

The Use of Radon Baths in the Rehabilitation of Patients with External Genital Endometriosis after Surgical Treatment

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Abstract Endometriosis is a hormone-dependent disease that develops against the background of a violation of immune homeostasis, the essence of which is the proliferation of tissue similar in structure and function to the endometrium, but located outside the boundaries of the normal location of the uterine mucosa (Baskakov V.P., 1990). A characteristic feature of endometrioid heterotopias is the ability to infiltrate penetrating growth into surrounding organs and tissues with the destruction of the latter (Baskakov V.P., 1990). Endometriosis is one of the most common gynecological diseases. Despite the numerous researches, molecular biological mechanisms development of endometriosis before the end is unclear. At present, there is no unity in views on the launcher's pathogenetic moment's proliferative processes in the endometrium, which causes empiricism medical activities. Among patients with infertility and chronic recurrent pain in the pelvic area, the frequency of endometriosis exceeds 60%, and among clinically healthy women of reproductive age, it is found in 2-17%. Endometriosis ranks third in the structure of gynecological morbidity after inflammatory processes and uterine fibroids and accounts for 10% of the total morbidity, leading to functional and structural changes in the reproductive system of women and reducing the quality of life [6]. Changes in the gynecological status and bimanual study data have shown the possibility of using spa treatment complexes as pathogenetically justified methods of treating such a serious disease as genital endometriosis.

Keywords Gynecological morbidity, Inflammatory, Reproductive system, Empiricism medical activities, External genital endometriosis after surgical treatment

1. Introduction

We examined 34 infertile patients with external genital endometriosis verified by laparoscopy. At the first stage of the study, all 34 patients underwent surgical treatment using laparoscopic or laparotomic access. All patients after the operation were prescribed a comprehensive rehabilitation using radon baths at the Nagorny resort in combination with systemic and local administration of human recombinant interleukin. The control group consisted of 17 patients operated on for EGE and received standard conventional therapy.

When examining patients, conventional clinical and diagnostic research methods were used, including a standard survey, an objective gynecological and therapeutic examination. For the period 2020-2021, 24 patients were operated on in maternity hospital No. 1 in Samarkand for external genital endometriosis. These patients constituted the main study group. Among patients of the main group with

primary infertility 18 (75%) women, with secondary infertility - 6 (25%). Complaints about intermenstrual spotting were presented by 12 patients (50%), algomenorrhea was diagnosed in 16 (66.6%).

Chronic pelvic pain was detected in 21 (87.5%) women. Pain syndrome (PS) was absent in 2 cases (8.3%), a mild degree of PS was observed in 12 cases (50.1%), the average degree of pain was observed in 8 women (33.3%), severe - in 4 (16%). Pain syndrome was assessed using a 10-point VAS scale. The control group consisted of 17 infertile patients who were operated on for infertility, with external genital endometriosis, without the use of radon baths. There were no differences during the postoperative period in both groups. For 3-6 months after the operation, all patients were prescribed hormonal preparations (monophasic low-dose COCs, gestagens, Roncoleukin was used according to the following method: locally (intraperitoneally) 0.25 mg, diluted in 50 ml of isotonic NaCl solution, during laparoscopic sanitation of EGE foci and on the 2nd day of the postoperative period.

2. Materials and Methods

Simultaneously with the local and on the 4th day of the postoperative period, Roncoleukin was administered systemically (0.5 mg, dissolved in 2 ml of water for injection, subcutaneously, 0.5 ml into the anterior abdominal wall). the phase of the menstrual cycle following the operation is assigned radon therapy in the form of baths and vaginal irrigations in the conditions of the local Nagorny resort in the Nurbulok sanatorium. The concentration of radon is 42 nCi / l, the water temperature is 36-37°. The course of treatment is 10 procedures every other day.

Evaluating the results in terms of the severity and nature of the pain syndrome, we found a decrease (compared to the results of the control group), obviously due to the use of radon baths. Pain syndrome of the 1st-2nd degree in the main group was observed 83.4% less frequently than in the control group, and severe pain in 16.1%. The complete disappearance of the pain syndrome was found only in the main group. Assessing the results of fertility restoration, a higher pregnancy rate was also noted in the main group compared to the control group. Thus, the restoration of fertility is higher after surgical treatment by laparoscopic access in combination with the use of radon baths in rehabilitation measures for 10 course days.

As can be seen from the table, the treatment of patients with external genital endometriosis using radon baths and subsequent hormonal drug therapy shows high efficiency in improving the quality of life of patients. Thus, there is a decrease in complaints of dyspareunia by 28.6%, the manifestation of chronic pelvic pain did not bother the vast majority of women (a decrease in complaints by 87.3%), complaints of psycho-emotional disorders decreased by 49.7%, the frequency of complaints of violation of biorhythms decreased by 35.8% of patients, for mental pain - almost 2 times.

3. Result and Discussion

Thus, according to the data obtained, the social component (psycho-emotional disorders that worsen the quality of life) is in one of the first places in the symptoms of endometriosis, which once again emphasizes the need to study this problem. The quality of life of patients with endometriosis is more important, because endometriosis is a lifelong disease with which patients must live and enjoy life with manifestations of pain in varying degrees of severity. Discussion. As you know, there are many theories of the pathogenesis of genital endometriosis, according to which it is associated with the formation of adhesions and the development of pain, manifested by dysphasia, dysmenorrhea, and dyspareunia. Pain in endometriosis is often the very first and underestimated symptom of endometriosis when the diagnosis has not yet been made, therapy has not been prescribed, and the chances are missed. less effective, because additional pain relief is required. Central pain

manifests itself in response to a non-painful stimulus (simple friendly hugs cause pain), pain sensitivity increases.

It is very important to recognize pain as a symptom of endometriosis in time and prescribe therapy to prevent the formation of central pain, therapy can be empirical. Data on the relationship of this pathology with the adhesive process, presented by some researchers, are based on the results of the analysis of microscopic and histological findings [1,4]. Along with a decrease in pain in the postoperative period, the use of radon baths contributes to an increase in the frequency of achieving patency of the fallopian tubes (which is confirmed by a control salpingography), and this, in turn, contributes to the onset of pregnancy in the operated patients in the near future.

4. Conclusions

A comparative analysis of the scores of the bimanual study data of a group of patients who received rehabilitation using radon baths revealed the advantage of the effect on the condition of the genitals of a complex treatment method. In patients receiving radon therapy, there was a more pronounced decrease in the size of the uterus affected by endometriosis. Thus, the use of radon baths and laparoscopic access in the complex of surgical treatment of patients of reproductive age in the surgical treatment of external genital endometriosis, if there are conditions and indications for its implementation, allows minimizing pain after surgery, improving the results of treatment and restoring the fertility of patients, and improving their quality of life after surgery. Condition for the treatment of operated patients is the use of conservative therapy during postoperative rehabilitation using hormone-modulating drug.

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