

Study of menstrual cycle disorders in women of fertility age of the population of Ishtikhan district, Samarkand region

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Abstract: The article analyzes the diagnosis, treatment and prevention of menstrual cycle disorders in women of fertile age and teenage girls in the conditions of the primary link of medical care. 10,869 women of fertile age were examined from among the residents of the central polyclinic of Ishtikhon district of Samarkand region. Among them, 515 (4.9%) girls aged 18-49 and 1100 teenage girls aged 14-17 were diagnosed with menstrual cycle disorder. Among 515 women of childbearing age with a diagnosis of menstrual cycle disorder, 118 (22.9%) had amenorrhea (absence of regular menstrual cycle for 6 months), 135 (26.2%) women of childbearing age had hypermenorrhea, 205 (Dysfunctional uterine bleeding was diagnosed in 39.8%) women and painful menstrual cycle (algodysmenorrhea) was detected in 57 (11.1%) women. 37 (36.3%) of 102 adolescent girls with a diagnosis of menstrual cycle disorders suffer from amenorrhea, 28 (27.4%) suffer from hypermenorrhea, 17 (16.7%) have dysfunctional uterine bleeding, and 20 (19.6%) had algodysmenorrhea.

Keywords: fertile age, menstrual cycle, amenorrhea, algodysmenorrhea, teenage girls, dysfunctional uterine bleeding, hypermenorrhea

Obstructiveness: Menstrual cycle disorder, along with genital diseases or extragenital pathological processes, occupies an important place among gynecological diseases [1,3,5].

The menstrual cycle is a complex change in all parts of the reproductive system (central nervous system, hypothalamus, pituitary gland, ovary, endometrium, cervical canal, vaginal mucus), which affects the entire reproductive life of a woman, except for pregnancy and lactation. is a regular repeating process during the period [2,4]. The menstrual cycle is a cyclical change in the body that constantly repeats and prepares the woman's body for pregnancy.

Cyclic menstrual changes begin during the fertile period (14-50 years) and during puberty (11-14 years). The duration of a normal menstrual cycle is 21-35 days (on average 28-30 days), it is considered from the first day of the last menstrual cycle to the first day of the next menstrual cycle. The duration of this period depends on personal characteristics and place of residence. Ovum maturation is faster in women living in the south, and it develops relatively slowly in women living in the northern

latitudes. Normally, the duration of bleeding in the menstrual cycle is from 2 to 7 days (on average 3-5 days), and the blood lost during the entire menstrual cycle is amount does not exceed 80 ml (on average 30-50 ml). During this cycle, women's subjective perception, activity does not decrease, and self-awareness does not deteriorate [5].

Since this problem is urgent, we set ourselves the goal of conducting an analysis of the results of diagnosis, treatment and prevention of menstrual cycle disorders in women of childbearing age and teenage girls in the conditions of the central polyclinic of Ishtikhon district of Samarkand region.

Purpose of investigation: Analysis of the results of diagnosis, treatment and prevention of menstrual cycle disorders in women of childbearing age and teenage girls in the conditions of the central polyclinic.

MATERIALS AND METHODS

This examination was conducted in the central polyclinic of Ishtikhon district of Samarkand region. The total population attached to this polyclinic is 22,520 people, of which 10,522 (46.7%) are women of childbearing age and 7,520 (33.4%) are children from 1 to 14 years old, the total number of adolescent girls is 1,100 (4, 9%) people. All of them were involved for examination. The results of clinical examination of the diagnosis of menstrual cycle disorder (objective examination and rational anamnesis collection) and paraclinical data, among teenage girls and women of childbearing age for preventive purposes. based on the data of sanitary bleaching works.

RESULTS AND ANALYSIS

Based on the results of clinical and laboratory examination, 515 (4.9%) of 10,522 women of fertile age were diagnosed with menstrual cycle disorder, and 102 (9,3%) of 1,100 teenage girls were diagnosed with the above-mentioned pathology.

It is known from the literature that the clinical forms of menstrual dysfunction are amenorrhea (absence of a menstrual cycle for 6 months or more in women aged 15-45), cyclical disorder, which in turn is divided, lost changes in the amount of blood (hypermenorrhea - more than 80 ml, hypomenorrhea - less than 20 ml), violation of the duration of menstruation: prolonged - polymenorrhea or menorrhagia (more than 7 days), short - oligomenorrhea (less than 2 days) and menstruation dysrhythmias: frequent - proymenorrhoea (less than 21 days), less often - opsomenorrhoea (more than 35 days), decrease of menstruation to 1-2 times a year is spaniomenorrhoea. In addition, anovulatory (one-phase) bleeding - dysfunctional bleeding from the uterus and painful menstruation - algodysmenorrhea are distinguished.

118 (22.9%) of 515 women of fertile age diagnosed with a menstrual cycle disorder had amenorrhea (absence of a regular menstrual cycle for 6 months), 135

(26.2%) of women of fertile age had hypermenorrhea (a large number of blood loss), dysfunctional uterine bleeding was diagnosed in 205 (39.8%) women and painful menstruation (algodysmenorrhea) in 57 (11.1%) women (Fig. 1).

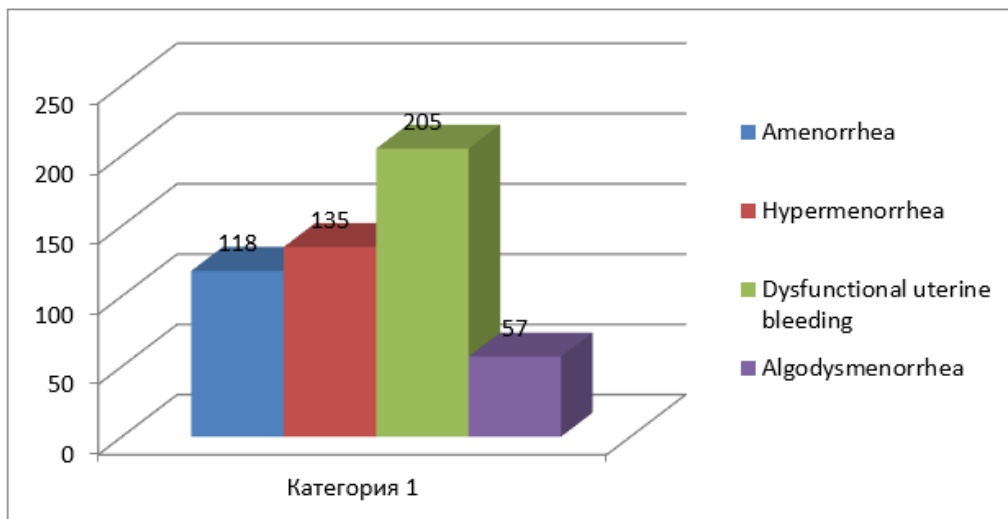


Figure 1. Different manifestations of menstrual cycle disorders in women of fertile age

With menstrual cycle disorders, 37 (36.3%) of 102 teenage girls suffer from amenorrhea, 28 (27.4%) suffer from hypermenorrhea, 17 (16.7%) teenage girls suffer from dysfunctional uterine bleeding, and 20 (19.6%) Algodysmenorrhea was detected in .6%) (Fig. 2).

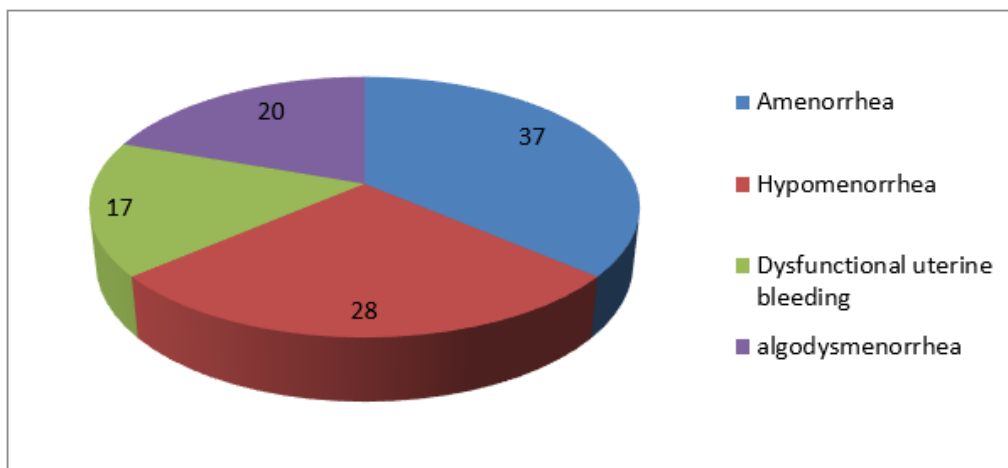


Figure 2. Prevalence of various manifestations of menstrual cycle disorders in teenage girls

After the examination, adolescent girls and women of fertile age with menstrual cycle disorders were treated with complex drug therapy. Primary amenorrhea and uterine hypoplasia were treated with general strengthening agents, high-calorie diet, hormone therapy. Patients were prescribed 1-2 ml (6-12 mg) of dimestrol 0.6% solution for 1-1.5 months or 1 ml of estradiol dipropionate 0.1% solution once a day for 8-12 days. then alternate administration of corpus luteum hormone preparations with estrogen was used. Estrogens were introduced for 20-22 days, progesterone was

prescribed at a dose of 5-10 mg for 6-8 days for 1-2 months. Estrogens, progesterone and synthetic progestins, androgens were used together for the purpose of hemostasis in dysfunctional bleeding from the uterus. Estrofem, progin, and premarin, which accelerate the regeneration and proliferation of the endometrium and affect local coagulation factors, are often used as estrogens. Progestogens are prescribed to be taken 10-14 days after the use of estrogen until the end. Compared to single-phase combined drugs, the second and third generation drugs - rigevidon, microgenon, regulon, marvelon - have a better effect. For the purpose of hemostasis, 4-6 tablets per day are prescribed until the bleeding stops. After the bleeding stops, the daily dose is gradually increased (from 1 tablet per day) to 1-2 tablets, and the treatment with such a dose lasts for 20-21 days, counting from the 1st day of hemostasis. will be continued. Then the treatment is continued according to the 21-day scheme (from the 5th to the 25th day of the cycle) for 3-4 months.

In algodysmenorrhea, nonsteroidal anti-inflammatory drugs are used to inhibit the synthesis of prostaglandins: ibuprofen 400 mg every 4 hours, daily dose up to 2400 mg; mefenamic acid (tablet 250 mg) after 2 1 tablet every 6 hours; naproxen 250 mg every 6-8 hours; indomethacin 25 mg 3 times a day. Dorin intake starts 2-3 days before the start of the menstrual cycle and continues until the first day of the cycle. Vitamin E is also used 1 capsule 3 times a day. In phase II deficiency (calculated according to the basal temperature), progestogens are used from the 16th to the 25th day of the cycle from 1 tablet per day of Norcolut or 2 tablets per day of Turinal for 3-4 cycles. The reception of these drugs is stopped after 2-3 months after the balance of estrogen and progesterone (rebound effect) and after the disappearance or reduction of pain during the cycle or before the cycle.

At the next stage of the inspection, we will organize lectures among women and teenage girls of fertile age, and individual interviews with women and teenage girls, as well as sanitary-whitening work.

CONCLUSION

Thus, according to the results of the investigation on the diagnosis, treatment and prevention of menstrual cycle disorders in women of fertile age and adolescent girls, it is shown that this pathology is widespread in the central polyclinic of Ishtikhon district of Samarkand region. This requires a comprehensive approach to choosing the optimal method of drug treatment and prevention of menstrual cycle disorders based on proven medicine.

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