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Optimization of Treatment Methods of Endometrial Polyps after the Hysteroscopic Polypectomy Procedure

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Abstract: this article is devoted to the study of the etiology, pathogenesis, clinic, diagnosis, treatment of chronic pancreatitis.

Key words: proliferative fibrosis, chronic indurative pancreatitis, persistent inflammation, purulent or necrotic masses, pancreatic amylase, lipase.

Relevance. Female reproductive dysfunction is the result of many causes, among which the proportion of the uterine factor varies from 24 to 62%. The only cause of infertility is uterine pathology in 10-15% of women, and in combination with other factors, its sagging increases to 50%. Modern methods of diagnosing intrauterine pathology make it possible to determine sufficient tactics for managing the patient, develop a complex of optimal therapeutic measures, and often restore reproductive function. The wide introduction of hysteroscopy into gynecological practice significantly expanded the possibilities of diagnosing the pathological condition of the endometrium, and at the same time made it possible to carry out a whole complex of therapeutic endosurgical procedures. The possibility of simultaneously removing the detected pathological formation determines the high efficiency of this surgery. It is known that in 15-25% of patients with infertility, uterine pathology is a "find" during hysteroscopy, since Ecography does not always allow to identify pathological processes in the uterine cavity. According to many studies, hysteroscopy is one of the most effective methods of treating infertility in women with uterine pathologies. However, despite a lot of work and great interest in this problem, at present, data on the effectiveness of the hysteroscopy method in various uterine pathologies and the recovery of fertility in women who have undergone various uterine endoscopic interventions have not been studied.

Aim. Study on optimizing reproductive health in women post-hysteroscopic polypectomy. Evaluation of the efficacy of sodium hyaluronate 50 mg retention gel in the uterine cavity and progesteron 200.0 mg for the prevention of postoperative adhesions following hysteroscopic polypectomy.

Materials and methods. The study was conducted from 2021 to 2023 at the Tashkent City inter-district Perinatal Center (head physician Begjanov U.U.) were held. Reabilitation measures after the practice of hysteroscopic polypectomy in infertility due to endometrial polyps were optimized and implemented into practice. To do this, 50 mg sodium hyaluronate /25 mg carboxycellulose retaining gel is injected into the uterine cavity immediately or within 7 days after the hysteroscopic polypectomy procedure and for 10 days .The effectiveness of the use of 200. 0 mg progesterone-containing drugs in the Prevention of relapse was assessed. The study was carried out in several stages: the first stage (2020-2021) consists in a retrospective analysis of the results of uterine pathologies in 40 women and hysteroscopic jarrox. In the second stage - from 2021 to 2022 - 40 women with uterine pathologies were given a prospective diagnosis and endoscopic treatment. In the

third stage, the results of the operation of 40 women who were operated on uterine pathologies were evaluated. All women met the inclusion criteria in the current study and no diseases were identified that met the non-inclusion criteria. Inclusion criteria: written consent of women, patients with endometrial polyps. Non-inclusion criteria: other hormonal types of infertility. After assessing compliance with the criteria for inclusion and exclusion in the study, all patients who participated in the study were divided into groups. This was done by evaluating the recovery of menstruation and reproductive function. In conducting the study, hysteroscopic, general clinical, labarator, hormonal methods and ultrasound methods of small groin organs were used, and the results obtained were calculated using a statistical study.

Results and discussion. The study covers a total of 80 women, of which 40 suffer from infertility due to intrauterine polyps (control group), the remaining 40 are healthy women in the comparison group .In the assessment of the clinical effectiveness of treatment in these groups: Menstrual cycle and reproductive function were carried out taking into account the recovery swing. The effectiveness of rehabilitation treatment was assessed by a comparative statistical analysis before and after rehabilitation therapy of such indicators as: objective data, elimination of complaints, ultrasound data, normalization of menstrual function, restoration of reproductive function. During the study, 40 women in the control group performed hysteroscopic polypectomy and 50 mg sodium hyaluronate /25 mg carboxycellulose retaine gel was injected into the uterine cavity and micronized progesterone–retaining drug Utrogestani was prescribed for a period of 3 months in order to prevent the relapse of polyps – after the surgical procedure, at a dose of 200 mg (per os) on the 17th – 26th of the menstrual cycle for 10 days.

Majority of women with uterine polyps (31.3%) were between 20 and 29 years old. At the same time, a significantly higher number of Group I women (67.4%) were found to be younger than 30 years of age compared to (33.2%) in the comparison group ($p<0.001$) by age, with 82.7% of group I and II women making up women of early reproductive age. Compared to the comparison group (15.1%) of group I (21.7%) women, it was found that they were 19 years of age ($p<0.05$) and vice versa, 29.6% of women in the main group were 36-year-old women of late reproductive age, of which 19.7 were made up of women in group I and 9.9% in group II ($p<0.05$).

Infertility from the most basic complaints in women with intrauterine polyps was found in 60% of primary patients, and in 40% the secondary type ($p =0.05$) . Furthermore menstrual cycle disorders were observed in 90% of patients with oligomenorrhea type and the remaining 10% with amenorrhea type. Note: * - differentiation relative to comparison group indicators is significant (*- $p<0.01$, ***- $p<0.001$) ^.

The state of reproductive activity in women under study.

Reproductive function		Group №1, n=40		Comparison group, n=30	
		abs.	%	abs.	%
Pregnancy	In the uterus	37	92.5±1,0	36	90.0±1,4
	Extra- uterine	1	2.5±1,2	0	0
Labor	Through natural birth routes	28	70.0±1,1*	32	80,0±1,2
	Caesarean section	9	22,5±1,1*	4	10,0±1,2
Infertility	Primary	24	60.0±1,2***	0	0
	Secondary	16	40.0±2,1***	0	0

Note: differentiation relative to * – comparison group indicators is significant (*-$p<0.05$, **-$p<0.01$, ***-$p<0.001$) with respect to ^ – 1 group indicators is significant (^-$p<0.05$, ^^ - $p<0.01$, ^^ - $p<0.001$).

The results of a hormonal study 3 months after the practice of hysterocopy, in group I women LG reduced to 8.0±0.2 ME/l and In the 1-group, T was 1.0±0.1 ng/ml, indicating a decrease in the proportion of women in the comparison group compared to 1.6±0.12 ng/ml ($p<0.001$), an increase in FSG to 10.2±0.1 ME/l in the i– group.

Conclusions:

In conclusion, when sodium hyaluronate 50.0/carboxycellulose 25.0 mg of retaining gel is introduced into the uterine cavity in order to prevent relapses after hysteroscopic polypectomy surgery in infertility with intrauterine polyps as well, progesterone 200 .0 mg preservatives were administered for 3 months for 10 days, 95% of patients had access to pregnancy, and 97.5% of patients had normal menstrual cycle recovery. During the period examined, most of the women in the control group found that the normal menstrual cycle 97.5 % was restored and their hormonal indicators were almost equal to the group of healthy women, and in a large part of them (92.5 %) pregnancy was achieved.

Keywords: endometrial polyps, sodium hyaluronate, progesterone, hysteroscopic polypectomy.

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