Prevention, Colposcopy

Introduction. Cervical dysplasia is a prevalent condition that poses a significant risk of developing into invasive cervical cancer if left untreated. According to global health reports, cervical cancer remains one of the leading causes of cancer-related deaths among women. The primary cause of cervical dysplasia is persistent infection with high-risk HPV types, notably HPV-16 and HPV-18. This study seeks to analyze the causes and explore contemporary diagnostic and treatment approaches to manage cervical dysplasia effectively.

Methods: A comprehensive review of the literature was conducted, focusing on cervical dysplasia's etiology, risk factors, diagnostic methods, and treatment options. Data was sourced from databases such as PubMed, Scopus, and WHO reports. Guidelines from leading health organizations like the American Society for Colposcopy and Cervical Pathology (ASCCP) were also reviewed. Clinical studies conducted over the last ten years were prioritized to ensure up-to-date insights.

Results. Etiology and Risk Factors

1. Human Papillomavirus (HPV): Persistent infection with high-risk HPV strains is the primary cause of cervical dysplasia.
2. Lifestyle Factors: Smoking doubles the risk by affecting immune response and epithelial cell integrity.
3. Immune Suppression: Conditions like HIV and long-term immunosuppressive therapy increase susceptibility.
4. Hormonal Factors: Long-term use of oral contraceptives is linked to an elevated risk of dysplasia progression.
5. Sexual Behavior: Early sexual activity and multiple sexual partners contribute to higher HPV exposure rates.

Diagnostic Methods

1. Cytology (Pap Smear): Identifies abnormal cervical cells and classifies them into low-grade (CIN 1) and high-grade (CIN 2/3) dysplasia.
2. HPV DNA Testing: Detects high-risk HPV strains, aiding in early diagnosis.
3. Colposcopy and Biopsy: Provides a detailed evaluation of abnormal areas for definitive diagnosis.
4. Liquid-Based Cytology (LBC): Enhances detection accuracy compared to conventional Pap smear.

Treatment Approaches

1. Conservative Management: Recommended for low-grade CIN, especially in younger women, as many lesions regress spontaneously. Regular follow-ups with cytology and HPV testing are essential.
2. Surgical Treatments: Cryotherapy: Freezes abnormal cells, suitable for small lesions. Loop Electrosurgical Excision Procedure (LEEP): Removes abnormal tissue with minimal discomfort. Cold Knife Conization: Used for high-grade lesions or cases involving glandular dysplasia.

3. Advanced Therapies:

HPV vaccines, such as Gardasil and Cervarix, provide significant protection against high-risk HPV types. Immunomodulatory therapies are under investigation for high-risk individuals.

4. Post-Treatment Monitoring: Regular cytology and HPV testing are crucial to detect potential recurrence.

Discussion The integration of HPV testing into screening programs has improved early detection, allowing for timely intervention. However, access to these advanced diagnostic tools remains limited in low-resource settings, emphasizing the need for global efforts to ensure equitable healthcare access. HPV vaccination

programs have demonstrated a significant reduction in cervical dysplasia incidence, particularly in younger populations. Future research should focus on improving vaccine coverage and addressing barriers to healthcare access.

Conclusion

Cervical dysplasia, primarily caused by persistent HPV infection, remains a preventable condition. Early diagnosis through effective screening, coupled with appropriate treatment strategies, significantly reduces the progression risk to cervical cancer. Preventive measures, such as HPV vaccination and public health education, are pivotal in combating this public health challenge. Continuous advancements in diagnostic and therapeutic methods are essential to improve patient outcomes and reduce disease burdens.

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