

Restoring Reproductive Function after Operational Intervention in Women with Benign Ovarian Tumors

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Abstract In the postoperative period, patients who have undergone ovarian apoplexy are recommended to be examined by functional diagnostics tests and to be monitored by ultrasound to prevent a recurrence of apoplexy. According to the results of the examination, the revealed violations of ovarian function are corrected using cyclic vitamin therapy, nootropic and hormonal therapy (estrogens, gestagens).

Keywords Ovaries, Benign ovarian tumors, Reproductive function

1. Introduction

One of the first places among the neoplasms of the female genital organs is occupied by cysts and benign tumors of the ovaries [1,3,5]. The frequency of cysts and benign ovarian tumors, according to various authors, has increased from 6 to 25% over the past 10-15 years [2,4,5]. A variety of clinical manifestations and difficulties in differential diagnosis lead to an increase in the number of surgical interventions on the ovaries, disability and impaired reproductive health in women, which emphasizes not only the medical, but also the social and economic aspects of this pathology [2,4]. To date, data on the level of morbidity, assessment of risk factors, early diagnosis, timely treatment and rehabilitation of reproductive health have not been systematized.

Purpose of the study: Improving the methods of rehabilitation of the reproductive function of women after surgery for cysts and benign ovarian tumors.

2. Material and Methods

Depending on the treatment, they were divided into 2 groups: group 1 - 24 patients who received complex treatment including immunomodulators, enzymotherapy, OC preparations and other drugs and group 2 - 18 patients who received traditional treatment (OC drugs for 2 months, therapeutic exercise).

3. Results and Discussion

Postoperative rehabilitation treatment depended on the result of the histological analysis of the capsule of the removed formation and the value of the oncomarker before surgery. Comprehensive rehabilitation therapy with the inclusion of oral contraceptive preparations for 3-6 months promotes reparative processes in the operated ovary, improves ovarian activity after their cancellation and restores childbearing function.

Comprehensive rehabilitation treatment, including OCs, immuno-correctors and enzyme therapy preparations, helps to prevent recurrence of ovarian formations and restore the reproductive function of patients after surgical treatment of DOT and AOT.

With benign tumor-like formations, traditional rehabilitation general strengthening treatment was performed, including the appointment of multivitamin preparations containing trace elements, therapeutic exercises. Girls and women of reproductive age were prescribed oral contraceptives (mainly single-phase synthetic progestins - Novinet, Lindinet, etc.) for a period of 3-6 months to prevent the persistence of the follicle in the operated ovary and the recurrence of education. Menopausal women were prescribed pure gestagens.

The expediency of using immunomodulators in combination with conventional means for more effective relief of PHVO is substantiated; An improved rehabilitation scheme has been developed at the final stage of DEOY treatment, which allows restoring menstrual, endocrine and sexual functions in the vast majority (more than 80%) of women of reproductive age. new data were obtained on compensatory-adaptive reactions of the female body during urgent operations on the ovaries for DEO in uncomplicated and complicated courses of the postoperative period.

Immunomodulators in combination with conventional drugs reduce the number of postoperative purulent-inflammatory processes and provide more active relief of them, which is

manifested by an improvement in the profile of adaptive reactions, an earlier disappearance of fever and pain, and the restoration of the leukocyte index of intoxication, as well as a significant decrease in bed day.

The proposed improved rehabilitation measures, at the final stage of the treatment of DOT, more actively restore menstrual, endocrine and sexual functions in the vast majority (in 82-92% of cases). In the postoperative period, patients who have undergone ovarian apoplexy are recommended to be examined according to functional diagnostic tests, monitoring using ultrasound, so as not to miss a relapse and / or repeated apoplexy. Based on the results of the examination, the identified ovarian dysfunctions are corrected using cyclic vitamin therapy, nootropic and hormonal therapy (estrogen gestagens, gestagens).

We have carried out a comparative study of the effectiveness of rehabilitation treatment in 42 patients after removal of the TOY or DEOT in the immediate postoperative period, i.e. 12-18 months after surgery. Among them, there were 5 patients with elevated CA125 values from 36 to 70 units/ml before surgery.

As objective criteria for the effectiveness of treatment, the data of the clinical picture (the nature of the menstrual function, the restoration of fertility in infertility), ultrasound of the pelvic organs, and the index of the tumor marker CA-125 were used.

A repeated blood test for the content of the CA125 tumor marker in all patients showed a decrease in it to values below 10 U/ml, and in patients with an increased indicator - up to 30 U/ml. 2 months after the rehabilitation therapy, the CA125 index decreased to 12.5 U/ml and below, which indicated that there was no risk of recurrence of the formation.

Monitoring of the course of the postoperative period after the rehabilitation therapy showed that in the vast majority of patients in both groups, the menstrual cycle proceeded without any disturbances. However, in 2 (8.3%) women of group 1, there were violations of the type of hypomenstrual syndrome, characterized by delayed menstruation, scanty discharge. The ultrasound picture of the endometrium revealed a discrepancy between the endometrium and the day of the cycle, small follicular changes were detected in the ovaries, the absence of a dominant follicle, which is quite acceptable for the postoperative state of the ovary. There was no recurrence of ovarian formations during the period of 12-18 months after the operation.

In group 2, 3 (16.7%) patients complained of menstrual irregularities: two of the type of hypomenstrual syndrome, one had hypermenorrhea. In 2 (11.1%) women, a recurrence of an ovarian cyst was noted: in one - after 2 months in a previously operated ovary and in one after 8 months - in a previously unoperated healthy ovary. Tumor marker CA-125 was within the normal range (30.6 U/ml and 34 U/ml). In the anamnesis after surgery for removal of the formation, the histological picture revealed a serous ovarian cyst in both patients. A detailed history taking showed that these two women did not take OC preparations after the operation, which led to the persistence of the follicle in the form of a

cyst.

Ultrasound revealed formations up to 4-5 cm in diameter, and Dopplerometry revealed poor blood flow in the cyst capsule, which is characteristic of a follicular cyst, so conservative treatment was performed. The administration of a single-phase combined preparation to these patients for 2 months led to the resorption of the follicular cyst. After conservative treatment, the formations disappeared.

Restoration of fertility was noted in 70.6% (in 24 out of 34 patients with infertility) within the next 6 months after surgery.

Of interest is a comparative analysis of the presented results of a prospective study with our studies before the introduction of the proposed rehabilitation treatment. Previously, we detected recurrence of education in 7 (17%) cases after DEOT and in 1 (3.0%) cases after AOT within 6 months after surgery. In total, the recurrence rate was 8 (10.7%) cases.

After the traditional rehabilitation treatment, the recurrence of the formation was detected only in 2 (4.8%) cases, and after the complex rehabilitation treatment with immunocorrective therapy, no relapses were detected within 18 months after the operation. The total recurrence rate was 4.8%. Consequently, rehabilitation treatment led to a 2.2-fold decrease in the frequency of relapses in general. And among the patients of the 2nd group, relapses of ovarian formation were not observed, which indicates the effectiveness of the proposed treatment.

Thus, in the postoperative period, relapses of formations in the ovary are possible, and not only in the previously operated ovary, but also in the intact ovary. Organ-preserving surgical treatment of benign formations is aimed at preserving the ovarian tissue, however, with a disturbed immunological background in the operated ovary, a recurrence of formation was observed in 10.7% of cases.

4. Conclusions

After surgical treatment, it is necessary to choose and carry out rehabilitation treatment, including immunocorrective and absorbable therapy while taking OK, which reduces the risk of recurrence of the formation in the ovary.

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