

Clinical and Immunological Features of the Postpartum Period in Women with Uterine Fibroids

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Abstract: The article provides an analysis of the somatic reproductive age history of the postpartum period in women with uterine fibroids.

Purpose of the study. To study and determine the evaluation of the somatic reproductive age anamnesis of the postpartum period in women with uterine fibroids.

Material and methods. In this article, we studied 58 reproductive-aged women who had asymptomatic uterine fibroids. We studied 58 women who underwent asymptomatic uterine fibroids. As the main method of research from the anamnesis, a general blood test was used; hormone levels were used to determine FSH, LH, Prolactin, Progesterone, Estradiol.

Results. Our analysis of the clinical manifestations of uterine fibroids in the reproductive age revealed: deviations of the menstrual cycle: late or too heavy menstruation is accompanied by an increase or decrease in the amount of important hormones - estrogens. Quite often, uterine fibroids develop in women with hypertension, obesity, diseases of the cardiovascular system, as well as in women leading a sedentary lifestyle. Also, one of the reasons for the occurrence of uterine fibroids may be a genetic predisposition.

During the reproductive age of fibroids, the number of progesterone receptors exceeds their content in normal myometrium. This feature of receptor concentration makes fibroids in their properties closer to the endometrium than to the myometrium. This is possible and is the reason for the growth of myomatous nodes than the unchanged muscle tissue of the uterus, with the same level of hormones in the blood.

Key words: uterine fibroids, hormone.

Relevance. Uterine fibroids are true benign tumors of hormonally dependent organs. Its prevalence varies widely. According to the literature, every fourth to fifth woman in the world has uterine fibroids [1]. Despite the low probability of malignancy (1%), up to 2/3 of patients suffering from uterine fibroids undergo surgical treatment, and 60–96% of all operations are radical and lead to loss of reproductive and menstrual function in women. This subsequently becomes the main cause of the development of disorders in the hypothalamic-pituitary-ovarian system, as well as vegetative-vascular and psycho-emotional changes [1,4,11].

Protecting the reproductive health of the juvenile female population remains one of the priorities of modern healthcare. The problem of searching for the pathophysiological mechanisms of the development of uterine fibroids and developing effective methods of conservative treatment of the tumor process in the myometrium is due to two circumstances: firstly, the widespread prevalence of the disease and, secondly, the high frequency of surgical treatment of this benign uterine tumor. Uterine fibroids affect 25–30% of women over 35 years of age, and in recent years the disease is increasingly being detected at a younger age [3,13,22]. The causes of uterine fibroids have not been fully established. Uterine fibroids are the most common cause of abnormal uterine bleeding, infertility, recurrent pregnancy loss, and dysfunction of the pelvic organs [5,9,17]. These symptoms significantly worsen a woman's quality of life [6,12,22].

Purpose of the study: Analysis of the somatic reproductive history of women with uterine fibroids in juvenile age.

Material and methods In total, we examined 115 juvenile women with uterine fibroids who applied to the consultative clinic in Bukhara.

To solve the research problems, all the patients we examined were divided into 2 groups: 57 women with symptomatic uterine fibroids and 58 women with asymptomatic uterine fibroids. 30 practically healthy women made up the control group.

The age of those examined ranged from 20 to 27 years (Table 1). As can be seen from the data presented in the table, mostly women were aged from 20 to 27 years. This is not only the most productive and socially significant age, but also the most sexually active reproductive age. Particular attention is drawn to the contingent of patients under the age of 17 years, both with symptomatic uterine fibroids (8.8%) and asymptomatic (10.3%), which is consistent with the literature data on the “rejuvenation” of uterine fibroids.

Research results and discussions. In total, we examined 115 women with uterine fibroids who applied to the consultative clinic in Bukhara.

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The age of those examined ranged from 20 to 27 years (Table 3.1). As can be seen from the data presented in the table, mostly women were aged from 20 to 27 years. This is not only the most productive and socially significant age, but also the most sexually active reproductive age. Particular attention is drawn to the contingent of patients under the age of 25 years, both with symptomatic uterine fibroids (8.8%) and asymptomatic (10.3%), which is consistent with the literature data on the “rejuvenation” of uterine fibroids.

We also took into account the employment structure of the patients. As can be seen, among the contingent of those examined with symptomatic uterine fibroids, there were 14 women with intellectual activity, 12 women with physical activity, 15 women were employed in agricultural work and 16 women were housewives.

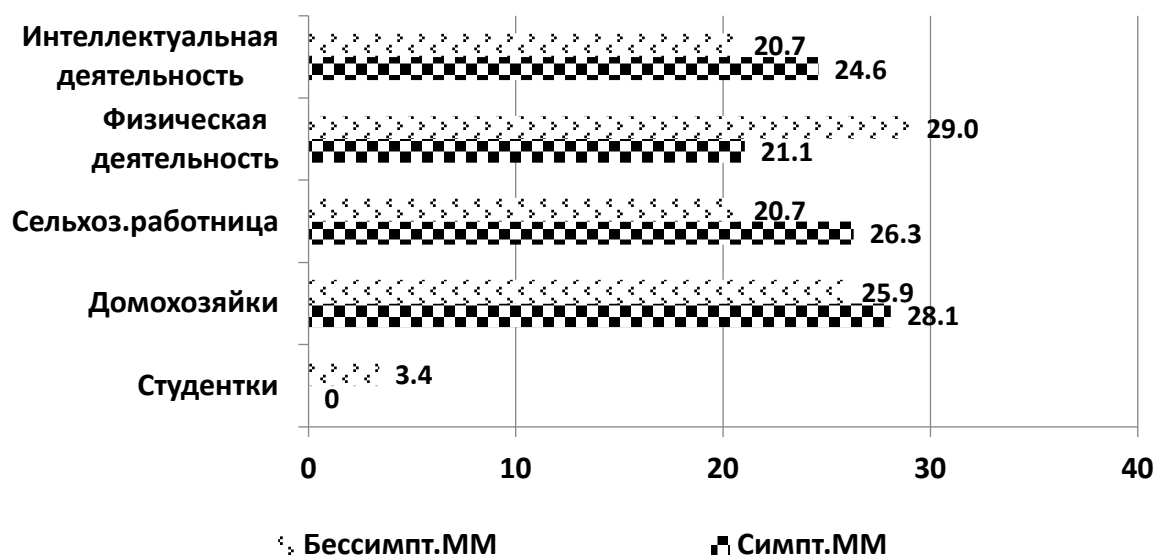


Fig. 1. Employment structure of surveyed women, %

The majority of patients with asymptomatic uterine fibroids were engaged in physical activity (17). There were 12 women with intellectual activities and those employed in agricultural work. 15 patients were housewives. And 3.4% (2) were female students.

When analyzing professional affiliation, we took into account the possible influence on the occurrence and development of uterine fibroids, conditions and factors of work activity. As can be seen from the presented data, the incidence of uterine fibroids with various clinical forms did not depend on professional background.

When collecting anamnesis, we took into account the patients' residence close to environmentally hazardous objects. Analysis of place of residence showed that there were more symptomatic UTERINE MYOMA among rural residents, and asymptomatic ones among urban residents (Fig. 3.2).

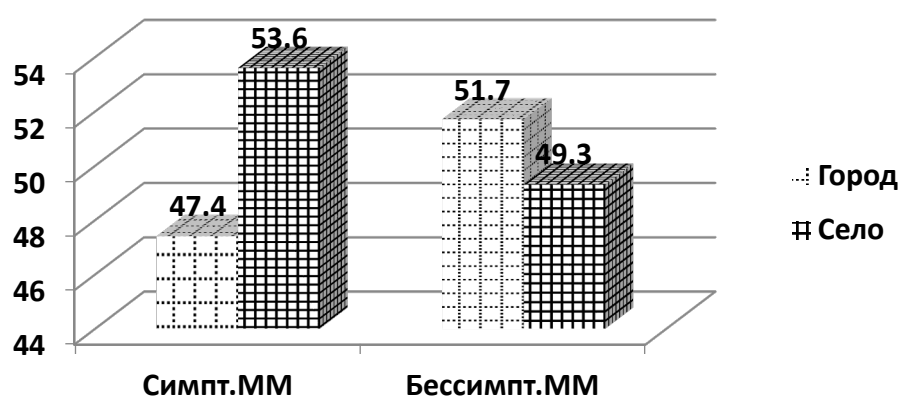


Fig.3.2. Place of residence of surveyed women, %

The pathogenesis of uterine fibroids still causes a lot of controversy. Existing theories of the development of the disease are based on the results of laboratory and experimental studies and explain only some parts of the pathogenesis. One of the central places in the pathogenesis of uterine fibroids is given to the characteristics of the functional state of the reproductive system [2-24].

Risk factors for the development of uterine fibroids traditionally include late menarche, heavy and painful menstruation. We analyzed the characteristics of the period of formation of menstrual function in women with various clinical forms of uterine fibroids (Table 2). As can be seen from the table data, in women in the control group the formation of menstrual function was mainly 12-13 years old. And only one woman had it at the age of 15. In women with symptomatic uterine fibroids with menorrhagia, the formation of MC was at the age of 20-25 years, and in 3 women at 16 years. Anamnesis of women with pelvic pain showed that the majority of women developed MC at the age of 12-13 years. In the majority of women with infertility, the formation of MC was somewhat delayed - at 15-16 years. In the group of women with asymptomatic uterine fibroids, the majority of women developed MC at 12-13-14 years of age.

Table 2. Formation of the menstrual cycle in women with various clinical forms of uterine fibroids, abs/%

Groups of surveyed	Age of formation of MC				
	12 л.	13л	14л	15л	16л
Control group, n=30	13 (43,3)	12 (40,0)	2 (6,7)	1 (3,3)	-
Symptomatic uterine fibroids: n=57					
Menorrhagia, n=18	2 (11,1)	3 (16,7)	6 (33,3)	4 (22,2)	3(16,7)
Pelvic pain, n=20	5 (25,0)	6 (30,0)	4 (20,0)	3 (15,0)	-
Infertility, n=19	2 (10,5)	3 (15,8)	2 (10,5)	5 (26,3)	6(31,6)
Asymptomatic uterine fibroids n= 58					
Small forms of uterine fibroids n=38	15(39,5)	12 (31,6)	6 (15,8)	5 (13,1)	-
Large forms of uterine fibroids, n=20	9 (45,0)	6 (30,0)	3 (15,0)	2 (10,0)	-

All women had the correct rhythm of menstruation (100.0%). The average duration of the menstrual cycle is 28.5 ± 0.2 days, the average duration of menstrual bleeding is 4.5 ± 0.1 days.

Table 3. Onset of sexual activity in patients with uterine fibroids, abs/%

Groups of surveyed	Up to 20 years	20 – 27 years old	After 27 years
Control group, n=30	4/13,3	19/63,3	6/20,0
Symptomatic uterine fibroids: n=57			
Menorrhagia, n=18	3/16,7	10/55,5	5/27,8
Pelvic pain, n=20	2/10,0	12/60,0	6/30,0
Infertility, n=19	2/10,5	11/57,9	6/31,5
Asymptomatic uterine fibroids: n= 58			
Small forms of uterine fibroids, n= 38	7/18,4	26/68,4	5/13,1
Large forms of uterine fibroids, n=20	3/15,0	12/60,0	5/25,0

When analyzing the onset of sexual activity among the women examined, it was revealed that the majority of patients got married before the age of 27. After 27 years, 6 women in the control group got married. In the group with pelvic pain and infertility, 30.0% and 31.5% of women got married after 27 years.

In clinical practice, the nature of tumor growth is important. Uterine tumors are divided by tissue composition - fibroids, fibromas, angiomas and adenomyomas - depending on the content of connective tissue in them and the degree of development of the vascular component. There are simple and proliferating tumors; the latter are found in every fourth patient with uterine fibroids.

Table 4. Location of nodes in patients with uterine fibroids, abs/%

Groups of surveyed	Submycotic	Intramural
Symptomatic uterine fibroids: n=57		
Menorrhagia, n=18	13/72,2	5/27,8
Pelvic pain, n=20	12/60,0	8/40,0
Infertility, n=19	10/52,6	9/47,4
Asymptomatic uterine fibroids: n= 58		
Small forms of uterine fibroids, n= 38	20/52,6	18/47,4
Large forms of uterine fibroids, n=20	7/35,0	13/65,0

As is known, submucosal nodes are partially or completely located in the uterine cavity (Table 4). Such nodes cause heavy menstruation and interfere with pregnancy. This is due to the fact that, occupying the uterine cavity, fibroids prevent the attachment of the fertilized egg. Our studies revealed that among women with symptomatic uterine fibroids with clinical manifestations of menorrhagia, the submucous form was found in 72.2% of cases, in women with pelvic pain it was found in 60.% of cases, and among women with infertility, the submucosal form of uterine fibroids was observed in 52.6% of cases. In the group of women with asymptomatic uterine fibroids, the submucosal form was found in 52.6% of patients with small forms of uterine fibroids and in 47.4% of cases among women with large forms of uterine fibroids.

Intramural nodes grow in the thin muscular wall of the uterus and, due to an unfortunate location, can block the entrance to the fallopian tube, which interferes with the process of fusion of the sperm with the egg. In 47.4% of women with infertility, an intramural form of the node was identified.

If the role of nodes of submucosal localization in decreased fertility is beyond doubt among researchers [23-41], then the influence of nodes of intramural localization is the subject of active debate (it is known that, regardless of the research method, intramural nodes are detected in 58% of cases of uterine fibroids) [42-51]. It is also difficult to build a unified concept of the pathogenesis of infertility with intramural uterine fibroids because different researchers operate with different categories of node sizes - from 4 to 7 cm in diameter, and the number and location of nodes relative to the uterine cavity are also taken into account differently [33-51]. It is believed that the presence of subserous nodes, as a rule, is not associated with a decrease in fertility [6,14,26].

In the examined patients with uterine fibroids, a relatively high frequency of somatic diseases was recorded. The structure of somatic diseases in the examined women is presented in Table 1. 5. The main percentage of concomitant somatic diseases accounted for anemia, which occurred with high frequency in the examined women of all groups. Endocrine diseases (51/44.3%), mainly related to the functioning of the thyroid gland, were not uncommon among the women examined. As can be seen from the above data, the incidence of diseases such as the cardiovascular system (24/20.8%),

respiratory system (18/15.6%), functional disorders of the gastrointestinal tract (30/26.08%) has increased.; diseases of the excretory organs (27/23.4%). Among women with uterine fibroids, various allergic diseases were also common (36/31.3).

Table 5. Concomitant somatic diseases in patients with uterine fibroids, %(abs)

Diseases	Groups of patients				
	1 n=18	2 n=20	3 n=19	4 n=38	5 n=20
Anemia	100,0 (18)	50 (10)	36,8 (7)	78,9 (30)	55,0 (11)
Endocrine diseases	55,5 (10)	25,0 (5)	57,9 (11)	47,4 (18)	35,0 (7)
Respiratory diseases	16,7 (3)	20,0 (4)	15,8 (3)	13,1 (5)	15,0 (3)
Gastrointestinal diseases	27,8 (5)	30,0 (6)	42,1 (8)	28,9 (11)	40,0 (8)
Diseases of the excretory organs	33,3 (6)	15,0 (3)	36,8 (7)	15,8 (6)	25,0 (5)
Diseases of the cardiovascular system	16,7 (3)	20,0 (4)	26,3 (5)	23,7 (9)	15,0 (3)
Allergic diseases	22,2 (4)	25,0 (5)	21,05 (4)	39,5 (15)	40,0 (8)
Metabolic disorder (MS)	5,6 (1)	10,0 (2)	21,05 (4)	31,6 (12)	25,0 (5)
Central nervous system diseases	16,7 (3)	30,0 (6)	36,8 (7)	26,3 (10)	35,0 (7)
AT κ ΓΒΙ	55,6 (10)	(60,0) 12	73,6 (14)	76,3 (29)	80,0 (16)

Note: from 1 to 3 groups with symptomatic uterine fibroids: 1st – with menorrhagia, 2nd – with pelvic pain, 3rd – with infertility. 4 – 5 – groups with asymptomatic uterine fibroids, 4th with small forms of uterine fibroids, 5th with large forms of uterine fibroids.

A woman's excess weight, combined with low physical activity and frequent stress, are among the factors contributing to the appearance of uterine fibroids (24/20.8%).

Among women with various clinical manifestations of uterine fibroids, neuroses and neurosis-like conditions are not uncommon 3 (33/28.7%).

Currently, the frequency of occurrence of antibodies to various viruses has increased. From the anamnesis of the majority of women (64.3%) of the 115 examined, antibodies to HSV, CMV, etc. were identified. It is known that acute or recurrent infection caused by the herpes simplex virus can be one of the factors provoking the rapid growth of uterine fibroids. As can be seen from the data in Table 5, in the group of women with large forms of uterine fibroids, a high percentage of antibodies to herpesvirus infections was detected.

In addition, when assessing the risk of uterine fibroids, a genetic predisposition to its development cannot be excluded, which, according to medical history, was recorded in 19 examined women (16.5%).

It should be noted that the study included patients without acute manifestations of extragenital pathology, i.e. with diseases in remission.

Conclusions: thus, in the course of our analysis of the clinical manifestations of uterine fibroids, it was revealed: deviations of the menstrual cycle: late or too heavy menstruation is accompanied by an increase or decrease in the amount of important hormones - estrogens. Women who began to have irregular sex life at the age of 25 or more also have an increased risk of uterine fibroids. Quite often, uterine fibroids develop in women with hypertension, obesity, diseases of the cardiovascular system,

as well as in women leading a sedentary lifestyle. Also, one of the reasons for the occurrence of uterine fibroids may be a genetic predisposition.

Currently, uterine fibroids are also considered to be a consequence of the process of pathological regeneration of the myometrium, damaged as a result of inflammatory changes, intrauterine interventions, and traumatic childbirth. Moreover, from the moment of exposure to a possible causative factor until the tumor is identified, more than one year may pass.

In general, since uterine fibroids can develop at different rates (rapidly or over 5 or even 10 years) and with different symptoms, it is a multi-etiological disease and can be realized through different pathogenetic mechanisms.

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