

PRECURSORS OF THE DEVELOPMENT OF TROPHOBLASTIC DISEASE AMONG WOMEN OF REPRODUCTIVE AGE

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According to literature data, trophoblastic disease is characteristic only of pregnant women of reproductive age and occurs in 0.1-0.25% of all pregnancies. Cystic fibrosis is most often diagnosed among this pathology.

The purpose of the study: to study the risk factors for the development of cystic fibrosis among women of reproductive age.

Research materials and methods: the study was conducted among 53 women of reproductive age who were treated at the Khorezm branch of the Republican Specialized Scientific and Practical Medical Center for Oncology and Radiology. The diagnosis of cystic drift was established morphologically. The studies included general clinical and gynecological studies, laboratory studies.

The results of the study: depending on the morphological data, the patients were divided into the following groups: Group I - a simple form of cystic fibrosis - 35 patients (67.2%), group II - patients with a proliferating form of cystic fibrosis - 14 patients (26.6%), group III - invasive cystic fibrosis - 4 patients (6.2%).

The age of the women ranged from 21 to 43 years (on average, 31.0 ± 0.6 years). In group I, women aged 21-40 years significantly prevailed, women with proliferating cystic fibrosis were aged 31 to 40 years.

When studying the reproductive history of the examined women, it was found that there were 13 (24.8%) first-time pregnant women, 40 (75.2%) second-time pregnant women. In group I, women with simple and proliferating cystic fibrosis were significantly more likely to be pregnant again.

When studying menstrual function in women with cystic fibrosis, it was found that late menarche (60%) is a prognostically unfavorable sign, since such women are more likely to develop proliferating and invasive forms of cystic fibrosis.

Gynecological diseases were in the anamnesis in 55.7% of women: inflammatory diseases of the uterus and appendages - in 42.9%, cervical erosion - in 12.8%.

Simple cystic fibrosis most often developed after spontaneous miscarriage (42.8%), with a frozen pregnancy (16.2%), against the background of the first pregnancy (37.8%), after an ectopic pregnancy (1.8%). The proliferating form of cystic fibrosis developed after spontaneous miscarriage in 41.6% of cases, frozen pregnancy in 35%

of cases, childbirth in 8.6%, after ectopic pregnancy in 8.4%, and during the first pregnancy in 37.8%.

The analysis of complaints showed that mostly women were concerned about spotting from the genital tract (75.4% of cases), pain in the lower abdomen and toxicosis (19.2%), the discrepancy between the size of the uterus and the gestation period occurred in 49.1% of cases. There were no significant differences in the clinical symptoms of the disease.

All patients with cystic fibrosis underwent manual vacuum aspiration, while the effectiveness and sensitivity of this treatment method were 98.6%.

Thus, all pregnant women in the first trimester of pregnancy need comprehensive dynamic monitoring for early diagnosis, which allows timely detection of complications of the gestational process, which, in turn, is the key to effective treatment.