

INCIDENCE OF SOMATIC DISEASES IN WOMEN WITH UTERINE AND BREAST HYPERPLASTIC DISEASES IN THE PERIMENOPAUSE

Askarova Zebo Zafarovna

PhD Assistant of the Department of Obstetrics and Gynecology No.1 Samarkand State Medical University, Samarkand, Uzbekistan

Raximova Amira Oybekovna

The 1st year Resident of the Master's of the Department of Obstetrics and Gynecology No.1 Samarkand State Medical University, Samarkand, Uzbekistan

Abstract

Analysis of anamnestic data revealed an increased level of somatic pathology in patients with uterine and mammary hyperplastic diseases, with a prevalence of cardiovascular and endocrine diseases. Thus, 97 (77.6%) women in the main group had cardiovascular disease and only one in five - 9 (22.5%) from the control group. Varicose vein disease was diagnosed in 87 (69.6%) against 7 (17.5%) in the control group. Hypertension was twice as common in patients with EH and BBC (12(9.6%) vs. 2(5%), respectively).

Keywords: endometrial hyperplasia, mastopathy, somatic disease.

Timely detection and treatment of breast cancer contributes to its prevention. It is now recognized by specialists that breast and genital diseases are interdependent. Patients with hyperplastic processes in the internal genital organs, including the endometrium, constitute the highest risk group for the development of breast pathology. Endometrial hyperplastic processes (EH) can occur at any age, but the incidence of this disease increases significantly during perimenopause. The incidence of BBC peaks at 41–50 years of age, and the average age of breast cancer patients in 2002 was 55–57 years, according to the WHO. Thus, the importance of appropriate treatment and management of patients with perimenopausal BBC, both when they develop independently and when combined with endometrial hyperplasia, cannot be overemphasized [4,6,7].

Endometrial hyperplasia (EH) can occur at any age, but its incidence increases significantly during perimenopause. Mammary gland morbidity also peaks at 41-50 years of age [3,4,7]. A number of scientific papers related to the diagnosis and treatment of endometrial hyperplastic processes indicate that this problem has been sufficiently studied [5,11]. There are studies by domestic gynecologists on the development of management tactics for patients with combined uterine and mammary hyperplastic processes [1,12].

A factor damaging any part of the menstrual regulation system may be etiological for the occurrence of this pathology. These include overexertion, psychological stress, hypovitaminosis, intoxication, genital and non-genital infections, somatic diseases, abortions, pathological births, and tumor processes of various locations [7, 8].

Overweight and obesity are known risk factors for the development of EH and BBC in perimenopause. Their effects appear to be mediated by increased estrogen synthesis in adipose tissue or by an increase in their biological activity [4].

The «case-control» study results showed that a BMI of 30-39 kg/m increases the risk of EH by a factor of 3.7, an AEH by a factor of 4.6, with BMI > 40 kg/m - 13 and 23 times, respectively [10].

The association between diabetes mellitus and cancer is well known [6]. According to recent meta-analyses, type 2 diabetes mellitus can approximately double the risk of EH [3,5].

In the perimenopause period, there are peculiarities of hormonal and non-hormonal treatment because at this age, the frequent combination of somatic diseases, endometrial hyperplasia, and benign breast diseases complicates the optimal choice of management and treatment tactics [8,9].

Purpose of the Study:

To determine the incidence of somatic diseases in women with uterine hyperplastic disease and benign breast disease.

Materials and methods of the study. We studied 125 perimenopausal female patients with indications of EH and BBC treated at the gynecological department of the Multidisciplinary Clinic under SamSMU between 2021 and 2023 during the follow-up period.

Control group - 40 women of similar age with no evidence of any menstrual irregularities or breast disease.

The women's age ranged from 43 to 51 years, with an average 46.9 ± 1.6 years. Comprehensive clinical and laboratory examinations included inspection of the external genitalia, vagina, and cervix in mirrors; bimanual examination; pelvic and breast ultrasound; endoscopic examination of the uterine cavity; and histological examination of biopsy specimens. digital mammography.

Inclusion Criteria:

perimenopausal age, morphologically confirmed diagnosis of endometrial hyperplasia, absence of antibiotic therapy for the last 3 months for objective assessment of infection status, absence of hormonal therapy for the last 3-6 months. Informed consent was a prerequisite for participation in the study.

Exclusion Criteria:

Patients with coagulopathies, iatrogenic bleeding, and malignant diseases of any localization were excluded from the study.

Results of the Study

The study of somatic pathology (Table 1) in the patients revealed that half of the patients in the study group - 49 (39,2±4,4%) had chronic inflammatory diseases of the upper and lower respiratory tracts, which was significantly more frequent than in the control group - 7 (17,5±6%], p<0,001. Every fifth patient in the main group - 29(23,2±3,8%) and every 8th patient in the control suffered from chronic bronchitis 5(12,5±5,2%),p<0,05. Chronic tonsillitis was three times more frequently reported by patients with EH and BBC compared to controls, p<0.001.

Cardiovascular diseases, predominantly varicose veins and hypertension, affected a significant proportion of women with EH and dysfunctional veins, 97 (77.6±3.7%) in the study group, and only one in five, 9(22.5±6.6%) in the control group, p<0.001. Varicose veins were diagnosed in 87(69,6±4,1%) against 7(17,5±6%) in the control group, p<0,001. Hypertensive disease was twice as common in patients with EH and BBC, 12(9.6±2.6%) vs 2(5±3.4%), p<0.05.

The main group had significantly more frequent various urinary system diseases 112(89.6±2.7%) vs. 14(40±8.3%), p<0.001). Chronic pyelonephritis was the most common in the patients with Grave's disease and BBC

- 56(44.8±4.4%) vs 7(17.5±6%) controls, p<0.05. All 18 patients in both groups had chronic cystitis 7(5.6±2.1%) and 2(5±3.4%), respectively.

Table 1 Structure of somatic pathology in the women surveyed, M±m

Structure of somatic pathology	Main group, n=125	Control, n=40
Respiratory diseases	49(39,2±4,4%)	7(17,5±6%)^{^ ^}
-chronic bronchitis	29(23,2±3,8%)	5(12,5±5,2%)*
-chronic tonsillitis	20(16±3,3%)	2(5,0±3,4%)**
Diseases of the cardiovascular system	97(77,6±3,7%)	9(22,5±6,6%)**
-varicose vein disease	87(69,6±4,1%)	7(17,5±6%)**
hypertension	12(9,6±2,6%)	2(5±3,4%)*
Diseases of the urinary system	112(89,6±2,7%)	14(40±8,3%)**
-chronic pyelonephritis	56(44,8±4,4%)	7(17,5±6%)*
- urolithiasis	50(40±4,4%)	5(12,5±5,2%)*
- chronic cystitis	7(5,6±2,1%)	2(5±3,4%)

Diseases of the endocrine system	106(84,8±3,2%)	7(17,5±6%)**
- Thyroid disease	65(52±4,5%)	5(12,5±5,2%)**
-obesity	37(29,6±4,1%)	5(12,5±5,2%)*
-diabetes mellitus	9(7,2±2,0%)	1(2,5±2,5%)
Iron deficiency anemia	94(75,2±3,9%)	3(7,5±4,2%)**
A combination of two or more pathologies	43(34,4±4,2%)	9(22,5±6,6%)

Note:

* -p <0,05 Significant differences between groups I and II

** -p <0,001 Significant differences between groups I and II

The analysis of endocrine system diseases showed that 106(84.8±3.2%) patients in the main group were 4.8 times more likely to have endocrine diseases compared to 7(17.5±6%) controls, $p<0.05$. Thyroid pathology, mainly diffuse goiter of stages I and II, was 4-fold more common in the main group than in the control group women 65(52±4.5%) vs 5(12.5±5.2%) respectively, $p<0.05$.

Patients in the main group 37(29.6±4.1%) were 2.4 times more likely to be overweight - 5(12.5±5.2%), $p<0.05$.

Diabetes mellitus in patients in the main group - 9(7.2±2.0%) was also significantly more common than in controls - 1(2.5±2.5%), $p<0.05$.

Iron deficiency anemia was diagnosed in 94(75.2±3.9%) patients in the main group and only three (7.5±4.2%) in the control group, $p<0.001$.

Patients in the main group were 1.5 times more likely to have a combination of two or more pathologies.

Thus, somatic diseases occurred in all patients with EH and BBC, and the combination of two or more pathologies was 1.5 times more frequent than that in the control group.

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