



## ENDOMETRIOSIS

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**Abstract:** *The most common symptoms of endometriosis are pain before and during menstruation (usually more severe than pain experienced during a normal period), pain during and after sex, infertility, irregular or excessive bleeding.*

**Key words:** *menstruation, muscles, pain, sex, bleeding, cause, treatment.*

## ENDOMETRIOZ

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**Annotatsiya:** *Endometriozi ning eng keng tarqalgan belgilari hayz ko'rishdan oldin va hayz paytida og'riqdir (odatda normal hayz paytida ko'rilgan og'riqlardan ko'ra jiddiyroqdir), jinsiy aloqa paytida va undan keyin og'riq, bepushtlik, tartibsiz yoki ortiqcha qon ketishi.*

**Kalit so'zlar:** *hayz, muskullar, og'riq, jinsiy aloqa, qon ketishi, sabab, muolaja.*

Endometriosis is a pathological growth of the mucous membrane of the uterus (endometrium) outside its boundaries, characterized by settling in the ovary, fallopian tubes, muscular layer of the uterus, bladder, peritoneum, rectum or other organs. In this case, endometrioid fragments (heterotopias) grow in these organs and undergo cyclical changes, just like the phases of the menstrual cycle of the endometrium. These changes are manifested by pain, enlargement of the affected organ, monthly bloody discharge from heterotopia, irregular menstrual cycle, various discharges from the mammary glands, and infertility.

Endometriosis is the third most common gynecological disease after endometritis and uterine fibroids. Endometriosis occurs most often in women of reproductive age, that is, 25-40 years old (27%), less often in 12-15-year-old girls (10%) and in climacteric women (2-5%).

Classification of endometriosis.

The appearance of endometriosis depends on its location. According to localization, genital and extragenital types of endometriosis are distinguished.

In genital endometriosis, heterotopias are located in the tissues of the genitals, causing ovarian cysts, menstrual cycle disorders and infertility.

In extragenital endometriosis, it is located outside the reproductive organs: in the intestines, navel, lungs, kidneys, and post-examination scars. The following types of genital endometriosis are distinguished:



In peritoneal endometriosis - endometrioid heterotopias are located in the ovaries, fallopian tubes or pelvic peritoneum.

- in extraperitoneal endometriosis - heterotopias are located in the external genitalia, vagina, vaginal part of the cervix or rectovaginal barrier.

In internal endometriosis (adenomyosis) - heterotopias appear in the muscular layer of the uterus, and the uterus becomes spherical in size.

Causes of endometriosis.

- Implantation theory. It is observed that during menstruation, menstrual blood along with endometrial particles retrogradely enters the abdominal cavity through the uterine tubes and under certain conditions settles in the internal organs and performs a full cyclical activity.

- Characteristics of the structure of the fallopian tubes.

- Immunodepression.

Heredity.

- Surgical procedures (caesarean section, cauterization of erosions).

- Abortion.

Symptoms of endometriosis

Pelvic pain (incidence 16-24%). Pain can be at some point or scattered, on menstrual days or constant.

- Algodysmenorrhea - pain and disturbance of the menstrual cycle (incidence frequency 40-60%) - in endometriosis, dysmenorrhea can be observed as a result of bleeding into the cyst cavity, increased pressure in it, spasm of uterine blood vessels, or exposure of the peritoneum to blood flowing from endometriosis foci.

Discomfort and pain during sexual intercourse (dyspareunia).

- Pains during bowel movements and bowel movements.

- Menorrhagia - prolonged menstruation and frequent menstruation (incidence 2-16%). It is accompanied by uterine fibroids and polycystic ovaries.

Development of posthemorrhagic anemia. It is accompanied by weakness, paleness of the skin and mucous membranes, drowsiness and dizziness.

- Infertility (25-40%).

Complications of endometriosis.

- Scar processes - hemorrhages in endometriosis cause scar processes in the pelvic and abdominal organs.

Formation of endometrioid cysts - they are also called "chocolate cysts" and cause infertility.

- Neurological disorders - develop as a result of crushing of nerve trunks.

- Anemia (anemia).

- Malignization - transformation of endometriosis focus into cancer. Pathological processes that begin in the endometrium and myometrium occupy the main place in gynecology. These are very different, so let's consider their main and most common types, among them, echdometritis, endometriosis, dyshormonal hyperplastic processes and tumors take a place.



The endometrium is usually resistant to infections. Therefore, acute inflammation of the endometrium often begins after an abortion, abortion, and in cases where the placenta has not fully descended. The main causative agents of the disease are streptococci and staphylococci. Chronic endometritis is common, its agents are chlamydia, mycoplasma, toxoplasma, mycobacteria, cytomegalovirus. IUDs inserted into the uterus can also cause endometritis. Because their stay inside the uterus for a long time opens the way to the spread of secondary infection.

Endometritis are divided into specific and non-specific types depending on the severity of the disease. In non-specific endometritis, swelling occurs, and inflammatory infiltration, dominated by neutrophils, begins. Specific endometritis is characterized by granulomatous inflammation. In chronic inflammation, proliferation of endometrial glands is observed and endometrial stroma is infiltrated with plasma cells. Adenomyosis and endometriosis.

Adenomyosis is defined as the growth of the basal layer of the endometrium into the myometrium. In this case, nests consisting of endometrial stroma or glands or both are formed between the muscle bundles, in which there is no mucus and hemosiderin, which indicates their functional activity. endometrial stroma or glands appear. In adenomyosis, the uterine wall becomes soft. Adenomyosis is clinically characterized by dysmenorrhoea, pelvic pain and menorrhagia.

Endometriosis is a somewhat painful pathology that continues with fertility, dysmenorrhea, and pelvic pain. Structure in different organs and

It is characterized by the appearance of endometrium-like fillings.

There is a difference between genital and extragenital endometriosis. In genital endometriosis, endometrial lesions are found in the uterus, fallopian tubes, ovaries (Fig. 73), retrocervical space of Douglas, cervix, pelvis, coccyx-uterine and round ligaments, external genital organs, and the small cell membrane. Extragenital endometriosis is often observed and progresses with damage to the lymph nodes, kidneys, lungs, pleura, diaphragm, breast and vagina.

The etiology and pathogenesis of endometriosis are not clear. However, there are several theories that try to explain the causes leading to this pathology. The first of them is the regurgitation theory (some call it the implantation theory), which explains that endometriosis is caused by the implantation of endometrial elements into the organs of the small pelvis and pelvic cavity as the uterus passes through the fallopian tubes. But this theory cannot explain, for example, the slow onset of lung and lymph node endometriosis. The second theory is the metaplastic theory, which interprets the onset of endometriosis as a result of the degeneration of the coelomic epithelium into the endometrium. At the same time, this theory cannot explain the occurrence of extragenital endometriosis. The third theory - the theory of lymphogenic and hematogenous dissemination - also cannot explain the extragenital implantation of endometrial elements. At the beginning of this disease, the synthesis of sex hormones is disturbed, estrone and estradiol increase, and changes harmful to immunity are considered to be of great importance.

Pathological anatomy. In endometriosis, the endometrium performs its function differently than in adenomyosis and undergoes structural changes characteristic of



menstrual cycles. At the time of menses, mucus is removed from it, and at the time of pregnancy, decidual tissue grows. As a result, the endometrium becomes soft and appears as yellowish-brown nodules or implants lying on the surface of the affected serous membranes. Their size ranges from 1 cm to 2 cm in diameter. In the ovaries, they are found in the form of sliding foci located subcortically or in the form of large cysts. These cysts are filled with mucus or chocolate-colored fluid. They can reach 8-10 cm in diameter. In the case where the mucus has become congealed and congealed, adhesions and scars may appear with the surrounding organs, as well as the end of the Douglas cavity and the end of the fallopian tubes on the side of the mucous cavity.

Microscopically, endometriosis is characterized by three main features: 1) presence of endometrial glands, 2) presence of endometrial stroma, 3) presence of hemosiderin pigment. Diagnostics becomes more difficult in advanced cases. Because endometrial filling may be completely replaced by non-specific fibrotic filling.

The clinical picture of genital endometriosis is different and depends on the location of the process. When cystic fibrosis occurs in the fallopian tubes and ovaries, unpleasant sensations in the lower quadrant of the abdomen increase, and the woman may become infertile later. Pain during defecation indicates that the process has also spread to the wall of the rectum. If the vagina and uterus are affected, it is painful in the case of venereal disease. Endometriosis continues with dysmenorrhoea and pelvic pain due to uterine prolapse and adhesions around the uterus. One of the problems of women's pathology is the discharge of mucus from the uterus during menstruation (menorrhagia), between periods (metrorrhagia) and ovulatory secretion. Endometrial polyps, leiomyoma, leiomyosarcoma, endometritis, endometriosis, as well as endometrial hyperplasia are the main causes of uterine discharge. In addition, there are also different types of dysfunctional uterine secretions, organic changes do not occur in such cases, dysfunctional secretions may be related to the dysfunction of the ovaries, as well as damage to the pituitary gland, adrenal glands, and thyroid gland. Such slowness can be observed in cases of ovarian tumors, obesity, mental stress, and in cases of extreme physical exertion (for example, long-distance runners and ballerinas). Regardless of the cause of anovulatory changes of the endometrium, the likelihood of endometrial cancer increases.

As mentioned above, one of the causes of uterine discharge is endometrial hyperplasia. It is the most widespread pathological process and reflects the irregularity of the ovarian-menstrual cycle. There are three types of endometrial hyperplasia: 1) cystic (or simple) type, 2) adenomatous (or complex) type, and 3) atypical type. The currently mentioned types of endometrial hyperplasia are considered to reflect three stages of the development of this pathological process: mild, moderate and atypical hyperplasia. Atypical hyperplasia is a precancerous disease with a poor prognosis.

Endometrial hyperplasia is considered due to hyperestrogenemia. It is often observed in cases of polycystic ovaries, estrogen-producing ovarian tumors, chronic ovulatory disorders, adrenal cortex dysfunction. Exogenous estrogens can also be started in areas where they have been used for a long time. Pathological anatomy. Cystic hyperplasia of the endometrium is defined by the sudden enlargement of the glands and the softening of the endometrium. When examined with a microscope, hyperplasia of the glands with a simple



structure, lined with cylindrical and cuboidal epithelium, but expanding like a cyst is visible (Fig. 74). Stromal hyperplasia is also found. Both in the epithelium and in the stroma, normal mitoses are average in number. It should be mentioned that cyst-like expansion of the endometrial glands without hyperplasia can also be observed during the climax, when the stroma becomes atrophic. These changes are called senile cystic atrophy.

Adenomatous hyperplasia of the endometrium is characterized by softening of the endometrium. Cysts are not found when examined with a normal eye. But polyps can be seen. When examined with a microscope, it is known that the number of glands that differ from each other in terms of shape and size has increased. Cylindrical and cubic epithelial cells are located in several layers. Hyperplasia also begins in the stroma.

Atypical hyperplasia of the endometrium is indistinguishable from adenomatous hyperplasia when seen with the naked eye. However, when examined with a microscope, it turns out that there are many farsls. The number of glands is increased, their shape and size are different, they are close to each other. Epithelial cells lining the glands are distinguished by their hyperchromic nuclei, size and shape. These are papillary tumors. There will be many mitoses. Atypical cells undergoing anaplasia can be seen in some glands, which are characteristic of carcinoma in situ. This type of hyperplasia can develop into invasive cancer.

#### REFERENCES:

- 1.Ziyayeva M.F.,Mavlonova G.X.“Ginekologiya”,“O‘qituvchi”,T.,2012.
- 2.Allayorov Ya.N.,Tosheva D.G.,Yusupova D. O‘. “Onalikda hamshiralik parvarishi”, “Voris” nashriyoti, T.,2012.
- 3.Rahimov A.U., MelikulovX.M. “Akusherlikda gemorragik shokning zamonaviy muammolari”, “Istiqlol”, T., 2005.