



Pathomorphological Characteristics Of Glandular Hyperplasia Endometry In Women According To The Data Of The Bukhara Regional Pathological Bureau

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ABSTRACT

The results of examination of 107 patients with glandular hyperplasia of the endometrium are presented. The age of women ranged from 43 to 67 years, on average it was 41.2 ± 2.6 years, of which 76 patients were of reproductive age and 49 during the perimenopause. The diagnosis of glandular hyperplasia was established on the basis of morphological scraping of the uterine mucosa. The morphological forms of glandular hyperplasia of the endometrium were analyzed and a comparative analysis of the frequency of all this pathology in the Bukhara region was carried out. The results of the study showed a high growth of this pathology, the cause of which is uterine bleeding, which was confirmed by morphological examination.

KEYWORDS

Endometrial hyperplasia, neoplasia, precancerous endometrial condition, morphology.

INTRODUCTION

Glandular hyperplasia of the endometrium (GBH) is a fairly common disease, is the most frequent variant of hyperplastic changes in the uterine mucosa and develops due to hormonal imbalance and excessive intake of folliculin or corpus luteum hormone (progesterone) into the body. The Republic of Uzbekistan is no exception. According to Russian authors,

endometrial hyperplasia in the structure of gynecological diseases ranges from 15 to 50% [1,3,8].

With a prolonged course and no treatment, HPE leads to the development of endometrial cancer, which currently ranks fourth in the structure of malignant neoplasms in women

and tends to increase [2,7,10]. It should be noted that, having an important medical significance, it is a frequent cause of uterine bleeding in perimenopause, limited possibilities of conservative treatment of endometrial hyperplasia due to concomitant diseases, a high recurrence rate (0.25-64.7%) and the likelihood of malignancy (0.3-45, 1%) of endometrial hyperplasia. (Kogan E.A., Stanoevich I.V., Kudrina et al. // Arch.pat.-2007.-Issue 7.-P.21-24.) [4,5, 3].

Despite the progress achieved in the prevention of this pathology, the issues of assessing the morphological criteria of endometrial hyperplasia and especially atypical hyperplasia are still controversial. Various complications arising from the presence of this pathology such as infertility, miscarriage, reproductive losses, etc. An increase in the frequency of endometrial pathology in the population is noted by many researchers. (Korsak V.S., Zabelkina O.A., Isakova A.A. .)

Unsatisfactory treatment results require new tactical approaches and improvement of gynecological tactics, as well as the

development of more effective methods for the prevention of developing complications.

PURPOSE OF THE STUDY

Timely identification of various morphological forms of endometrial hyperplasia, to improve diagnosis and pathogenetic therapy.

MATERIALS AND METHODS

The study was carried out on the basis of the Bukhara Medical Institute "Bukhara Pathological Bureau" in Bukhara. Studies were carried out on scraping from the uterine cavity, patients from the gynecological department of the Republican Scientific Center for Emergency Medical Aid of the Bukhara region who were admitted with uterine bleeding. The age of the patients varied from 40 to 54 years and over, the average age of which was 49 ± 0.5 years. We also studied the medical history of these patients. The following classification of endometrial hyperplastic processes was used. (Moscow Regional Research Institute of Obstetrics and Gynecology).

Table 1.

Distribution of patients with endometrial hyperplasia

Age and years	Absolute number	Share in %
40-44 years	36	33.6
45-49 years	48	44.9
50-54 years old and over	23	21.5
Total	107	100

Also, these patients were distributed by age and age period.

Table 2.

Distribution of patients with endometrial hyperplasia by age

Period	Absolute number	Share in %
Reproductive	25	23,3
Late reproductive	28	25,6
Premenopause	37	35,3
Postmonopause	17	15,8
Total	107	100

Morphological analysis was carried out using a survey method: For histological examination, the scrapings were fixed in 10% formalin solution in phosphate buffer and, after dehydration in alcohols, embedded in paraffin. Sections 5–7 μm thick were stained with hematoxylin and eosin to detect various forms. The diagnosis was made on the basis of the

results of histological examination using a Leica microscope.

Research results and discussion

The results of morphological studies of biopsy material taken from 107 patients, the first group consisted of 36 patients aged from 40 to 44 years, the second group from 45 to 49 years old, the third group from 50 to 54 and over.

Table 3.

Complaints of patients with endometrial hyperplasia

Complaints	Amount	Share in %
Dysfunctional uterine bleeding	34	31,8
Hyperpolymenorrhea, postmenopausal spotting.	73	68,2

In 39% of patients, hyperplasia was detected during ultrasound studies.

Table 4 shows gynecological diseases in patients with endometrial hyperplasia. It was noted that 89% had a history of gynecological disease endocervicosis of the cervix (42.9%), chronic endometritis (17.7%), ovarian cysts (14.01%), uterine myoma (22.4) and acute purulent endometritis (2.8%).

Table 4.

Gynecological diseases in patients with endometrial hyperplasia (from the history of patients).

Abs.	Amount	Share %
Total	107	100
Endocervicosis of the cervix	46	42,9
Chronic endometritis	19	17,7
Ovarian cysts	15	14,01
Myoma of the uterus	24	22,4
Acute purulent endometritis	3	2,8

The results of a morphological study showed that with endometrial hyperplasia, discirculatory, dystrophic-necrotic and inflammatory changes are noted. (Figure 1). In the stroma, hyperemia and vascular hyperemia

in the interstitial space is determined by an inflammatory infiltrate consisting of both neutrophils and lymph-histiocytic cells.

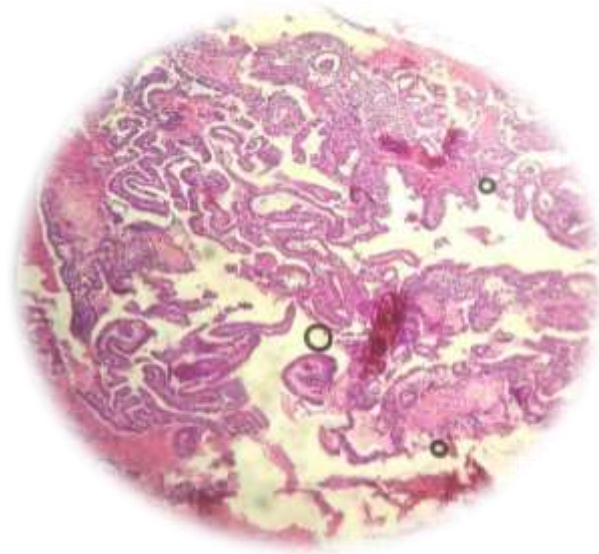


Fig 1. Simple endometrial hyperplasia without atypia. Coloring: H-E. Zoom: about 10, ob. 40.



Fig 2. Complex endometrial hyperplasia without atypia, edema and focal inflammation of the interstitium. Color: HE. Zoom: about 10, ob. 40.

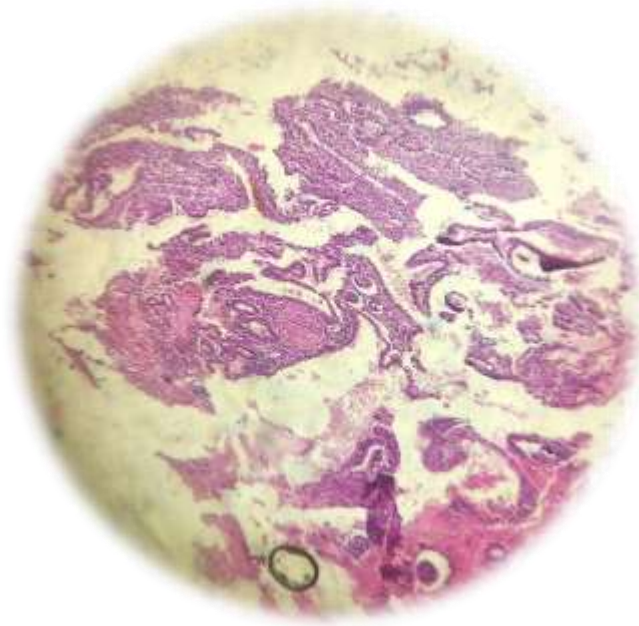


Fig 3. Complex endometrial hyperplasia without atypia, edema and focal inflammation of the interstitium. Color: HE. Zoom: about 10, ob. 40.

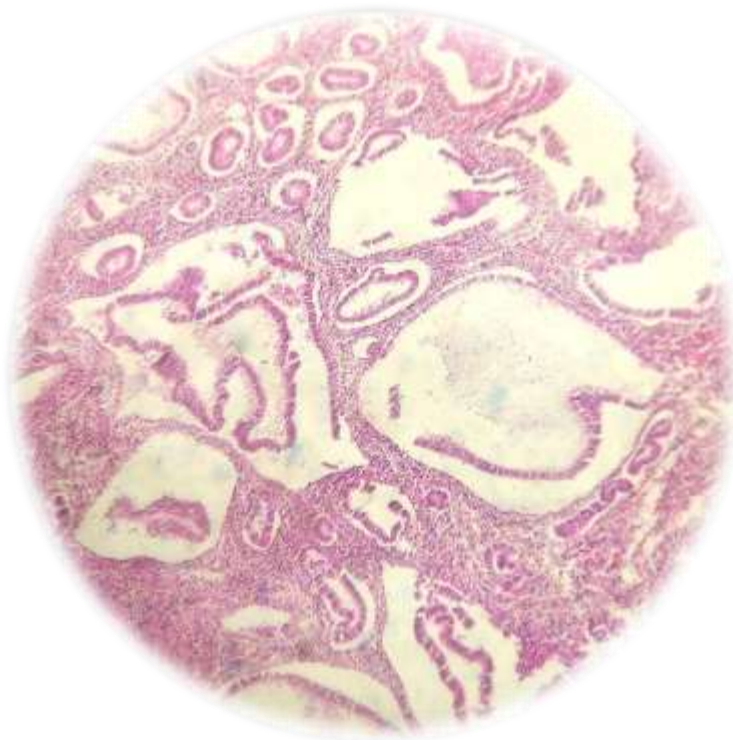


Fig 4. Glandular cystic hyperplasia of the endometrium without atypia, edema and focal inflammation of the interstitium. Color: HE. Zoom: about 10, ob. 40.

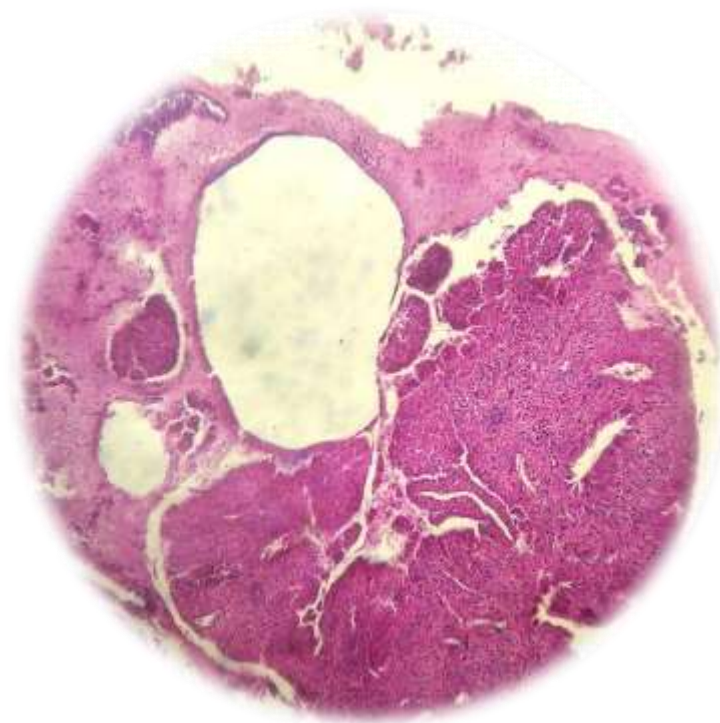


Fig 5. Complex endometrial hyperplasia without atypia, edema and focal inflammation of the interstitium. Color: HE. Zoom: about 10, ob. 40.

SUMMARY

Thus, our studies have shown that in patients with a diagnosis of endometrial hyperplasia, hyperplasia has significantly increased in recent years.

In terms of the frequency of occurrence of patients with glandular hyperplasia for dyshormonal pathology, simple hyperplasia is inferior to 70% of cases. Atypical forms are also noted, which can contribute to the development of cancer or malignancy, as complications.

CONCLUSIONS

1. With endometrial hyperplasia, simple glandular hyperplasia of the endometrium is found in all age groups and is much more common. And complex and atypical

endometrial hyperplasia was detected only in 11 women aged 33 to 58 years.

2. In 21 cases, endometrial hyperplasia was combined with chronic endometritis and in 3 cases with acute purulent endometritis, and against the background of these pathologies discirculatory, dystrophic-necrotic, inflammatory changes were revealed and were more pronounced.
3. For the prevention and timely diagnosis of this pathology, an annual clinical examination of women, especially of the elderly and senile age, is necessary with the combined use of hysteroscopy and morphological examination of the material.

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