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PREDICTORS OF THE DEVELOPMENT OF TROPHOBLASTIC DISEASE AMONG WOMEN OF REPRODUCTIVE AGE

Matyakubova S.A., Yusupova D.O.
Urgench branch of the Tashkent Medical Academy

According to the literature data, trophoblastic disease is typical only for pregnant women of reproductive age and occurs in 0.1-0.25% of all pregnancies. Most often among this pathology, hydatidiform is diagnosed.

The purpose of the study : to study the risk factors for the development of hydatidiform mole among women of reproductive age.

Materials and methods of research : the study was conducted among 53 women of reproductive age who were treated at the Xorezm branch of the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology. The diagnosis of hydatidiform mole was established morphologically. The studies included general clinical and gynecological studies, laboratory studies.

Results of the study : depending on the morphological data, the patients were divided into the following groups: group I - a simple form of cystic drift - 35 patients (67.2%), group II - patients with a proliferating form of cystic drift - 14 patients (26.6%) , III group - invasive mole - 4 patients (6.2%).

The age of women ranged from 21 to 43 years (average 31.0 ± 0.6 years). In group I, women aged 21-40 years significantly predominated, women with proliferating hydatidiform mole were aged 31-40 years.

When studying the reproductive history of the examined women, it was found that there were 13 (24.8%) women with the first pregnancy, 40 (75.2%) were re-pregnant. In group I, women with simple and proliferating hydatidiform mole were significantly dominated by re-pregnant women.

When studying menstrual function in women with hydatidiform drift, it was found that late menarche (60%) is a prognostically unfavorable sign, since such women often develop proliferating and invasive forms of hydatidiform mole.

Gynecological diseases were in history in 55.7% of women: inflammatory diseases of the uterus and appendages - in 42.9%, erosion of the cervix - in 12.8%.

A simple hydatidiform mole most often developed after a spontaneous miscarriage (42.8%), with a miscarriage (16.2%), against the background of the first pregnancy (37.8%), after an ectopic pregnancy (1.8%). The proliferating form of mole developed after spontaneous miscarriage in 41.6% of cases, miscarriage - in 35% of cases, childbirth - 8.6%, after ectopic pregnancy - 8.4%, against the background of the first pregnancy - 37.8%.

The analysis of complaints showed that mostly women were worried about bloody discharge from the genital tract (75.4% of cases), pain in the lower abdomen and toxicosis (19.2%), mismatch between the size of the uterus and gestational age occurred in 49.1% of cases. There were no significant differences in clinical symptoms of the disease.

All patients with hydatidiform mole underwent manual vacuum aspiration, and the effectiveness and sensitivity of this treatment method was 98.6%.

Thus, all pregnant women in the first trimester of pregnancy for early diagnosis need a comprehensive dynamic monitoring, which allows timely detection of complications of the gestational process, which, in turn, is the key to effective treatment.