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**ABOUT THE PROBLEMS OF
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TASKS AND WAYS TO
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ABOUT THE PROBLEMS OF SCIENCE AND PRACTICE, TASKS AND WAYS TO SOLVE THEM

SPECIAL ASPECTS OF TREATMENT OF ADOLESCENT GIRLS WITH PRIMARY ALGODYSMENORRHEA

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Algodysmenorrhea is a topical problem in gynecology, this symptom complex includes a wide range of neurovegetative, metabolic-endocrine, mental and emotional abnormalities, and is characterized by high prevalence and complex treatment. The frequency of algodysmenorrhea ranges from 10 to 30%, and among adolescent girls - from 8 to 80%. Severe pain exhausts the nervous system, promotes the development of an asthenic syndrome, impairs memory function and work productivity. [1, 2].

The main means of primary algodysmenorrhea treatment are non-steroidal anti-inflammatory drugs, psychotherapy and oral contraceptives [3, 4, 5].

Nonsteroidal anti-inflammatory drugs are the main among prostaglandin synthesis inhibitors, but at the same time along with the favorable anti-inflammatory and analgesic effect, there are a number of side effects. Thus, the most important issue of the application of these treatment agents is safety characterized by the risk-benefit ratio [1, 2].

Our attention was drawn to a modern selective inhibitor - diclofenac sodium in suppositories, the advantages of which include the fact that due to the rapid resorption of the active substance close to the focus of the process, it is suitable for the treatment of acute pain and inflammatory process, especially in moderate and severe cases, when the speed of the onset of the effect (within 30 minutes) is of great importance.

The purpose of this study was to evaluate the effectiveness of diclofenac sodium in rectal suppositories in the treatment of primary algodysmenorrhea in adolescent girls.

Materials and methods. The study included 30 adolescent girls with primary algodysmenorrhea in the age of 14 to 18 years. The algorithm for examining patients included the analysis of clinical and anamnestic data, gynecological examination, hormones level evaluation (prolactin, testosterone, progesterone, cortisol, estradiol, follicle-stimulating and luteinizing hormones), ultrasound examination of organs in the pelvic cavity, the presence of vegetative (vertigo, palpitation etc.) and neuropsychic (emotional lability, decreased ability to work and concentration of attention, irritability, etc.) symptoms. Based on functional diagnostics (biphasic nature of basal temperature, "pupil" symptom), the time of the onset of ovulation was estimated.

The complaints of girls under this investigation included the following: severe pain in the lower abdomen in 12 (40%) girls; severe pain in the lower abdomen and lumbar region in 12 (40%); severe pain in the lower abdomen, in the lumbar region and mammary glands in 3 (10%); severe pain in the lower abdomen and in the joints in 3 (10%) girls; polymenorrhea was present in 10 cases (40%).

The average age of menarche in the patients was 11.1 ± 1.5 years. From painful menstruation with menarche suffered 25 (83%) girls and in 5 (17%) - algodysmenorrhea manifested itself 1-2 years after menarche. 28 (93%) girls had a regular menstrual cycle, while in 2 (7%) cases menstruation was irregular before the examination. Subjects, with the exception of 3 (10%), had no sexual experience.

All patients during the onset of pain syndrome took analgesics, 12 of them (40%) - without effect, which led to loss of consciousness, weakness, and therefore were forced to skip classes.

A gynecological examination, confirmed by ultrasound, showed the absence of pathology on the part of the internal genital organs, and their condition corresponded to the age norm.

Patients, taking into account their statistical homogeneity, were divided into control and study groups.

The control group consisted of 15 adolescent girls who took 0,02 mg Ethinylestradiol + 0,15 mg Desogestrel 1 tablet daily from the 5th day of the menstrual cycle for 21 days, followed by another course after a 7-day break. In the event of pain syndrome, the patient took Ketanov, 1 tablet 3 times a day, while the pain syndrome persisted. The study group consisted of 15 patients who refused hormonal contraceptives and took valerian extract 1 tablet 3 times a day, multivitamins 1 dragee 2 times a day and diclofenac sodium in rectal suppositories 1 suppository 1 time per day at night during the manifestation symptoms of algodysmenorrhea.

In the control group, a positive effect of the therapy was observed in 12 (80%), i.e. menstruation became painless, vegetative manifestations disappeared. After 3 treatment cycles, 13 (90%) girls had no pain during menstruation. In the study group, since the first month of treatment, 14 (93%) girls stopped having the lower abdominal and lower back pain, headaches, and joint pain. Neuropsychiatric disorders decreased and their health improved in 13 patients (90%).

The study of the hormonal profile with threefold determination of the level of hormones in both groups did not reveal a significant pattern. Laboratory parameters also fluctuated within the age norm in all patients.

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Treatment with diclofenac sodium in form of rectal suppositories during the sedative and vitamin therapy in all girls had a stabilizing effect on the psychoemotional state due to the complete and rapid pain relief throughout the body and a decrease in menstrual blood loss. All patients noted high tolerability to diclofenac sodium, no unwanted side effects, no allergic reactions, and no cases of premature treatment discontinuation occurred.

Conclusions. The obtained results allow us to recommend the use of diclofenac sodium in rectal suppositories as a basic drug in the complex treatment of primary algomenorrhea in adolescent girls who do not want to take hormonal drugs with a quick and high-quality effect.

References:

1. Акушерство и гинекология: новости, мнения, обучение. Журнал для непрерывного медицинского образования врачей /Под ред. Г.Т. Сухих, Г.М. Савельевой, В.Е. Радзинского, № 4.-2016.-116с.
2. Гинекология - национальное руководство под ред. В.И. Кулакова, Г.М. Савельевой, И.Б. Манухина.-М.- 2009.-1088с.
3. Татарчук Т. Ф. Рациональный подход к применению комбинированных оральных контрацептивов при эндометриозе // Жіночий лікар. – 2015. – № 5 (61). – С. 24-30.
4. 13 Н.Н.Колева Что такое альгодисменорея и как с ней бороться // Интеллектуальный потенциал XXI века / Сборник статей Международной научно - практической конференции OMEGA SCIENCE .-Уфа.-2018.-С.132-133
5. А. П. Григоренко, Н. С. Шатковська, О. Х. Герич, О. Г. Горбатюк, В. Ю. Онишко, А. М. Бінковська. Сучасні підходи до лікування альгодисменореї //Медицинские аспекты здоровья женщины.- № 9 (95).- 2015.- С.39-43