

MODERN APPROACH TO EARLY DIAGNOSIS AND TREATMENT OF ENDOMETRIAL HYPERPLASTIC PROCESSES*Asrankulova D.B.**Abduvayitova Sh.A.**Andijan state medical institute, Andijan, Uzbekistan*

Introduction. Endometrial hyperplasia is a pre-cancerous, non-physiological, non-invasive proliferation of the uterine endometrium, which is characterized by changes in the volume of endometrial tissue, changes in glandular architecture (shape and volume) and a ratio of endometrial glands to stroma greater than 1:1. brings Currently, the incidence of endometrial hyperplasia in Western countries is about 200,000 new cases per year. Excess production of estrogen by fat cells also increases the risk of developing endometrial hyperplasia and endometrial cancer in obese women. In addition to stimulating uterine proliferation, estrogen causes morphometric changes in the uterus, including the type of luminal and glandular epithelium, the number and shape of glands, the ratio of glands to stroma, and the morphology of epithelial cells. The purpose of the study is to improve the tactics and diagnostics of patients with endometrial hyperplastic processes in the late reproductive and premenopause periods.

Purpose of the research: To study the somatic status, generative anamnesis and gynecological diseases of late reproductive and premenopausal women with endometrial hyperplastic processes. To study the morphological structure of the endometrium in late reproductive and premenopausal women with endometrial hyperplastic processes and to develop an algorithm for guiding patients.

Research materials and methods. General clinical, laboratory, instrumental, morphological, immunohistochemical and statistical research methods were used to achieve the research goal and solve the set tasks. These methods were used in 70 premenopausal women. Women were divided into 2 groups: Group 1 consisted of 30 healthy women. Group 2 included 40 women with endometrial hyperplasia or polyposis.

Discussions. The most common symptom of endometrial hyperplasia is abnormal uterine bleeding, including menorrhagia, between menstrual cycles. . Currently, treatment approaches for hyperplasia are limited, such as hysterectomy or hormonal therapy. Endometrial hyperplasia without atypia is usually treated with progestins, and hysterectomy is the best treatment for the case with atypia.

Conclusions. Clinical and anamnestic risk factors for the development of endometrial hyperplastic process in women of late reproductive and perimenopausal age have been determined. In these patients, endometrial glandular hyperplasia was diagnosed histologically together with polyposis, and during premenopause, endometrial glandular-cystic hyperplasia was found to be more common depending on age.

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