

## REPRODUCTIVE POTENTIAL OF PATIENTS IN WOMEN WITH ENDOMETRITIS

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**Abstract:** In recent years, endometriosis has been recognized as one of the most common gynecological diseases associated with female infertility. The mechanisms of the influence of deep infiltrative endometriosis on reproductive potential are still not completely clear. Currently, there is no single algorithm for choosing the first line of treatment for patients with infertility and colorectal endometriosis. The opinions of different authors are also ambiguous regarding the effect of surgical treatment of endometriosis on improving fertility. In this regard, the decision regarding the need for and extent of surgical treatment should be made after carefully informing patients about all the benefits and risks associated with both performing surgery and refusing surgery.

**Keywords:** infertility, deep infiltrative endometriosis, method, reproductive potential.

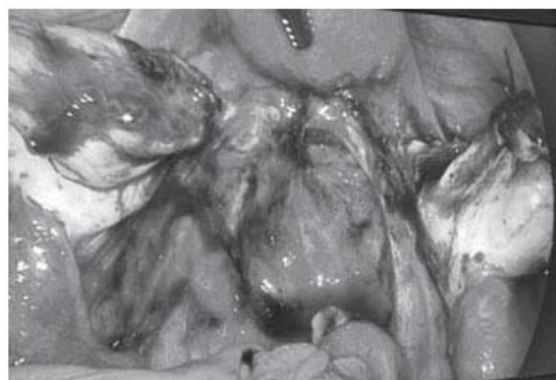
**INTRODUCTION:** Infertility remains one of the most pressing problems of modern society [1]. The frequency of infertility in married couples of reproductive age ranges from 10 to 20% and tends to increase [2]. The most common causes of primary female infertility are sexually transmitted infections (STIs), abnormal development of the uterus and fallopian tubes, and disorders of the neuroendocrine regulation of the reproductive system. Secondary infertility is usually associated with a tubo-peritoneal factor initiated by abortion and surgical interventions on the pelvic organs [3].

**MATERIALS AND METHODS:** In patients with infertility, endometriosis is detected in 20–48% of cases [1]. Often, infertility may be the only clinical manifestation of external genital endometriosis. The frequency of infertility in all localizations of endometriosis is approximately 3–4 times higher than the frequency of infertility in the population [4]. The probability of pregnancy in each individual menstrual cycle in healthy women is 15–20%, while in women with untreated endometriosis it decreases to 2–10% [3]. With minimal and mild forms of endometriosis, spontaneous pregnancy can occur in approximately 50% of women without treatment, with moderate endometriosis - in 25% of women, with severe forms, the proportion of spontaneous pregnancy is extremely low.

**RESULTS AND DISCUSSION:** The incidence of endometrioid ovarian cysts among women with external genital endometriosis is 17–44%, while infertility is observed in 40% of cases. Dystrophic processes in the granulosa cells of the follicles, changes in the composition of the follicular fluid, an increased apoptotic index of granulosa cells, and oocyte degeneration are considered as possible causes of infertility in endometrioid ovarian cysts [2].



a



b

Fig. 1. Bilateral endometriomas.

a - before surgery; b — after bilateral removal of endometriomas.

In the works of L.V. Adamyan et al. a violation of folliculogenesis was noted in women with endometriosis, characterized by a decrease in the total number of follicles of all stages of development [2]. Moreover, the degree of reduction in the number of follicles in the ovaries of women with endometriosis depends on the stage of spread of the pathological process and the age of the patient. In the presence of bilateral endometrioid cysts, there is a decrease in the pool of primordial follicles by 60-80%, as well as a decrease in the basal number of small antral follicles by 80-90% [3]. It has also been established that in patients with endometriosis, an increase in the content of IL-1 $\beta$ , IL-6 and TNF- $\alpha$  and a decrease in the level of VEGF are observed in the follicular fluid [4]. An increase in the level of cytokines can cause cell cycle disturbances and lead to a slowdown in oocyte maturation. A decrease in the level of VEGF in women with endometriosis, in particular due to impaired angiogenesis and trophism of ovarian cells, can lead to a decrease in the quality of embryos and the likelihood of implantation.

*The effect of surgical treatment on the fertility of patients with colorectal endometriosis*

5.3-12% of women with endometriosis have colorectal endometriosis, which is the most severe form of HIE [4]. Patients with colorectal endometriosis, in addition to the “classic” complaints for endometriosis, may complain of bloating, intestinal cramps, diarrhea, constipation, pain during bowel movements, the presence of mucus and blood in the stool. These symptoms can be either cyclical or acyclic in nature. The clinical picture depends not only on the degree of endometrioid infiltration of the colon wall, but also on the location of the lesion.

Depending on the degree and level of invasion of the endometrioid infiltrate, it is possible to perform resection or “shaving” of the colon. According to research by N. Bourdel et al. (2018), the pregnancy rate in patients with colorectal endometriosis after “shaving” was 73%, after bowel resection - 69% (Fig. 2).

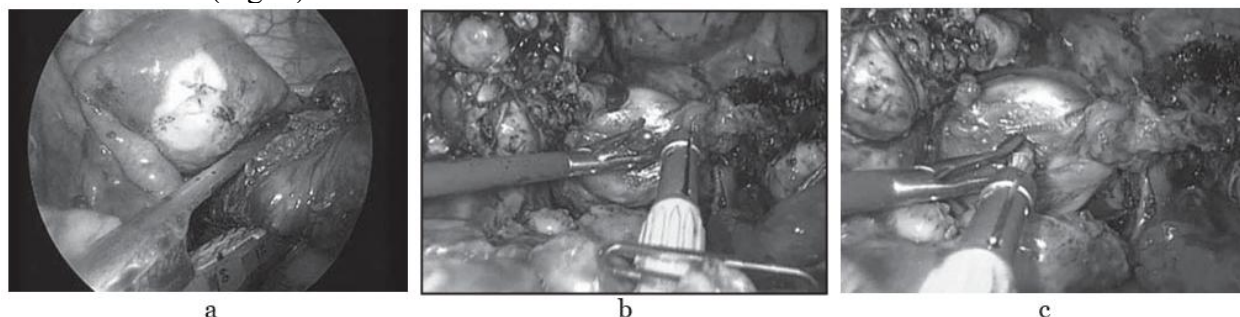


Fig. 2. Surgical treatment of colorectal endometriosis.

a — resection of the rectosigmoid part of the colon with endometriosis infiltrate; b, c — the stages of creating a circular colon anastomosis.

**CONCLUSION:** Thus, at present, the question remains open as to what should be the first line of treatment in patients with infertility and colorectal endometriosis—in vitro fertilization or surgery. Due to the fact that the operation can significantly delay pregnancy planning, and the effectiveness of ART programs is significantly reduced in the presence of endometriosis, controlled randomized studies are necessary to answer this question.

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