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MENSTRUAL FUNCTION IN WOMEN WITH ENDOMETRIAL HYPERPLASTIC PROCESSES AND ADENOMYOSIS ON THE BACKGROUND OF HORMONE THERAPY

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Today, the problem of treating endometrial hyperplasia in combination with adenomyosis remains urgent, which has not yet been finally solved, which is of particular importance for women of reproductive age, since it is accompanied by a violation of menstrual and reproductive function, and therefore has not only medical, but also social significance [1,2,4].

Modern teachings on endocrine and immunological disorders associated with local changes in hormone levels and their reception by sensitive cells in benign

uterine pathology have been studied in sufficient detail [3,5]. At the same time, the problem of treating combined benign uterine pathology in women of reproductive age has not yet been sufficiently solved, and therapy is generally aimed at: reducing pain and blood loss, increasing fertility, increasing the duration of remission and, as a result, improving the quality of life.

The aim of the study - to study the effect of hormone therapy on menstrual function in women with endometrial hyperplastic processes in combination with adenomyosis.

Materials and methods. The effect of hormone therapy was evaluated in 140 women of reproductive age with endometrial hyperplastic processes in combination with adenomyosis: Group I - 50 women who used progestogens (6 months); II-50 women who took the gonadotropin-releasing hormone agonist (a-GnRH) (6 months), III - 40 women who received complex therapy, including a-GnRH during the first 6 months and an intramuscular immunomodulator every other day No. 20, followed by the use of tablet forms of 0.15 g 1 time a week (course - 6 months), then for the next 6 months progestogens were used in the second phase of the menstrual cycle from 16 to 25 days. Evaluation of indicators was performed after 3, 6 and 12 months of therapy. The volume of menstrual blood loss was estimated using menstrual blood loss maps and evaluated in points on a special scale. The total score for the month exceeded 100 points and corresponded to menstrual blood loss of more than 80 ml.

Results. The effect of progestogen and a-GnRH hormone monotherapy on the menstrual function of women with endometrial hyperplastic processes against the background of adenomyosis was studied in the dynamics of follow-up during the year. Blood loss indicators were analyzed using observation maps. Step-by-step hormone therapy for combined benign uterine pathology in women of reproductive age was introduced and its effect on menstrual function was evaluated.

Conclusions. Monotherapy with progestogen and a-GnRH during 6 months of treatment normalizes the volume of blood loss and menstrual function of women, but at 12 months of follow-up, women in these groups increase the volume of blood loss and a third of patients have polymenorrhea.

At the same time, the step-by-step hormone therapy introduced by us for women with endometrial hyperplastic processes in combination with adenomyosis helps to reduce the volume of menstrual blood loss and tends to normalize blood loss indicators as early as 3 months of treatment.

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