

The Role of Somatic Diseases in the Development of Reproductive Disorders in Girls-Teenagers

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Abstract. The decisive role of the premorbid background in the development of numerous body systems and functions is an undeniable fact. [1,2]. Puberty is also influenced by both endogenous and exogenous factors, the priorities of which are often interrelated. [3,4]

Keywords: girls-teenagers, reproductive infringements, sexual development.

Introduction:

The aim of this study is to identify the premorbid background, clinical and biological features in the pathogenesis of reproductive disorders in adolescent girls.

Purpose of work: studying of features of reproductive infringements in modern population of girls-teenagers.

Subjects of research: 90 girls-teenagers with reproductive infringements of the various degree.

Materials and methods of research: an objective estimation of sexual development, ultrasonic, radiological researches. To achieve this goal, we examined 90 girls and adolescent girls aged 4 to 16 at the City Children's Medical Consultative and Diagnostic Center. Based on age classification based on their passport age, all girls were divided into three equal groups (30).

Group 1 consisted of girls of neutral age, aged 4 to 8 years;

Group 2 consisted of prepubertal adolescent girls, aged 8 to 12 years;

Group 3 consisted of pubertal female patients, aged 12 to 16 years.

All teenage girls were examined clinically and medical history, an ultrasound examination of the pelvic organs (uterus and ovaries) was performed, and they were consulted by related specialists (endocrinologist, ophthalmologist, ENT specialist, neurologist) to clarify the diagnosis, and, if necessary, an X-ray of the hands (to determine bone age). The gynecological examination included an assessment of anthropometric data with a description of the sexual development formula and bacterioscopy of vaginal discharge.

Results of our research.

The results obtained: frequency of reproductive infringements is specified at screening inspection of girls-teenagers at the age of 10-19 years. The role of the somatic status and clinical displays of reproductive frustration at girls-teenagers is studied. For the first time the algorithm of tactics of conducting girls-teenagers with various reproductive infringements depending on them *генеза* is developed and introduced.

To study the prevalence of various types of reproductive disorders in adolescent girls across age groups, we conducted a comparative analysis of gynecological and somatic data (Table 1).

Table No. 1.

Reproductive disorders in girls in age-related aspects (N=90).

Disorders	Group 1, 4-8 years old (n=30) abs./%	Group 2, 8-12 years old (n=30) abs./%	Group 3, 12-16 years old (n=30) abs./%
No gynecological pathology was detected	8 (27%)	4 (13%)	1 (3%)
Vaginitis:			
Acute	3 (10%)	4 (13%)	6 (20%)
Chronic	19 (63%)	12 (40%)	8 (27%)
Chronic oophoritis	-	3 (10%)	10 (33%)
Ovarian dysfunction	-	6 (20%)	12 (40%)
Functional ovarian cyst	-	-	3 (10%)
Hyperandrogenism	-	2 (6%)	9 (30%)
Synechiae of the labia minora	8 (27%)	1 (3%)	-
Delayed puberty	-	1 (3%)	3 (10%)

Thyroid pathology	8 (27%)	6 (20%)	9 (30%)
Acute or chronic inflammatory diseases of the ENT organs	12(40%)	18(60%)	10(33%)
Kidney disease	4 (13%)	6(20%)	3(10%)
Digestive tract diseases	14(46%)	16(53%)	4 (13%)

The analysis of reproductive disorders in adolescent girls in the compared groups in the age aspect showed that among gynecological diseases, inflammatory genesis prevails in the form of vulvovaginitis, both acute and chronic in primary school age (n=73%), while various disorders of the reproductive system (menstrual function: dysmenorrhea -33%; 1-amenorrhea -10%; 2-amenorrhea – 40%;) prevail in adolescent girls of senior school age. Hence, it should be logically concluded that in patients with primary estrogen deficiency, vaginal microbiocenosis corresponds to the clinical picture of chronic nonspecific vulvovaginitis.

It should be especially noted that all those examined had a combination of several extragenital diseases or damage to several systems. (46%- 53%- 13%).

According to the data presented in the table, nonspecific vulvovaginitis was not an independent disease in any case, but was always combined with inflammatory diseases of the mucous membranes of various organs, such as urinary tract infections, pyelonephritis, chronic tonsillitis and intestinal dysbiosis. Moreover, the vaginal microflora in 73.6% of girls turned out to be identical to the pathogens of the underlying disease.

As can be seen from the data presented in the table, chronic vulvovaginitis, in turn, contributed to the formation of synechiae (n=30%), the formation of scarring in the vagina with the possible transition of the inflammatory process to the uterus and appendages (n= 43%), which is further fraught with menstrual dysfunction in the form of ovarian dysfunction (n=20%; 40%), ovarian cysts (n=10%), hormonal changes with a tendency to hyperandrogenism (n=36%).

Conclusion: The allocated groups of risk have given the chance carrying out of the medical and preventive actions directed on timely correction of infringements, to strengthening medical with watchfulness on realization genetically programmed risk factors. Definition of clinical pathogenetic laws of occurrence and development of reproductive infringements in girls-teenagers has allowed differentially choose the individual scheme of inspection and treatment.

As a result of our comparative analysis, we can draw the following conclusions:

1. Reproductive disorders in adolescent girls occur on a premorbid background complicated by extragenital diseases.
2. There is a proportional relationship between the premorbid background and the structure of reproductive disorders in adolescent girls (the more severe the premorbid background, the more pronounced the menstrual cycle disorders).
3. The structure of the reproductive system disorder is determined by the age of the girl. Vulvovaginitis prevails in primary school age (73%-85%), while menstrual disorders prevail in high school (80%).

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