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Features of the Morphological Structure of the Endometrium in Women of Reproductive Age with Abnormal Uterine Bleeding

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Abstract

The article examines the indicators of women of childbearing age suffering from abnormal uterine bleeding. The most significant risk factors for abnormal uterine bleeding were identified and the morphological structures of the endometrium were studied by pipel biopsy. The work was carried out in the clinic of Samarkand State University No. 1. The study determined the significance of hormonal changes in women of childbearing age and changes in the structure of the endometrium.

Keywords: menstrual disorders, abnormal uterine bleeding (AUB), reproductive age, endometrium, polyp, hormonal disbalance.

There are scientific studies in the world on the prevention of development, early diagnosis, optimization of the treatment of women with abnormal uterine bleeding (AMB) in the perimenopausal period, but there is little data on AUB in women of reproductive age.

Abnormal uterine bleeding brings inconvenience to women of reproductive age, having a significant impact on the quality of life of a woman and her family. In addition, often women of childbearing age are also worried about this when planning a pregnancy.

According to the results of many studies, glandular cystic hyperplasia of the endometrium is the predominant cause of uterine bleeding (53% - 89%), leading to relapses and repeated curettage of the uterine mucosa, which are a risk factor for the development of thromboembolic complications [2, 14, 15].

Among the causes of various menstrual disorders, endometrial polyps are of no small importance. According to different authors, the clinical manifestations of endometrial polyps in women are menstrual disorders in the form of uterine bleeding [4, 7, 8].

Uterine adenomyosis is also one of the common causes of uterine bleeding [1, 6, 13, 17]. With deep invasion of the endometrium into the myometrium, uterine bleeding is accompanied by pain, which further causes inconvenience to the patient [4, 12].

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Despite the fact that the endometrium is a hormone-dependent tissue, its ectopic fragments acquire other properties: they do not have progesterone receptors, they remain viable and spread for a very long time, and are resistant to hormone therapy.

Another cause of AUB is hormonal changes in women, more often this occurs against the background of improper contraception with COCs or after childbirth.

The above causes of AUB show how diverse its etiopathogenesis can be, which in turn requires a thorough examination and improvement of the diagnosis and treatment of AUB.

The purpose of our study: to study the risk factors for AUB and the morphological structure of the endometrium by pipel biopsy.

Materials and Methods: The study was conducted at Clinic No. 1 of the Samara State Medical Institute for the period 2020-2022. We examined 15 women of reproductive age (Group 1) and 15 women of premenopausal age (Group 2) who were diagnosed with AUB. The average age of women in the first group was 27.14 ± 3.08 years, and in the second group 44.7 ± 1.12. The groups of patients were comparable in age.

In order to study physical parameters, clinical anthropometry was carried out: measurement of height, body weight using standard measuring instruments. The methods of examination were the generally accepted clinical and anamnestic studies, an objective examination, a gynecological examination was performed by bimanual palpation.

A laboratory examination was also carried out - a complete blood count, a general urinalysis, a swab for the flora, a study of the hormonal background (LH, SFH, progesterone), endometrial biopsy.

Of the instrumental methods, ultrasound of the uterus and appendages, as well as folliculometry, were used.

Results of the study: When studying the data of the anamnesis of the patients, nothing special was revealed in the formation and course of the menstrual cycle. When applying, the patient complained of heavy menstrual bleeding, as well as the presence of blood discharge in the period between menstruation.

When studying anthropometric data, the body mass index (BMI) averaged 27.2±1.6, obesity was not observed in women of the first group. In women of the second group, BMI was 29.4 ± 4.2, obesity of the first degree was observed in 3 (20%) patients. In 10 (66.7%) patients, an increase in body weight was observed. The patients had signs of anemia such as pallor, weakness, brittle nails and hair. Perverted appetite was present in 8 women (26.7%) of the total sample. Blood pressure and pulse in women were within normal limits, but was close to the lower limit of normal.

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At gynecological examination with the help of mirrors: there was a moderate bloody discharge in all women. The epithelium of the vagina is of normal color. In 6.7% of women, the discharge had a frothy character and smell. 16.7% of women had signs of endometritis and cervicitis. Soreness on palpation and sexual contact was noted by 73.3% of women.

Ultrasound examination (ultrasound) showed the following data: in 26.7% of women of the first group and 33.3% of women of the second group, an increase in the endometrium of more than 15 mm was observed at the time of the examination, echo signs of chronic endometritis were observed in 13.3% of the first and 46.7% of the second groups. Myomatous nodes were determined in 13.3% of women of the first group and 40% of women of the second group. Polyps in the uterine cavity were found in 6.67% of women in the first group, while in the second group this figure was 3 times higher (20%).

When examining the hormonal background, a decrease in LH and FSH was observed in 53.3% of women (in the first 20%, in the second 33.3%). While progesterone was elevated in 26.7% of women in the first group and 60% of women in the second group.

Therapeutic therapy for stopping bleeding in a conservative way was carried out with tranexamic acid, vikasol, oxytocin, after which bleeding stopped in 26.7% of all patients on the second day, in 13.3% on the third day. When observed, these patients again had abnormal uterine bleeding after one MC, and among them were women with hormonal imbalance and cystic changes. The appointment of hormonal therapy eliminated AUB and MC disorders in 23.3% of women from both groups. 20 patients underwent diagnostic curettage of the uterine cavity and subsequent study of the endometrium. Most women (85%) had endometrial glandular hyperplasia, sometimes glandular cystic hyperplasia (35%). Adenomyosis was determined in 30% of women.

Thus, a histological examination of endometrial scrapings in patients with abnormal uterine bleeding in a group of premenopausal women verified atypical endometrial hyperplasia and one patient had myomatous nodes, while no atypical endometrial hyperplasia and endometrial cancer were detected in patients of group I.

Conclusions Thus, we can conclude that abnormal uterine bleeding is an urgent problem of modern medicine, requiring the introduction of new methods of diagnosis and treatment with optimal tactics. A biopsy of the endometrium shows the presence of inflammatory changes and structural changes in women with abnormal uterine bleeding, adenomyosis was detected in 30% of women according to the biopsy, endometrial hyperplasia occurred in 18% of women, and atypical hyperplasia in women of the second group.

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