

THE EVALUATION OF THE GENERAL HEALTH CONDITION AND THE DEVELOPMENT OF PREVENTIVE MEASURES IN WOMEN AFFECTED BY MASTOPATHY

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Abstract

Women seeking medical attention at the Tashkent City Oncology Dispensary due to mastopathy account for 55-60% of the total number of patients from the Chilonzor, Uchtepa, and Shaykhontokhur districts. This situation does not indicate that the disease is more common in certain districts, but rather may reflect a higher level of medical awareness among the population. When studying the seasonality of mastopathy, it was found that most cases occur in the spring and autumn.

Keywords: Mastopathy, breast cancer, risk factors.

Introduction

In the Republic of Uzbekistan, comprehensive scientific research and state-level initiatives are being conducted aimed at the early detection of breast cancer and the prevention of its complications. Despite this, the number of cases due to this disease has been increasing year by year (Khodyaev A.V., 2010).

According to literature, in Uzbekistan, the proportion of women affected by malignant breast tumors is 8.1 per 100,000 women. It is noteworthy that every day, 102 women are diagnosed with malignant breast tumors, and more than 41% of these cases are detected during preventive medical check-ups (Khodyaev A.V., 2010). Among oncological diseases of the breast, mastopathy is quite prevalent (it occurs in 25-30% of cases). Early detection of mastopathy plays an important role in the prevention of various breast tumor diseases. The characteristic of this pathology is that before menstruation, cyclical pain, hardening, and enlargement of the breast are observed, which disappear after menstruation ends (Kogan I.Yu., 2004).

Mastopathy is considered a benign disease of the breast and develops as a result of hormonal imbalance due to various causes.

The aim of the study was to examine the general incidence rate of women seeking medical attention for mastopathy and, based on this, to develop preventive measures.

Materials and Methods

Based on data from the city oncological dispensary for the last five years (2013-2017), the study of women's appeals and incidences in Tashkent revealed that the number of women seeking medical attention at the city oncological dispensary has been increasing year by year.

Results and Discussion

The increase in the number of women seeking medical attention at the oncology dispensary over the years is shown in the following table. Although the dynamics of women's appeals related to benign breast diseases have not changed, the number of appeals related to mastopathy, especially fibrocystic mastopathy, is on the rise, resulting in an increase in the incidence of mastopathy among women during the studied period.

Women's appeals to the city oncological dispensary regarding breast pathology (2013-2017).

Appeals and their reasons	Study years				
	2013	2014	2015	2016	2017
Total number of appeals (absolute numbers)	9190	9754	10650	11781	13191
Including primary (%)	78,4	63,4	67,7	56,9	62,2
Recurrent (%)	21,6	36,4	32,3	43,1	37,8
Among all appeals, those related to benign breast diseases (%)	58,6	60,2	58,0	58,0	58,4
Including mastopathy (%)	60,6	63,9	64,8	76,4	88,0
Among them, fibrocystic mastopathy	26,8	28,0	32,4	32,5	37,9

We also focused on the appeals of women regarding breast cancer. This indicator accounted for 3.8-4.8% of all appeals to the city oncological dispensary. A survey conducted among these women showed that 67.1% had previously experienced mastopathy.

In the Tashkent City Oncology Dispensary, women seeking medical attention for mastopathy make up 55-60% of all appeals from the Chilonzor, Uchtepa, and Shaykhontokhur districts. This situation does not indicate that the disease is more common in specific districts, but rather suggests a higher level of medical awareness among the population. When studying the seasonality of mastopathy, it was found that most cases occur in the spring and autumn.

According to the results of the examination, the distribution of all mastopathy cases registered at the Tashkent city oncology dispensary by age showed that the largest relative share (27.18%) was in the 40-49 age group. The next group, in order, was the 30-39 age group (23.9%), while the lowest relative share (14.12%) was observed in women aged 60

and older. This means that women most affected by mastopathy are in the most active working age (30-49 years). We believe this is related to their work activity, lower reproductive activity, such as a decrease in childbirth rates and limited or even stopped breastfeeding. Among the concomitant diseases of women suffering from mastopathy, the most common were urogenital diseases, accounting for 18.5% of total cases. The second most common were endocrine system diseases (15.1%), followed by digestive system diseases (9.7%), blood and hematopoietic organ diseases (9.4%), and nervous system and sensory organ diseases (7.4%). These five categories of diseases account for 60.1% of all identified diseases. The remaining 10 categories of diseases accounted for 40% of the total incidence (respiratory diseases - 7%, circulatory diseases - 5.7%, mental and behavioral disorders - 3.7%, musculoskeletal system and connective tissue diseases - 3%, etc.). When studying the degree of incidence based on the ICD classification, besides mastopathy, iron deficiency anemia, thyroid gland hyperplasia, and genital inflammation were also identified.

According to the survey data, the number of abortions among women with mastopathy was found to be high. Among women aged 20-29, 30% had one abortion, 30-39-year-old patients had one or two abortions (30-35%), 40-49-year-old women had 5 abortions (40-45%), and women over 50 had more than 5 medical abortions.

Analysis of the obtained results shows that among women with mastopathy, endocrine system diseases, urogenital system diseases, digestive system diseases, blood and hematopoietic organ diseases, as well as nervous system and sensory organ diseases, are widespread, which corresponds to the findings of L.M. Burdin (1996;1999). According to L.M. Burdin, 64% of women suffering from various types of mastopathy had thyroid gland pathology. It was also noted by the researcher that urogenital infections increase the risk of mastopathy by up to 3.8 times.

CONCLUSION:

1. To avoid becoming a victim of mastopathy, women should regularly check their breasts with a mammologist (since this specialist deals with preventive breast check-ups). Additionally, self-examination should be done at least once a month. If a woman is still menstruating, it is recommended to examine the breast approximately on the 5th-10th day of the cycle. If menstruation has ended, the examination should be performed on a fixed day every month. If there is any suspicion of mastopathy, it is important to consult a specialist immediately.
2. A healthy lifestyle is recommended: a) a rational schedule of work and rest; b) adequate physical activity; c) 7-8 hours of full sleep per day; d) avoiding alcohol and, most importantly, smoking, as they increase the risk of breast pathology.
3. Among women with mastopathy, urogenital diseases (genital inflammation 18.5%), endocrine system diseases (hypofunction of the thyroid gland 15.1%), digestive system diseases (inflammation of the liver and gallbladder 9.7%), blood and hematopoietic organ diseases (iron deficiency anemia 9.4%), and nervous system and sensory organ diseases

(7.4%) are widespread. Therefore, special attention should be paid to the prevention of inflammatory processes in the pelvic area, gynecological diseases, thyroid diseases, and the formation of healthy lifestyle habits when planning and implementing primary and secondary prevention of mastopathy in women.

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