

Clinical Results Personalization 'S Approach S to Infertility Treatment

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Abstract The aim of the study was to develop personalized approaches to the treatment of infertility of inflammatory etiology to increase the effectiveness of therapy. Under our supervision there were 250 women with infertility, who were individually selected treatment programs. A echenie should consist of the following stages. Conservative treatment (one, two, etc. courses): general and local. Surgical treatment: traditional operations, as well as with the use of laparoscopy, coagulation treatment of diseases of the cervix. The use of ART. It is imperative to restore the microbiota of the vagina, intestines and urinary tract.

Keywords Infertility, Conservative treatment, Laparoscopy, Coagulation treatment

1. Introduction

The approaches to the treatment of infertility at the present stage seem to be rather complicated. It should be said that the study of the human genome convincingly proves that each patient requires a personalized approach to treatment, taking into account his so- called "personal data" [1,2]. Today, such approaches appear promising and promising. When developing treatment programs for patients with infertility, it is often impossible to solve the problem with one course of therapy [3,4]. And even in these cases, the effect of treatment is not always obvious. Unfortunately, today, p rognostically e criteria and effectiveness of therapy and infertility have not yet been developed [5,6].

The aim of the study was to develop personalized approaches to the treatment of infertility of inflammatory etiology to increase the effectiveness of therapy.

2. Materials and Methods

Under our supervision there were 250 women with infertility. Of these, the 1st group included 180 women with infertility of inflammatory etiology and the 2nd group included 70 women with infertility of the inflammatory-hormonal etiology. The study design was prospective, clinical, controlled, randomized, simple, open-label. Methods of medical statistics were used to analyze the material.

3. Results and Discussion

Based on our research, we believe that treatment should be based on the following steps:

- Conservative treatment (one, two, etc. courses): general and local.
- Surgical treatment: traditional operations, and also with the use of laparoscopy; coagulation treatment of diseases of the cervix.
- Application of ART.

Conservative treatment: antibacterial drugs - broad-spectrum antibiotics, taking into account the sensitivity of the detected microflora to them: cephalosporins of the third and fourth generations, fluoroquinolones, aminoglycosides, tetracyclines. Also, actually antibacterial drugs: metronidazole, miramistin; non-steroidal anti-inflammatory drugs (NSAIDs); and ntioksidanty: vitamin C, B trace elements: zinc, selenium; enzyme s: longidase, wobenzym. If necessary, hormonal drugs should be used: agonists, antagonists, progestogens, microdosed progesterone, ovulation-stimulating agents.

We believe that the restoration of the vaginal microbiota should be carried out in two stages: specific treatment: antibacterial drugs (taking into account sensitivity to antibiotics) and / or antiseptic drugs; restoration of the vaginal microbiota (probiotics; eubiotics, symbiotics); restoration of the pH of the vaginal contents. After consultation with a gastroenterologist, a nephrologist, you can develop a joint therapy with them, aimed at restoring the microbiota of the intestines, urinary tract.

When detecting the presence of sensitization to natural antigens in a woman (married couple), it is necessary to

develop a rational (hypoallergenic) diet, with the obligatory exclusion of animal and vegetable products for which sensitization was detected. In addition, when detecting antisperm IgE antibodies: we recommend abstaining from sexual activity for at least three weeks.

Surgical treatment: lower and upper genital tract. In the surgical treatment of the lower genital tract, coagulation treatment of cervical pathology is used: radio wave, laser, electrocoagulation. P ri treating pathologies upper section of the genital tract apply diagnostic and therapeutic hysteroscopy and / or laparoscopy. With hysteroscopy can conduct operations in the uterine cavity to remove adhesions, partitions, submucosal myoma nodes polyps IUD at its disposition, and perform probing the mouths of the fallopian tubes. Surgical treatment on the body of the uterus, tubes, ovaries is preferable to perform laparoscopic access. A different volume of surgical intervention is performed depending on the established pathology: salpingolysis, ovariolysis, fimbrioplasty, cystectomy, myomectomy.

The se courses of treatment should be carried out under the supervision of clinical, laboratory and instrumental

methods of diagnosis. As a rule, the selected treatment regimens are performed in combination with a combination of conservative and surgical treatment.

The approaches to the need to use ART (IVF) in each specific case are complex, both from a medical point of view and from a financial point of view. Considering that ART are highly financially expensive procedures, it is often difficult to make a decision in favor of ART. In this regard, the presence of a law, preferential conditions for ART, financial support from the state play a primary task in solving infertility treatment for this contingent of patients. Although it should be noted that infertility treatment at all stages is mostly financially costly. However, it should be said that delaying the use of ART (IVF) in each individual case can be fatal.

Based on the results of our research, we believe that the solution to this issue should be decided by specialists: obstetricians-gynecologists, endocrinologists and other related specialists (in the presence of pathology). In practical medicine, the best decision is always made by a council.

Table 1. The course of pregnancy in women with infertility after treatment

Indicators	1st group n = 180		2nd group n = 70		General group n = 250	
	abs.	%	abs.	%	abs.	%
Pregnancy has come	127	70.6	45	64.3	172	68.8
Pregnancy did not come	53	29.4	25	35.7	78	31.2
The threat of termination of pregnancy in the first half	72	56.7	34	75.6	106	61.6
The threat of interruption of the second half	92	72.4	38	84.4	130	75.6
Non-developing pregnancy	eleven	8.7	6	13.3	16	9.3
Spontaneous early miscarriage	19	15.0	nine	20.0	28	16.3
Spontaneous late miscarriage	eighteen	14.2	7	15.6	25	14.5
Vomiting of pregnant women	65	51.2	19	42.2	84	48.8
Hypertension of pregnant women	32	25.2	eleven	24.4	43	25.0
Preeclampsia	22	17.3	7	15.6	29	16.9
PONRP	22	17.3	6	13.3	28	16.3
Placenta previa	5	3.9	2	4.4	7	4.1
Multiple pregnancy	7	5.5	2	4.4	nine	5.2
Full-term pregnancy	45	35.4	12	26.7	57	33.1
Premature birth	thirty	23.6	16	35.6	46	26.7
Childbirth	75	59.0	28	62.2	103	59.9
Self-delivery	38	29.9	19	42.2	57	33.1
KS	37	29.1	nine	20.0	46	26.7
ECO	21	11.7	15	21.4	36	14.4
Normal neonatal period	29	36.7	eight	28.6	37	35.9
Premature newborns	28	36.0	15	53.6	43	41,7
Antenatal mortality	3	4.0	1	3.6	4	3.9
Early neonatal mortality	1	1,3	-	-	1	1.0
Moderate to severe neonatal asphyxia	43	59.7	19	70.3	62	62.0
Hydrocephalus of the newborn	2	2.7	1	3.6	3	2.9

Our research and substantiated conclusions make it possible to determine, based on the results of our research, the indications for the use of ART: age over 35 years; genital anomaly; absence of fallopian tubes and ovaries on both sides of the uterus; genetic, hereditary pathology in a married couple; long-term infertility treatment: five years or more, especially after the age of 30; lack of effect from the treatment programs carried out.

Our proposed scientifically based approach to a personalized treatment approach was applied in 250 women with infertility of inflammatory and mixed genesis. Based on the results of our treatment, we felt the need to evaluate the results of the diagnostic and therapeutic measures we proposed. Thus, after carrying out therapeutic measures pregnancy occurred (Table ICA) in 172 (68, 8%) patients, and in the first group, 127 (70.6%) in the 2nd group - 45 (64.3%).

As can be seen from the table, the course of pregnancy was complicated by the threat of termination of pregnancy in the first half in 106 (61, 6%), the threat of termination of the second half - in 130 (75.6%), non-developing pregnancy - in 16 (9.3%), hypertensive states - in 42 (24.4%). Pregnancy ended at full term in 57 (33.1%), and in 46 (26.7%) prematurely. Also, PONRP was in 28 (16.3%) patients, placenta previa - in 7 (4.1%).

Pregnancy ended in childbirth in 103 (59.9%). Thus, 57 (33.1%) gave birth through the vaginal birth canal, 46 (26.7%) had KS operation. Pregnancy did not occur within 1.5 years after treatment in 118 (47.2%). Reproductive losses in patients with infertility who underwent personalized diagnostic and therapeutic measures took place in 53 (21.2%) patients (Table).

Due to the ineffectiveness of the treatment, 36 (14.4%) patients were referred for IVF. As a result of IVF, pregnancy occurred in 13 (36.1%) patients.

4. Conclusions

On the basis of the studies carried out, we believe that treatment should be based on the following stages: conservative treatment (one, two, etc. courses): general and local. Surgical treatment: traditional operations, as well as with the use of laparoscopy, coagulation treatment of diseases of the cervix. The use of ART.

Conservative treatment should include: broad-spectrum antibiotics: cephalosporins of the third and fourth generations, aminoglycosides, tetracyclines, fluoroquinolones; antibacterial drugs: metronidazole,

miramistin; anti-inflammatory drugs: NSAIDs; antioxidants: vitamin C, B1, trace elements (zinc, selenium); enzymes (longidase, wobenzym); hormonal (GnRH antagonists and agonists, gestagens, estrogen- gestagenic); stimulation of ovulation, probiotics.

Treatment of violations of the vaginal microbiota should be carried out in two stages: specific (taking into account sensitivity to antibiotics): antibacterial, antiseptic treatment; restoration of the pH of the vaginal contents; restorative - probiotics. At the same time, the restoration of the intestinal microbiota, urinary tract should be carried out. In the absence of the effect of the treatment is necessary to Cross the t s to the use of ART. The decision about this stage of treatment should be made by a council.

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