

# Prophylaxis of relapse of hyperplastic processes of endometrium in women with obesity Nuriddinova Sh.<sup>1</sup>, Hurramova F.<sup>2</sup>, Jumanov B.<sup>3</sup> (Republic of Uzbekistan)

## Профилактика рецидива гиперпластических процессов эндометрия (ГПЭ) у женщин с ожирением

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**Abstract:** the unflagging interest in the problem of hyperplastic processes of endometrium is determined by their prolonged recurrent course, which can serve as a background for the development of malignant lesions of the uterine mucosa. In the light of modern concepts of the pathogenesis of hyperplastic processes of endometrium lays a hormonal imbalance. It is often enough in patients with HPE have also metabolic syndrome.

**Аннотация:** неослабевающий интерес к проблеме гиперпластических процессов эндометрия определяется их длительным рецидивирующим течением, что может служить фоном для развития злокачественных поражений слизистой оболочки матки. В свете современных концепций в основе патогенеза гиперпластических процессов эндометрия лежит гормональный дисбаланс. Достаточно часто у пациенток с ГПЭ имеется и метаболический синдром.

**Keywords:** endometrium, obesity, prophylaxis, relapse.

**Ключевые слова:** эндометрий, ожирение, профилактика, рецидив.

Carried out scientific researches in recent decades have proved the dependence of the metabolic processes from the presence of steroid hormones in the body, steroids themselves are able to be metabolized in various tissues of the body [5, p 12]. An important role in the development of hyperestrogenism and therefore the HPE belongs to the disorders of fat metabolism. In the adipose tissue takes place extragonadal synthesis of oestrone, androstenedione by aromatization, accordingly accumulation of estrogen in fat tissue leads to an increase of "estrogenic pool" in the body that can stimulate the development of the HPE [3, p. 56]. Moreover, 70% of patients inclined to recurring [4, p. 125]. The most common method of treatment of HPE is a hormonal therapy. However, its administration to the patients with the metabolic syndrome is possible complications – development of thrombosis (mostly venous) and thromboembolism [5, p 23], as well as the progression of the metabolic syndrome. A variety of hormonal preparations, allowing to individualize tactics of conducting of the patient with HPE [6, p. 11], at times, on the contrary makes the doctor to a chaotic selection of variants of therapy. Together with this sufficiently are often offered radical methods of HPE treatment until hysterectomy. The problem of finding effective organ preserving methods of treatment of hyperplastic processes of endometrium in women of late reproductive age, especially in patients with impaired lipid metabolism remains unresolved. **The aim** of research was to evaluate the effectiveness of the intrauterine levonorgestrel discharging system - IUS- Mirena® in the prophylaxy of recurrence of hyperplastic processes of endometrium in women of late reproductive age, suffering from obesity.

We analyzed the results of a comprehensive clinical and laboratory examination of 55 patients with morphologically confirmed diagnosis of HPE and associated disorders of lipid metabolism. The average age of patients was  $39,5 \pm 2,7$  years, varying from 35 to 45 years. Body mass index was an average of  $32,2 \pm 3,1$ , varying from 30 to 34.

All patients at the initial examination and dynamic observation were carried out a complex examination, which included: analysis of complaints and taking of anamnesis, general clinical research with the accent condition of the cardiovascular system, blood pressure, glucose tolerance, determination of total cholesterol and lipoproteins. In assessing the state of reproductive organs were analyzed menstrual and reproductive function; performed ultrasound examination (USE) of pelvic organs with transvaginal detector on 5-7th day of the menstrual cycle; hysteroscopy with endometrial biopsy study or Pipele-biopsy; breast ultrasound on 8-15<sup>th</sup> day of the menstrual cycle. All patients were diagnosed with simple endometrial hyperplasia. All of the women complained of various disorders of menstrual function as hyperpolymenorrhea (54.5%), algomenorrhea (25.5%), acyclic uterine bleeding (14.5%). Anamnesis of all patients had repeated diagnostic scraping of the uterus wall. Among examined women 33 (60%) had received prior hormonal therapy (gestogens). However, in connection with the discomfort of daily taking of tablet, menstrual disorder, as well as worsening the course of obesity of 16 patients (48.5%) stopped taking hormonal preparations independently in the next 3 months. Among other unfavorable influences to the organism the patients noted recrudescence of the gastrointestinal tract diseases (7 - 21.2%) and gain weight (10 - 30.3%). In this connection, in 28 (50.9%) patients occurred recurrent endometrial hyperplasia. From 55 examined patients 22 (40%) women have not received prior hormonal therapy because of obesity.

More half of women (52.7%) had except for obesity accompanying extragenital diseases: diabetes mellitus (16.4%), hypertension (18.2%), gastrointestinal disease (21.2%), anemia (35,5%).

**Results.** Before the treatment, according to hysteroscopy and histological examination of scrapings of the endometrium was diagnosed diffuse hyperplasia of the endometrium (from 33 to 60% of women) and focal hyperplasia (from 22 to 40% of patients). The findings of hysteroscopy were confirmed by the results of histological examination: glandular and glandular-cystic hyperplasia of endometrium (54.5%), endometrial polyp (45.5%). In order to treat and prophylaxis of relapse of hyperplastic processes of endometrium after the results of the histological study, on 5th day after the scraping the patients were introduced levonorgestrel discharging intrauterine system - IUS-Mirena<sup>®</sup>. In addition, all patients were given recommendations on rational nutrition and increased physical activity. The observation of patients was carried out for one year. The first 3 months of observation the body weight and the main manifestations of the metabolic syndrome was carried out weekly. The average body mass in observed women in the first 3 months decreased from 8 to 12 kg. Average indices of IBW after 3 months amounted to  $26,5 \pm 3,1$ . Ultrasound examination (USE) of genitalia was carried out after 3,6 and 12 months. Against a background of IUS Mirena<sup>®</sup> after 3-6 months oligomenorrhoea was installed in 45 (81.8%) patients, amenorrhoea - in 10 (18.2%). According to the findings of ultrasound examination after 6 months all patients were diagnosed homogeneous endometrium with thickness of 2 to 8 mm, in average  $5.1 \pm 1.8$ .

After a year of observation, all patients noted significant improvement in general condition, the maximal reduction of body weight was 16 kg, minimal - 9. Average indices of IBW and biochemical studies approximated to the indices of healthy women of reproductive age. The incidence of pregnancy was not observed. In addition, in our research, there were not cases of IUS removal because of menstrual disorders or relapse hyperplastic processes of endometrium.

**Conclusions.** Based on the obtained results revealed high effectiveness of intrauterine hormonal releasing – system Mirena<sup>®</sup> as of anti-relapse stage of treatment of hyperplastic processes of endometrium in women of late reproductive age (simple hyperplasia without atypia). Furthermore, it was established possibility the use of hormone productive IUS in patients with accompanying extra genital pathology. Patients with obesity and the presence of HPE after proper counseling and information, as well as the establishment of proper diet and a healthy lifestyle for 3-12 months normalize weight and they all noted an improvement in metabolic parameters.

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