

THE STATE OF GENERATIVE FUNCTION IN WOMEN INFERTILE WOMEN

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ABSTRACT

A wide range of STIs can contribute to a high incidence of inflammatory disease and, as a consequence, intracanalicular obstruction with the onset of sexual activity.

Key words: obstruction, inflammation, vaginal, mirror, test, cycle, fallopian tube.

INTRODUCTION

Family infertility is one of the most important problems of modern obstetrics and gynecology, because 10-20% of families in all European countries complain of delayed pregnancies, and 3-5% of these families remain sterile altogether. As infertility has been recognized by the WHO in recent years as a disease of women and men, the need has arisen to provide this category of patients with treatment similar to those with irreversible anatomical defects or physiological abnormalities. Infertility is an important medical and social problem, because the inability to have children significantly affects the psychological and social adaptation of the person in society, reduces the quality of life, leads to divorce, stress, reduction in productivity and, consequently, to significant economic losses, due to the cost of treatment of infertile couples. Infertile marriage leads to a reduction in the quality of life of women and men. Women experience infertility most severely, which can lead to the development of neurotic and personality disorders. In most European countries, statistics show that one in five marriages is infertile, and this seriously worsens the socio-demographic situation. Because of these requirements, infertile families are entitled to treatment using all the techniques that modern reproductive medicine has to offer. Infertility is important and interesting not only from a medical and biological point of view, but has great national, national and social

importance. Timely treatment of extragenital diseases and improvements in social and family relationships often force women to regain their fertility.

Material and methods of examination

Comprehensive clinical and laboratory examination in preparation for surgical treatment of patients with tubal-intracanalicular genesis of infertility was carried out in 90 women of childbearing age. The latter formed the main group. The control group consisted of 20 somatic healthy women of generative age wishing to plan pregnancy. The latter, in order to determine the physiological condition of the uterus and fallopian tubes, underwent ultrasound examination in terms of analysis, revealing the functional state of the ovaries and endometrium - folliculometry and endometrial height determination on days 9-10 or 11 of the menstrual cycle. On the same days they underwent kymography perturbation to detect the patency and measure the natural tone of the uterus and fallopian tubes. During the period of favourable conception, i.e. days 11, 12, 13, 14, 15 of the menstrual period (cycle), metabolic diet therapy and antioxidants were prescribed, as well as disaggregation therapy, i.e. a carbohydrate diet, food rich in folic acid, ascorbic acid, vitamins were given. E and Fraxiparin at a dose of 0.3-0.6 once daily. In the main group, i.e. 90 patients with tubal/intracanalicular genesis of infertility, we also took clinical and biochemical blood tests, urine tests, ultrasound examinations of the liver, kidneys and small pelvis organs, hysteroscopy, hysterosalpingography and other examinations, which could determine the genesis of fallopian tubes obstruction, in addition to medical history, menstrual and generative function (Table 3). The spectrum of examinations included testing spouses for TORCH infection (CMV, HPV, chlamydia, ureaplasma, mycoplasma, toxoplasma), HIV, AIDS, RW, trichomoniasis and other sexually transmitted infections. When patients were detected for the above parameters, they were treated in specialized hospitals. Special examination methods included mirror and bimanual examinations, vaginal cleanliness tests, functional diagnostic tests (FDT), etc. All women in the main group underwent surgical repair of fallopian tubes by a proprietary technique. The age of the women examined in the main group is shown in Table 1.

Table 1

Age of women in the main group n=90

Women age	Number of women surveyed % compliance	Quantity of patients	% Compliance
20	till 20	10	11,1 %
21 - 25	21 - 30	29	32,2 %
26 - 30	31 – 40	37	41,1%

31 - 35	41 – 43	12	13,3 %
35 and more	43 and more	2	2,2 %

–The table below shows that women with tubal-intracanalicular genesis of infertility are mostly treated between the ages of 25 and 35. The prevalence of this pathology in the generative period also indicates the introduction of modern methods of diagnosing tubal-intracanalicular obstruction in practical gynecology. The anamnesis of generative function in the examined patients showed that 90 married couples were found to have secondary infertility.

Table 2

Genetic history in patients with secondary infertility of intracanalicular genesis.

N=90

Frequency of surgical interventions Length of time childlessness	Abortion	Diagnostic scraping	Complication of childbirth	Cystectomy	Myomectomy	Voluntary Surgical Sterilization	Torch infection
till 3 years	8	2	2	10	1	2	11
till 5 years	4	1	3	5	0	1	7
till 10 years	6	1	3	6	0	1	4
more than 11 years	4	2	1	0	1	0	4
Total:	22	6	9	21	2	4	26

The table below shows that most women with tubal-intracanalicular genesis infertility appears to be due to poor surgical technique and inappropriate intra- and postoperative management tactics, as well as the presence of a concomitant torch infection in the patients. - Retrograde hydropertubation of the fallopian tubes is not performed intraoperatively; - Prevention of pelvic adhesions and other preventive measures are not performed in the early postoperative period. The medical history of the women examined for sexually transmitted diseases is presented in Table 3.

Table № 3

Frequency of sexually transmitted diseases in women in the core group

N=90

Reasoning	Gonorrhea	Khlami-diya	Trichomoniasis	CMV HSV	Ureaplasma	Tuberculosis	Myco-plas-mo-sis
Lengthiness of diseases	Number of patients identified						
till 3 years	4	9	2	5	6	0	3
till 5 years	2	5	4	7	4	0	3
till 10 years	2	2	1	3	2	1	3
more than 11 years	1	5	1	5	3	0	5
Total	9	21	8	22	15	1	14

The table below shows that the genesis of intracanalicular infertility has a high incidence of inflammatory diseases of sexually transmitted infections, which seem to develop immediately after the onset of marital life. The most frequent inflammatory process is localized in the intramural-pelvic region of the fallopian tube. The anamnesis also revealed that none of the patients in this group had received a full course of treatment for this pathology together with her husband. Clinical examination showed that the menstrual function of women with intracanalicular infertility did not differ as such from that of the control group (Table 4). A - In the control group, the mean age of onset of menstruation, according to our data, is at 13.0 years. Thus, the first menstruation at the age of 11-12 years was in 4 (20%) women. Nearly 12 (60%) patients experienced their first menstruation at the age of 13-14 years. Late menarche (aged 17 years and over) in 2 (10%) women of the main group and in 1 (5%) of the control group. Menstrual cycle was established immediately in 11 (55%) women. Within a year menstrual cycle was established in 7 (35%) women. Within 2 years, in 2 (10%) of the patients we examined. Two (10%) women had antepointing cycles during the period of menstrual function formation. Postponing cycles occurred in 3 (15%)

women. Short menstrual bleeding during menstrual formation, up to 2 days, was indicated in 2 (10%) women. Prolonged menstrual bleeding (7 days or more) aggravated this period in 2 (10%) of the women we examined. Three women complained of algodysmenorrhoea, which was (15%). Menstrual intensity was assessed as scanty in 2 (10%) patients, as moderate in 7 (35%) and as abundant in 11 (55%) women. B - in the main group the average age of menstruation onset was 14.6 years according to our data. Thus, first menstruation at the age of 11-12 years was in 20 (22.2%) women. Almost 47 (52.2%) patients had their first menstrual periods at the age of 13-14 years. Late menarche (15 years and over) in 20 (22.2%) women of the main group and in 2 (2.2%) women of the control group. Menstrual cycle was established immediately in 71 (78.9%) women. Within a year menstrual cycle was established in 10 (11,1%) women. Within 2 years - in 9 (10%) of the examined patients. Antepoating cycles of menstrual function had 5 (5.6%) women. Postponing cycles occurred in 15 (16.7%) women. Short menstrual bleeding during the formation of cyclic activity - up to 3 day - was indicated in 2 (2.2%) women. Prolonged menstrual bleeding (7 days or more) aggravated this period in 8 (8.9%) of the women we examined. Twenty-one women complained of algodysmenorrhoea, representing (23.3%). Menstrual intensity was estimated as scanty in 16 (17,8%) patients, as moderate in 32 (35,6%) and as abundant in 42 (46,7%) women of the main group. Thus, a wide range of gynecological diseases of endocrine genesis seems to be responsible for a high incidence of inflammatory diseases and, as a consequence, intracanalicular obstruction at the onset of sexual intercourse. In the last 5 years, an increasing proportion of the causes of intracanalicular genesis of infertility are being treated with so-called voluntary surgical ligation with transversal dissection or surgical laser and electrocoagulation of the fallopian tubes. It follows that voluntary surgical manipulations of the fallopian tubes aimed at restricting fertility should be performed with careful consideration and with strict indications.

Table 4.

Peculiarities of the formation of menstrual cycles in women with intracanalicular infertility.

Characteristics of menstrual function	Major group		Control group	
	N=90	%	N=20	%
age menarche (years)				
-up to 10 years	1	1,1	1	5
-11-12	20	22,2	4	20
-13-14	47	52,2	12	60

-15-16	20	22,2	2	10
-17 and more	2	2,2	1	5
-middle age	14,6		13,0	
Establishment of menarche				
- immediately	71	78,9	11	55
- in a period of 1 year	10	11,1	7	35
- in a period of 2 years	9	10	2	10
Frequency of menarche				
- up 25 days	5	5,6	2	10
-26-28	47	58,75	8	40
-29-32	21	23,3	6	30
-33-35	2	2,2	1	5
- unregular cycle	15	16,7	3	15
Duration of menstruation				
-up to 3 (three) days	2	2,2	2	10
-3-4	38	42,2	9	45
-5-6	21	23,3	4	20
-7 and more	8	8,9	2	10
Algodysmenorrhoea	21	23,3	3	15
Intensity of menstruation				
- scarce	16	17,8	2	10
- reasonable	32	35,6	7	35
- abundant	42	46,7	11	55

Conclusion: In women with intracanalicular genesis infertility, a more in-depth examination to detect the presence of sexually transmitted infections and to determine the patency of the fallopian tubes - hysterothelposcopy, cymographic perturbation - should therefore be performed in the preoperative period of patients with intracanalicular genesis infertility.

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