

Diagnostic and Therapeutic Tactics in Patients with Endometritis After Cesarean Section

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Abstract: To diagnose and treat endometritis, specialists of Yauza Clinical Hospital use traditional safe methods (ultrasound, laboratory) and modern innovative methods (endometrial aspiration biopsy, hysteroscopy). Equipment research is carried out on advanced high-precision equipment of recognized world leaders in the production of medical equipment.

The information in this section cannot be used for self-diagnosis and self-treatment. In case of pain or other exacerbation of the disease, diagnostic tests should be prescribed only by the attending physician. You should contact your doctor for a diagnosis and to prescribe the right treatment.

With 100% accuracy, the endoscopic diagnostic method (hysteroscopy) together with laboratory tests allows to diagnose the disease.

Acute endometritis can be completely treated without developing complications with timely referral to a gynecologist and following the instructions.

In 90% of cases, timely treatment of chronic endometritis completely restores the reproductive function of the uterus.

Key words: acute endometritis, chronic form, acute form, streptococci; Klebsiella; Proteus; Enterobacter; Chlamydia;

Inflammation of the lining of the uterus, the endometrium, is called endometritis. The etiology of the disease can be both endogenous and exogenous. It can occur as a result of infection and damage to the mucous membrane:

probing or curettage of the uterine cavity;

examination of the uterus and fallopian tubes using hysterosalpingography;

endoscopic examination of the uterine cavity;

long-term use of intrauterine contraceptives;

washing;

unprotected sex, especially during menstruation;

The risk group also includes women who frequently change sexual partners.

Endometritis can be the result of infectious diseases (tuberculosis, gonorrhea) or weak immunity. Postpartum endometritis often has an autoimmune nature and is associated with the reconstruction of the pregnant woman's immune system.

Sharp shape

There are acute and chronic forms of the disease, each of them has its own etiology. Acute endometritis develops as a result of complicated childbirth, abortion or the use of intrauterine contraceptives, and usually makes itself felt within 3-4 days after its appearance.

Chronic form

The slow form of chronic endometritis is often associated with sexually transmitted infections. The cause of the disease can be a single pathogen or a group dominated by one species. The most common cause of inflammation of the uterine lining:

coli;

streptococci;

Klebsiella;

Proteus;

enterobacter;

chlamydia;

diphtheria bacillus;

mycoplasma;

mycobacterium tuberculosis;

viruses, protozoan microorganisms.

Structural changes occur in the endometrium and its normal function is disturbed. Changes in the lining of the uterus during chronic endometritis can lead to abortion or infertility.

SYMPTOMS

Acute endometritis is characterized by rapid development with clear symptoms:

pain in the lower abdomen;

painful sensations during urination;
discharge from the genital tract with an unpleasant odor;
fever, chills.

If the described symptoms appear, timely contact with gynecologists at Yauza Clinical Hospital guarantees treatment of the acute form within 7-10 days. Gynecological examination at this stage reveals a painful, moderately enlarged uterus, serous-purulent or bloody discharge.

The clinical presentation of chronic endometritis depends on the duration of the inflammatory process and the depth of damage to the tissues of the uterine mucosa. The main symptoms of the chronic form of the disease:

menstrual cycle disorder;
uterine bleeding;
purulent and bloody discharge from the genital tract;
pain and heaviness in the lower abdomen, sacrum, perineum;
pain during intercourse;
abortion.

The chronic form of the disease, if not treated, is dangerous due to complications in the form of the appearance and growth of cysts and polyps, damage to the muscle layer of the uterus - myoendometritis, uterine leiomyoma, development of endometrioid disease, formation. purulent-inflammatory infectious foci in the pelvic organs, ectopic pregnancy and complications during pregnancy.

DIAGNOSTIC OF ENDOMETRITIS

Laboratory and hardware testing

If endometritis is suspected, the diagnosis may include the following instrumental and laboratory tests:

Ultrasound examination of the uterus and appendages;
hysteroscopy - a detailed examination of the uterine cavity using an endoscope with the possibility of therapeutic and diagnostic medical procedures - taking a biopsy, removing a polyp, etc.;
aspiration biopsy of the endometrium - taking samples of the endometrium for examination using a thin tube ("tube") inserted into the uterine cavity and negative pressure created in it by a piston;
smear for flora, infections;

Drug therapy includes antibacterial and anti-inflammatory drugs, whose action is aimed at suppressing pathogenic microflora and stopping the inflammatory process. In some cases, hormone therapy is used to maintain and normalize endometrial growth.

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