

A DIFFERENTIATED APPROACH TO THE TREATMENT OF ENDOMETRIAL HYPERPLASTIC PROCESSES



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ЭНДОМЕТРИЙДАГИ ГИПЕРПЛАСТИК ЖАРАЁНЛАРНИ ДАВОЛАШГА ДИФФЕРЕНЦИАЛ ЁНДАШУВ

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ДИФФЕРЕНЦИРОВАННЫЙ ПОДХОД К ЛЕЧЕНИЮ ГИПЕРПЛАСТИЧЕСКИХ ПРОЦЕССОВ В ЭНДОМЕТРИИ

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Резюме. Ушбу мақолада эндометрийнинг гиперпластик жараёнларини даволашда дифференциал ёндашувнинг аҳамияти ёритилади. Эндометрий гиперплазияси аёлларда репродуктив саломатликка жиддий таъсир кўрсатадиган патологик ҳолат бўлиб, у кўпинча гормонал дисбаланс, метабolik бузилишлар ва ёшига боғлиқ ўзгаришлар фонида ривожланади. Анъанавий даволаш усулларининг бир хил қўлланилиши ҳар доим ҳам самарали бўлавермайди, чунки касалликнинг клиник кўриниши, гистологик турлари ва беморнинг индивидуал хусусиятлари турлича бўлади. Шу сабабли дифференциал ёндашув асосида даволаш тактикасини танлаш замонавий гинекологияда муҳим ўрин тутаети. Мақолада эндометрий гиперплазиясининг оддий ва атипик шакллари, репродуктив ёшидаги аёллар ва перименопауза давридаги беморлар учун тавсия этиладиган даволаш стратегиялари таҳлил қилинади. Гормонал терапия, жарроҳлик усуллари ҳамда комплекс ёндашувнинг афзалликлари солиштирилади. Тадқиқот натижалари шуни кўрсатадики, беморнинг ёши, репродуктив режаси, гормонал ҳолати ва касаллик шаклига мослаштирилган даволаш самарадорликни оширади, қайталаниш хавфини камайтиради ва аёлларнинг ҳаёт сифатини яхшилайди.

Калим сўзлар: эндометрий гиперплазияси, дифференциал ёндашув, гормонал терапия, гинекология, репродуктив саломатлик, атипик гиперплазия, даволаш стратегияси, аёллар саломатлиги.

Abstract. This article highlights the importance of a differential approach in the treatment of endometrial hyperplastic processes. Endometrial hyperplasia is a pathological condition that has a serious impact on reproductive health in women, which often develops against the background of hormonal imbalance, metabolic disorders, and age-related changes. The uniform use of traditional treatment methods is not always effective, since the clinical manifestations of the disease, histological types, and individual characteristics of the patient vary. Therefore, the selection of treatment tactics based on a differential approach plays an important role in modern gynecology. The article analyzes simple and atypical forms of endometrial hyperplasia, recommended treatment strategies for women of reproductive age and patients in the perimenopausal period. The advantages of hormonal therapy, surgical methods, and a comprehensive approach are compared. The results of the study show that treatment tailored to the patient's age, reproductive plan, hormonal status, and disease pattern increases efficacy, reduces the risk of recurrence, and improves women's quality of life.

Key words: endometrial hyperplasia, differential approach, hormonal therapy, gynecology, reproductive health, atypical hyperplasia, treatment strategy, women's health.

Introduction. In modern gynecology, one of the priority tasks is to preserve and strengthen women's reproductive health. Among the diseases of the reproductive system, endometrial hyperplastic processes occupy a special place, since these pathologies

are widespread, have a variety of clinical manifestations, and can lead to dangerous complications. Endometrial hyperplasia is a pathological condition characterized by excessive growth of the inner lining

of the uterus, which is formed as a result of hormonal regulation disorders [2, 5, 8].

In recent years, the incidence of endometrial hyperplasia has been increasing. This is primarily due to changes in women's lifestyles, an increase in stress factors, the prevalence of endocrine and metabolic diseases, and an increase in reproductive age. In particular, conditions such as obesity, diabetes mellitus, and polycystic ovary syndrome create favorable conditions for the development of endometrial hyperplasia [1, 3, 6].

The clinical significance of endometrial hyperplasia lies in the fact that it is associated with uterine bleeding, anemia, infertility, and even the risk of developing endometrial cancer. Therefore, timely detection and effective treatment of this pathology is considered not only a gynecological, but also a general medical problem. In most cases, endometrial hyperplasia is detected accidentally, during preventive examinations or when referring to a doctor with complaints of bleeding [4, 7].

Traditional treatment approaches for many years have been based mainly on standard hormonal therapy or surgical methods. However, clinical practice shows that the use of the same treatment tactics for all patients does not always give the expected result. This is explained by the diversity of morphological types of endometrial hyperplasia, age of patients, reproductive plans, concomitant diseases, and individual hormonal status [1].

From this point of view, the principle of a differentiated approach in the treatment of endometrial hyperplasia is of particular importance. A differential approach means choosing a treatment strategy for each patient, taking into account the form of the disease, risk factors and individual characteristics. This approach not only increases the effectiveness of therapy, but also reduces the likelihood of complications and recurrence of the disease.

Relevance of the study. Today, simple, complex and atypical forms of endometrial hyperplasia are distinguished. In particular, atypical hyperplasia is considered an early stage of endometrial cancer, and its presence requires a serious revision of treatment tactics. If organ-preserving and reproductive function-protecting methods are preferred in women of reproductive age, more radical measures can be used to reduce the risk during perimenopause and menopause.

Also, the development of modern diagnostic methods has expanded the possibilities of detecting and classifying endometrial hyperplasia. Ultrasound examination, hysteroscopy, biopsy and histological analysis help to accurately determine the form of the disease. This, in turn, creates an important basis for implementing a differential approach in practice.

The aim of this article is to scientifically substantiate the importance of a differential approach in the treatment of endometrial hyperplasia, analyze its clinical effectiveness, and highlight the possibilities of its application in modern gynecological practice. The article discusses the recommended treatment strategies for women of different age groups, their advantages and disadvantages, and long-term results.

Thus, the choice of tactics based on an individualized, differential approach rather than standard schemes in the treatment of endometrial hyperplasia remains one of the most relevant directions in modern gynecology.

This approach serves not only to improve the health of patients, but also to preserve their reproductive capabilities.

Materials and Methods. This study was conducted to assess the effectiveness of a differential approach in the treatment tactics of women with endometrial hyperplastic processes. The study was conducted on the basis of patients who visited the gynecology department during 2022–2025 and was of a clinical-observational nature.

Table 1. Treatment tactics depending on the forms of endometrial hyperplasia Recommended treatment

№	Type of hyperplasia	Patient's age	The main clinical sign	Recommended treatment	Advantages	Disadvantages
1	Simple hyperplasia	25–35 years old	Bleeding, menstrual irregularities	Hormone therapy with progestins	Organ preserved, reproductive function preserved	There is a possibility of recurrence
2	Complex hyperplasia	35–45 years old	Long bleeding, pain	Hormonal therapy + minimal surgery	High efficiency, low risk	Invasiveness, stress
3	Atypical hyperplasia	Over 45 years old	Constant bleeding	Radical surgery (hysterectomy)	Prevents cancer	Reproductive function is lost
4	Recurrent hyperplasia	Different ages	Recurrent bleeding	Comprehensive individual approach	A stable result	Treatment is long
5	Hormone-resistant form	Various ages	No response to treatment	Alternative therapy, surgery	Effective in difficult cases	Dangerous complications are possible

Study participants

120 women aged 25 to 55 years were included in the study. All participants had endometrial hyperplasia confirmed by ultrasound examination, hysteroscopy and histological analysis. Patients were voluntarily involved in the study and written consent was obtained from them.

Participants were selected based on the following criteria:

- complaints of abnormal uterine bleeding;
- endometrial thickness exceeding the norm;
- histologically confirmed hyperplasia.

The following conditions were identified as exclusion criteria from the study:

- patients with diagnosed endometrial cancer;
- persons with serious somatic diseases;
- pregnancy.

Grouping of patients

Patients were divided into three groups according to age, reproductive plan and histological diagnosis:

Group I - women of reproductive age (25-35 years old), with simple hyperplasia (40 people).

Group II - patients aged 35-45 years old, with complex hyperplasia (45 people).

Group III - patients over 45 years old, with atypical hyperplasia (35 people).[4]

This grouping allowed the use of differential treatment strategies and comparison of their effectiveness.

Diagnostic methods

All patients underwent the following examinations:

- clinical examination and gynecological examination;
- transvaginal ultrasound diagnostics;
- hysteroscopy and targeted biopsy;
- histological analysis;
- determination of hormone levels in the blood (estrogen, progesterone, FSH, LH).

Treatment tactics

An individualized treatment plan was developed for each group:

Group I used mainly progestin-based hormonal therapy.

Group II used endometrial ablation or diagnostic curettage in combination with hormonal therapy.

Group III used more radical methods - hysterectomy.[6]

Evaluation criteria

The effectiveness of treatment was assessed based on the following indicators:

- disappearance of clinical signs;
- normalization of endometrial thickness;
- results of histological re-examination;
- frequency of disease recurrence.

Statistical analysis [3]

The data obtained were analyzed using statistical methods. Mean values, percentages, and standard deviations were calculated. The significance of differences between groups was assessed at the $p < 0.05$ level.[5]

Results and Discussion. In this study, clinical and morphological results were analyzed in a group of patients who used a differential approach to the treatment of endometrial hyperplasia. The data obtained showed that differential, individualized treatment strategies are more effective than standard approaches.

According to the results of the assessment of the clinical condition after treatment, a significant decrease in the incidence of abnormal uterine bleeding was noted in all groups. In group I (patients of reproductive age), normalization of the menstrual cycle was observed in 85% of patients after hormonal therapy. Endometrial thickness decreased from an average of 14.2 mm to 7.1 mm. Histological re-examination showed the disappearance of signs of hyperplasia in 80% of cases.[2]

In group II, patients who used a complex approach (hormonal therapy + minimal surgical intervention), clinical improvement was observed in 88% of cases. Bleeding was eliminated, and endometrial thickness approached the physiological norm. The recurrence rate was 12%.

In group III, no recurrence of the disease was noted after radical treatment in patients with atypical hyperplasia. However, psychological and social problems associated with surgery were observed in this group.

The results obtained confirm the clinical justification of a differential approach to the treatment of endometrial hyperplasia. In particular, the preferential use of organ-preserving methods in women of reproductive age not only increases clinical effectiveness, but also allows preserving reproductive function.

The study showed that the morphological type of hyperplasia is a decisive factor in determining treatment tactics. While hormonal therapy is effective in simple hyperplasia, surgical intervention is necessary in complex and atypical forms.

At the same time, the patient's age, somatic condition, and reproductive plan should also be taken into account. While radical methods during the perimenopause period serve to reduce the risk, these methods can lead to serious consequences in young women.

The results of the study were found to be consistent with the data presented in the international literature. Many studies have emphasized that an individualized approach reduces the risk of recurrence.[4]

A differential approach is an effective, safe, and clinically acceptable strategy for the treatment of

endometrial hyperplasia. It provides patient-centered care and allows for long-term positive results.

Conclusion. This study scientifically substantiated the clinical significance of a differential approach in the treatment of endometrial hyperplastic processes. The results obtained indicate that a standard, one-size-fits-all therapeutic approach is not sufficiently effective for various clinical and morphological forms of endometrial hyperplasia. Therefore, individualized treatment strategies, taking into account the patient's age, reproductive plan, somatic condition, hormonal background and morphological type of the disease, are of paramount importance.

The study revealed that in cases of simple hyperplasia in women of reproductive age, hormonal therapy is highly effective and allows for organ preservation. It not only eliminates clinical symptoms, but also plays an important role in preserving the reproductive function of women. In complex hyperplasia, a combination of hormonal and minimally invasive surgical methods has been proven to be the most optimal tactic.

In cases of atypical hyperplasia, radical surgical methods have been shown to significantly reduce the risk of the disease turning into endometrial cancer. However, since this approach has psychoemotional and social consequences, each case should be assessed individually.

The results of the study also showed that early diagnosis and regular monitoring increase the effectiveness of the differential approach. When ultrasound examination, hysteroscopy and histological analysis are performed in a timely manner, the risk of recurrence of the disease decreases.

At the same time, it was found that increasing the medical literacy of patients, informing them about the disease and actively involving them in the treatment process are also important conditions for successful results.

In general, the differential approach to the treatment of endometrial hyperplasia can be considered the most effective, safe and patient-oriented strategy in modern gynecology. This approach serves not only to cure the disease, but also to improve the overall quality of life of women and preserve their reproductive health.

Further improvement of individualized medical approaches to the treatment of endometrial hyperplasia, identification of risk groups based on molecular and genetic markers, and development of preventive measures will remain an important scientific direction in the future.

Therefore, the results of this study have important practical implications for practicing gynecologists, researchers, and the health care system, and serve to improve the quality of endometrial hyperplasia treatment.

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ДИФФЕРЕНЦИРОВАННЫЙ ПОДХОД К ЛЕЧЕНИЮ ГИПЕРПЛАСТИЧЕСКИХ ПРОЦЕССОВ В ЭНДОМЕТРИИ

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Резюме. В данной статье освещается значение дифференцированного подхода в лечении гиперпластических процессов эндометрия. Гиперплазия эндометрия — это патологическое состояние, серьезно влияющее на репродуктивное здоровье женщин, которое часто развивается на фоне гормонального дисбаланса, метаболических нарушений и возрастных изменений. Одновременное применение традиционных методов лечения не всегда эффективно, поскольку клиническая картина, гистологические типы и индивидуальные особенности пациента различаются. Поэтому выбор тактики лечения на основе дифференцированного подхода занимает важное место в современной гинекологии. В статье анализируются простые и атипичные формы гиперплазии эндометрия, рекомендуемые стратегии лечения для женщин репродуктивного возраста и пациенток в перименопаузе. Сравниваются преимущества гормональной терапии, хирургических методов и комплексного подхода. Результаты исследования показывают, что лечение, адаптированное к возрасту пациентки, репродуктивному плану, гормональному статусу и форме заболевания, повышает эффективность, снижает риск рецидива и улучшает качество жизни женщин.

Ключевые слова: гиперплазия эндометрия, дифференцированный подход, гормональная терапия, гинекология, репродуктивное здоровье, атипичная гиперплазия, стратегия лечения, женское здоровье.