

The role of genetic determinants in the occurrence of genital endometriosis in women

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Abstract

Genital endometriosis remains one of the most urgent problems of modern gynecology. External genital endometriosis (EGE) occurs in 5-10% of women of reproductive age. The frequency of detection of this disease during laparoscopy in order to clarify the cause of infertility is 45-55%. According to modern concepts, this pathology is one of the main causes of female infertility.

Introduction: Demonstrative indicators of the significance of endometriosis for reproductive health include the fertility rate, which is calculated as the ratio of the number of births to the number of women of reproductive age. This coefficient in healthy women is 0.15–0.2, and in patients with endometriosis it is 0.02–0.10. However, the issue of managing patients with infertility after surgical treatment remains relevant. R. Maheux and co-authors believe that the problem of endometriosis is one of the central problems in gynecology, along with inflammatory diseases of the pelvic organs and uterine myoma (Baskakov V.P. et al.; Adamyan L.V. et al.). The frequency of endometriosis does not tend to decrease and currently reaches 10% in the population (Guidice L.N.).

The results of the systematic review data has shown that endometriosis, particularly its symptoms negatively affect various aspects of the female sexual function and dyspareunia is not the only determining factor of their sexual health. Chronic, recurrent pain syndrome, the presence of physical and mental disorders affect not only sexual function, but also personality traits, and life expectations of women suffering from endometriosis. In the study, it was found that surgical and medical management of patients with endometriosis leads to a significant improvement of sexual functions in the long term, but not a final cure. Conclusion. To date none of the proposed strategies for the treatment of endometriosis, including pain associated sexual dysfunction does not lead to its complete cure and prevents relapses avoided, due to multiple multisystem disorders that underlie its etiology and pathogenesis. Sexual function is a multidimensional concept. Therefore, ideally, when the treatment of sexual dysfunction associated with endometriosis, is a multifunctional team, which includes not just gynecologists, and sexologists, and psychologists psychotherapists. Individualized approach to therapy for each individual women is an important factor for long-term management of the disease.

The progressive course of the disease leads to the occurrence of pain, menstrual disorders, infertility, psycho-emotional changes, and, as a result, a decrease in the quality of life of patients (Kira E. F., Ryabtseva M. V.).

The problem of early diagnosis of various forms of endometriosis is currently particularly acute, since there is still no reliable non-invasive diagnostic method or any pathognomonic clinical tests that could make an accurate diagnosis and identify the localization of endometriosis in the early stages of the disease.

According to Research Foundation, up to 17% of women in the study population reported having or suspected endometriosis. The average age of patients at diagnosis is from 28 to 35 years, while

the average duration from the onset of symptoms to the diagnosis of endometriosis is about 6 years, and according to some sources - from 7 to 10 and even up to 12 years.

The study of the proteome may revolutionize the understanding of the etiopathogenesis of this disease and its localizations. Since endometriosis is an elusive disease, it is extremely important to identify high-precision markers for the timely diagnosis of this pathological process.

Given the steady increase in the incidence of endometriosis, which leads to a decrease in the quality of life, and sometimes to disability in women of predominantly reproductive age, the lack of reliable clinical criteria and specific, high-precision markers of the disease that can detect endometriosis in the early stages, it is necessary to create new diagnostic criteria and a prognostic model with the purpose of timely diagnosis of endometriosis and its localization.

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