

REPRODUCTIVE OUTCOMES FOLLOWING SURGICAL REMOVAL OF UTERINE FIBROIDS

Maxmudova Saodat Kurbonbekovna
Pediatric Faculty 5 Course
Samarkand State Medical Institute.

ABSTRACT

The cohort prospective comparative study investigated the efficacy of mifepristone use in patients after surgical treatment of uterine myoma. It was shown that the use of mifepristone at a dose of 50 mg/day in a continuous mode for 3 months after surgical treatment for proliferating uterine myoma led to the absence of recurrences of the disease for 2 years after the drug withdrawal. The use of mifepristone after embolization of uterine arteries allowed to significantly reduce the size of the node by 25% during 12 months and by 50% ($p < 0.05$) after 24 months. Complex treatment of uterine myoma, including myomectomy and drug therapy with mifepristone, allowed to realize reproductive function in 46% of patients, and delivery through the natural birth canal occurred in 24% of patients.

Keywords: uterine myoma, mifepristone, uterine artery embolization, proliferating uterine myoma.

INTRODUCTION

Uterine fibroids rank second in the structure of gynecological morbidity. It can be detected in 77% women in the population, and over the past 10 years there has been a tendency to its prevalence in women under the age of 30 increased from 2 to 12.5% in the US in women aged 18 up to 30 years - up to 43-57%. Uterine myoma renders significant negative impact on reproductive function and general health of women, but so far there is no pathogenetically substantiated effect on fertility. The management of patients with uterine fibroids is the subject of close attention of gynecologists both in our country and abroad. The risk of recurrence after organ-preserving operations occurs in 15–45% of patients, and reoperation is more traumatic and associated with high intraoperative bleeding risk and formation of postoperative adhesions. That is why the search for new opportunities is of great importance, reducing the likelihood of reoperations. Also in the postoperative period, it is necessary to conduct anti-relapse therapy, since surgical removal of myxomatous nodes does not eliminate the causes of their development, and intraoperative trauma to the myometrium increases the risk of recurrence myoma. Therefore, it remains relevant the problem of increasing the effectiveness of not only organ-preserving surgical treatment of uterine fibroids, but also anti-relapse drug therapy. Controversial and debatable aspects of the use of anti-relapse therapy are specific complications associated with the development of hormonal and biochemical disorders, short duration course of therapy, relapse of the disease after discontinuation drugs, and most importantly - the possibility of their use at a young age. Widespread agonists of gonadotropin-releasing hormones (a-GnRH) received in the treatment of uterine fibroids, however, their use limited due to the development of hypoestrogenic conditions, impaired mineral metabolism, short course of therapy and relapse of the disease after discontinuation of the drug. According to the majority

researchers, the use of intestates, the first the drug among which was mifepristone, is promising in the treatment of uterine fibroids.

1. Long-term results of the study allow us to recommend the drug Ginestril in the postoperative period to patients who underwent organ-preserving treatment for proliferating uterine fibroids, in order to prevent recurrence of the disease within 24 months. after discontinuation of the drug.

2. The use of the drug Ginestril after UAE allowed to reduce the number of relapses of the disease in the postoperative period.

3. Comprehensive treatment of uterine fibroids, including myomectomy and therapy with Ginestril, made it possible to realize reproductive function in 46% of patients.

4. Childbirth per vias naturalis occurred in 24% of patients who received adjuvant therapy with Ginestril after myomectomy, and the frequency of complications during pregnancy does not depend on the method of surgical treatment of uterine fibroids

LITERATURE

1. Marsh E.E., Ekpo G.E., Cardozo E.R. et al. Racial differences in fibroid prevalence and ultrasound findings in asymptomatic young women (18-30 years old): a pilot study. *Fertil. Ster.* 2013
2. Baird D.D., Harmon Q.E., Upson K. et al. A prospective, ultrasound-based study to evaluate risk factors for uterine fibroid incidence and growth: methods and results of Recruitment. *J. Womens Health.* 2015;
3. Metwally M., Cheong Y.C., Horne A.W. Surgical treatment of fibroid for subfertility. *Cochrane database. Syst. rev.* 2012;
4. Lebedev V.A., Davydov A.I., Pashkov V.M. Disputable and unresolved issues of treatment and prophylaxis of uterine myoma in patients of reproductive period. 2013
5. Amanova Nodirabegim Furkatovna. (2022). Effective Method Of Teaching. Conference Zone, 53–55. Retrieved from <http://www.conferencezone.org/index.php/cz/article/view/124>
6. Furkatovna, A. N., & Furkatovna, A. F. (2021, January). Innovative Activity In The Field Of Tourism. In *Euro-Asia Conferences* (Vol. 1, No. 1, pp. 308-309). <http://papers.euroasiaconference.com/index.php/eac/article/view/97>
7. Amanova N.F Amanova F.F (2022) Malum bir maqsadga qaratilgan va maxsuslashgan til. <https://conf.iscience.uz/index.php/yumti/article/view/118/110>