



ECTOPIC PREGNANCY AND OVARIAN APOPLEXY

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Abstract: *A pregnancy that occurs due to the failure of the egg cell to reach the uterus under normal conditions is called an ectopic pregnancy. Another disease that is more common in women over 30 is ovarian apoplexy, which I have discussed in this article.*

Key words: *menstruation, ovum, genitals, uterus, follicle, headache, fainting.*

BACHADONDAN TASHQARI HOMILADORLIK VA TUXUMDON APOPLEKSIYASI

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Annotatsiya: *Tuxum hujayraning normal holatda bachadonga yetib bormasligi oqibatida yuzaga keladigan homladorlikka bachadondan tashqari homladorlik deyiladi. 30 yoshdan oshgan ayollarda ko'proq uchraydigan yana bir kasalliklardan biri tuxumdon apopleksiyasi hisoblanadi ushbu maqolamda yorib berganman.*

Kalit so'zlar: *hayz, tuxum hujayra, jinsiy a'zolar, bachadon, folekula, bosh og'rig'i, hushdan ketish.*

Fertilized ovum under normal conditions fallopian tubes goes to the uterus and is grafted to its mucous membrane. If the conditions of movement of the egg cell are disturbed, it is implanted outside the uterus and this is outside the uterus called pregnancy.

In the development of ectopic pregnancy (graviditis extrauterine) the ovum combined with the spermatozoon is not usually inside the uterus, but in the fallopian tubes (graviditis exerauterina tubria), in the abdominal cavity (graviditis ektrauterina abdominalis), in the ovary (graviditis yechtrauterina ovarialis), development in the accessory horn of the uterus, in the cervix is also possible. 98-99% of ectopic pregnancies occur in the fallopian tubes. In the development of the fetus in the fallopian tubes, the weakness of the tube muscles, the scars left after inflammation in the tubes, tumors, endometriosis, the uterus and its Tuberculosis, nervous and mental conditions can be the cause. Because the tubes of infantile women are long and curved, the ovum with the sperm cannot reach the uterus. it stops and starts developing in some part of the tubes. If a woman If the child is breastfed for a long time, the uterine lining atrophies occurs. This is also the cause of ectopic pregnancy it can. If iodine is injected into the uterine cavity the opening of the fallopian tube is blocked, so as a result, an ectopic pregnancy can occur.



Clinical solution: ovum combined with spermatozoa in fallopian tubes, ovary and abdominal cavity, can be located on the cervix. Most pregnancies are 5-6 in the first week, the organ where the embryo is located will burst and bleed from there goes Abdominal pregnancy is rare in some cases, a full-term fetus is observed. Pregnancy occurs in the fallopian tubes, followed by reverse peristalsis of the fallopian tubes as a result of contraction, the fetus may fall into the abdominal cavity (tubal abortion - abortion). Or from the fusion of a female reproductive cell with a spermatozoon in the abdominal cavity comes out.

Wherever the pregnancy is despite being a female leader, bitter, salty, sour things starts to lose heart. The mammary glands harden, the mucous membrane of the vagina and the vaginal part of the cervix are blue and when examining with fingers through the vagina, the uterus is slightly enlarged will be. It is still a fetal egg if it hasn't moved, the tube hasn't cracked, the fetal tube is thickened and softened, to the location of the fetal egg This place is thicker will be (sausage-like). Biological, serological and immunological reactions of the fetal egg if it has not moved, it will be positive. Extrauterine in pregnancy, it is often easy to diagnose when the pregnancy stops (when the tube ruptures or there is an abortion in the tube). Fallopian tube pregnancy stops at 5-6 weeks. Because there is no submucosal layer in the mucous membrane of the tube. Decidual the reaction will be slow. Muscle layer also develops slowly. Fetal egg even deep in the tubes muscle layer, serous layer and it settles and develops even deeper. Blood vessels in it is consumed. If the fetal egg is located in the ampullary part of the tube, as a result of the contraction of the tube, it moves and blood clots form. falls into the abdominal cavity. Thus, tubal pregnancy ends in two ways:

- a) tubal abortion (abortion tubaria);
- b) tube rupture (ruptura tube uterina).

If the fetus is located in the uterine part of the tubes, it It can grow up to 4-5 months, then this part splits and the female loses a lot of blood. The fetal egg in the tubes is absorbed in different periods and the stomach giving birth to the cavity, this should happen within 1-2 weeks possible The embryo migrates from the wall of the tube and dies. Blood fades and slowly disintegrates. The uterine tube is forced to contract begins, the transferred fetal egg comes out of the tube into the abdominal cavity. When the fallopian tubes contract in reverse (anti-diarrheal) the patient he feels pain like when he has a seizure. Most often, one of the lower abdomen it hurts on the side. In a tubal abortion, blood is compared to a ruptured tube costs less. The woman relaxes, complains of dizziness does, pulse quickens. Shock when tubes rupture and bleed profusely condition is observed. Sometimes the death of a woman is observed.

Ovarian apoplexy (apoplexia ovarii) is bleeding into the ovarian parenchyma as a result of follicle rupture during ovulation and violation of its tissue integrity and blood in the abdominal cavity begins to flow. This condition is observed in women aged 16-30. Ovarian apoplexy is inflammation of the female genital organs it is caused by the rupture of the ovarian parenchyma during ovulation as a result of diseases or as a result of increased persistence of follicles. In it, the permeability of the ovarian blood vessels is disturbed, the



capsule of the ovary is ruptured and it enters the abdominal cavity. bleeds or bleeds into the parenchyma. In this case, there is severe pain in the lower part of the abdomen in the area of the ovary, and there is no blood in the abdominal cavity. Ovarian apoplexy occurs when a woman is under physical stress, a heavy burden when lifting, it can also be caused by an injury.

Clinic. The disease is suddenly severe in the lower abdomen starting with pain, to the entire epigastric area, to the rectum gives irradiation. Pain, dizziness, fainting, cold followed by sweating, nausea and vomiting. Clinical dividing ovarian apoplexy into 3 types depending on appearance possible: painful; anemic; mixed. Pain also in the rectum will pass. Sometimes, due to severe pain, a woman has acute hypothyroidism. In the mixed type of the disease painful and anemic manifestations occur together. Abdominal palpation when seen, it is determined that it is painful, swollen, and has a slow participation in the act of breathing. During the gynecological examination, it is found that the cervix is painful, the uterus is not enlarged, it is hard, the uterus is enlarged and the ovary is enlarged.

Diagnosis. Clinical appearance, anamnesis and objective examination according to which a diagnosis is made. Diagnosis is determined by abdominal puncture through UTT and the posterior dome of the vagina. The cure. The condition of the sick patient was initially moderate and poor if bleeding, the patient is treated conservatively (bed rest, applying an ice pack to the abdomen, blood substitutes are used). After the acute period of the disease, the patient is prescribed physiotherapy and drug electrophoresis. Heavy bleeding or surgical treatment of patients with pain syndrome necessary, i.e., the ovaries are resected and sutured, sometimes, if the ovary is completely damaged, it is removed.

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