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Risk Factors of Urogenital Disorders in Menopausal Women

Amonova Madina Furkatovna

Kurbanov Ulug‘bek Dilmurod o‘g‘li

Samarkand State Medical University

Department of Obstetrics and Gynecology No. 3

Abstract: Menopause (menopause, menopause) is a physiological period of a woman's life, during which involutionary processes in the reproductive system dominate against the background of age-related changes in the body. This is a pathological condition that occurs in some women during menopause and is characterized by neuropsychic, vegetative-vascular and metabolic diseases. Synonyms: female menopause and menopause. Menopause occurs on average at the age of 50. Premature menopause is the cessation of menstruation before the age of 45, while early menopause (premature ovarian failure) is the cessation of menstruation before the age of 40. 60-80% of peri- or early postmenopausal women experience menopausal syndrome of various severity.

Key words: Menopause, HDL, LDL, VLDL, lipoprotein, Urogenital disorders.

LABORATORY AND INSTRUMENTAL RESEARCH

cytological examination of cervical smears;

determining the level of FSH, LH, estrogens, prolactin, TSH, testosterone in the blood;

biochemical blood test (creatinine, ALT, AST, alkaline phosphatase, glucose, bilirubin, cholesterol, triglycerides);

blood lipid spectrum (HDL, LDL, VLDL, lipoprotein (a), cholesterol in the atherogenic index);

coagulogram;

measuring blood pressure and pulse level;

mammography;

transvaginal ultrasound;

osteodensitometry.

TREATMENT

Since most menopausal diseases are caused by a lack of sex hormones, the HRT prescription is a hormone replacement therapy, the purpose of which is to replace (supplement) the hormonal function of the ovaries in women experiencing a lack of sex hormones. is pathogenetically based. In general, it is important to achieve such an optimal level of hormones in the blood with a minimal dosage regimen that improves the general condition, prevents late metabolic diseases and does not cause side effects.

PATIENT INFORMATION

A woman should understand that menopause is the beginning of a new phase of life, which she can live as interestingly and actively as in previous years. You need to understand that it is time to limit yourself or completely give up bad habits such as smoking and drinking alcohol. Regular exercise and a balanced diet help prevent osteoporosis and cardiovascular diseases. Ideally, hormone therapy is a reasonable addition to a healthy lifestyle. A life-affirming attitude and attention to her physical and mental condition is a decisive factor in maintaining a high quality of life for a long time, until old age.

Urogenital disorders

Urogenital diseases in menopause are a set of symptoms associated with the development of atrophic and dystrophic processes in estrogen-dependent tissues and structures in the lower third of the urinary tract: bladder, urethra, vagina, pelvic ligaments and pelvic floor muscles.

Overactive bladder is a condition characterized by involuntary contraction of the detrusor during voiding, which may be spontaneous or induced.

The urge to urinate is a strong, unexpected urge to urinate, which, if it is impossible to do so, leads to UI - urinary incontinence (imperative or urgent UI).

Actual UI during stress (so-called stress UI - forced loss of urine associated with physical stress, objectively proven and causing social and / or hygienic problems).

Uterine bleeding in perimenopause and postmenopause is cyclic or often acyclic bleeding from the genital system that occurs during perimenopause and postmenopause.

Uterine bleeding is one of the main complaints that 20-30% of women consult a gynecologist. Bleeding is the leading cause of hospitalization of women in gynecological hospitals, and also accounts for 2/3 of hysterectomies and the majority of endoscopic destructive surgical interventions. Excessive blood loss

causes the risk of iron deficiency anemia, causes fear of cancer, disrupts a woman's sexual life, causes personality disorders and reduces the quality of life.

METHODS OF EXAMINATION OF PATIENTS WITH UTERINE BLEEDING INCLUDE THE FOLLOWING:

clinical anamnestic examination with assessment of blood loss;

analysis of the nature of menograms;

clinical blood test (hemoglobin, red blood cells);

biochemical blood test (serum iron, bilirubin, liver enzymes); • study of the blood coagulation system;

hormonal examination (LH, FSH, estradiol, progesterone, if thyroid pathology is suspected - thyroid hormones, if there are formations in the ovaries - CA 125, CA 199);

transvaginal ultrasound examination of the pelvic organs;

sonohysterography;

color Doppler map (by indicators);

MRI of the pelvis (if indicated);

smear for oncocytology from the cervix;

endometrial biopsy (if endometrial pathology is suspected);

hysteroscopy and separate diagnostic curettage of the endometrium and endocervix (if endometrial pathology is suspected);

morphological study of the endometrium.

Therapy of uterine bleeding depends on its origin and intensity, and is aimed at identifying its cause, stopping bleeding and preventing relapse.

Postmenopausal osteoporosis

Postmenopausal osteoporosis is a multifactorial systemic skeletal disease that occurs in postmenopausal women as a result of a lack of sex hormones, primarily estrogen. It is characterized by a progressive decrease in bone mass and disruption of the microarchitecture of bone tissue, which leads to a decrease in bone strength and an increase in the risk of fractures. Bone strength is determined by two main properties:

bone mineral density and bone quality (microarchitecture, mineralization, metabolism, accumulation of damage).

INSTRUMENTAL AND LABORATORY DIAGNOSTICS

BMD assessment (dual energy x-ray absorptiometry):

direct projection of the lumbar spine;

proximal femurs;

distal wrist;

lateral projection of the thoracic and lumbar spine with morphometry (to exclude vertebral fractures).

Laboratory studies:

Clinical blood test;

general urine test;

biochemical blood test (calcium, phosphorus, sodium, potassium, chlorine, magnesium, glucose, total protein, creatinine, urea, AST, ALT, alkaline phosphatase);

determination of calcium excretion in daily urine;

determination of biochemical markers of bone metabolism.

In some patients:

Analysis of hormone levels in the blood (FSH, estradiol, prolactin, TSH, vitamin D metabolites);

Hemostasiogram.

Ultrasound examination of the genitals.

Ultrasound examination of internal organs (if necessary).

Mammography.

X-ray examination of the thoracic and lumbar vertebrae in the lateral projection.

Spinal magnetic resonance imaging (if necessary).

Genetic research (if necessary).

INSTRUCTIONS FOR CONSULTATION WITH OTHER SPECIALISTS

Consultation with an endocrinologist when hyperthyroidism, hyperparathyroidism, Itsenko-Cushing syndrome, type 1 diabetes, hypopituitarism, hypogonadism is detected.

If skeletal metastasis is suspected, consult an oncologist.

Consult an orthopedist for fractures.

Consultation with a genetic specialist for suspicion of osteogenesis imperfecta, Marfan syndrome, homocystinuria and lysinuria, Ehlers-Danlos syndrome (desmogenesis imperfecta).

Consultation with a gastroenterologist to determine chronic liver diseases (primary biliary cirrhosis), malabsorption syndromes, conditions after gastrectomy.

Consultation with a nephrologist when kidney diseases (chronic kidney failure, Fanconi syndrome, renal tubular acidosis) are detected.

Consultation with a gynecologist to determine the conditions of estrogen deficiency (amenorrhea, bilateral oophorectomy, peri and postmenopause).

Consultation with a hematologist in case of suspicion of diseases of hematopoietic organs (myeloma, thalassemia, systemic mastocytosis, leukemia, lymphoma).

Consult a rheumatologist for rheumatoid arthritis, systemic lupus erythematosus, ankylosing spondylitis.

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