ENDOMETRIOSIS AND INFERTILITY

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ABSTRACT

The work presents an analysis of data on the restoration of natural fertility in women with infertility due to endometriosis in order to increase the effectiveness of the treatment of infertility.

Purpose of the study. Improving the effectiveness of infertility treatment by methods of restoring natural fertility in patients with external genital endometriosis.

Materials and the methods of research:

The study was conducted on the basis of the Samarkand Regional Perinatal Center and the Samarkand City Medical Association. 107 patients with infertility on the background of endometriosis were examined. Of these, 45 patients who underwent fertility recovery after preliminary preparation (group A), and 62 patients who underwent surgical treatment of endometriosis as a first stage (group B).

Standard clinical examination of patients included an anamnesis, initial examination, gynecological examination, ultrasound of the pelvic organs, hormonal examination, as well as the conclusion of the therapist. The examination of the man was reduced to a 2-fold (with an interval of 2-3 weeks) sperm analysis, in assessing the fertility of which the corresponding WHO standards were used. Endoscopic examination methods included laparoscopy, which was performed using KARL STORZ equipment in accordance with generally accepted methods. To diagnose pregnancy, the concentration of the CG subunit was determined and an ultrasound scan was performed.

At the first stage, correctional therapy was carried out for patients. Obese women (BMI> 30) were prescribed diet therapy in combination with dosed physical activity to reduce weight. Patients with high levels of LH and testosterone were prescribed low doses of oral contraceptives (3-6 months), with hyperprolactinemia - dostinex and hypothyroidism - L-thyroxine preparations. Treatment was started before surgery and continued in the postoperative period. Correction of hormonal disorders was carried out under the supervision of endocrinologists.

Group A patients were prescribed laparoscopy only after preparatory treatment (correction of hormonal disorders, elimination of cervical dysfunction factors, restoration of vaginal microcenosis) and confirmation of the ineffectiveness of attempts to restore natural fertility using ovulation inducers. For this reason, endoscopic methods were used only in 33 out of 45 women, since in 12 patients (35.3%) of this group pregnancy occurred when using the described conservative therapy.

When performing laparoscopy in cases of revealing the pathology of the pelvis, the corresponding surgical treatment was performed - the destruction of endometrioid heterotopy. All patients underwent chromopertubation to assess patency of the fallopian tubes. After endoscopic operations for the prevention of infectious complications, antibacterial drugs of a wide spectrum of action were prescribed in the recommended daily and course doses.

Treatment of chronic endometritis was carried out in accordance with generally accepted recommendations:

1) etiotropic therapy: with non-specific - fluoroquinolones (ofloxacin, etc.) in combination with nitroimidazoles (metrogil, ornidazole); with the detection of chlamydia - fluoroquinolones; with herpetic chronic endometriosis -valaciclovir;

2) activation of metabolic processes (wobenzym, vitamins E, C, methionine)

Ovulation Induction Therapy:

1) Therapeutic cycles using clomiphencitrate (CC).

a) As the first stage of infertility treatment CC was prescribed to patients without signs of hypothalamic-pituitary insufficiency (FSH in the range from 3 to 12 IU / l, E2> 100 pmol / l).

b) In group B, clomiphencitrate was used after endoscopic treatment.

In each of the two clinical situations listed, CC was administered in three (maximum) cycles for 5 days (5 to 9 days of the cycle) at a dose of 100 mg / day.

During stimulation of CC, the adequacy of the ovarian reaction began to be evaluated from the 9th to the 10th day of the cycle, determining the size of the growing follicles and the concentration of E2 in the blood was determined. In the presence of a mature follicle with a size of 18 mm, a concentration of E2 = 500-2000 pmol / L, an ovulatory dose of hCG of 5-10 thousand Units was introduced. 36-48 hours after the administration of rot, ovulation was confirmed by ultrasound.

In patients with anovulatory infertility with early detection of resistance to SS at the stage preceding the use of laparoscopy, SS or a combination of CC + Rfsg was used to stimulate ovulation.

Results and Discussion: for patients (group) with preserved ovulatory and menstrual functions, the “first line” of treatment in all cases was endoscopic methods (laparoscopy).

After endosurgical treatment of the revealed pathology, a specific drug for the treatment of endometriosis, Vizanne (2.0 mg of dienogest), was prescribed for 6 months. At this stage, spontaneous uterine pregnancy occurred in 17 (37.8%) patients. In cases of non-pregnancy, they switched to the use of ovulation inducers. In general, ovulation induction using SS in this group was performed in 28 (62.2%) patients; As a result, uterine pregnancy occurred in 9 of 28 patients. Ovarian hyperstimulation syndrome was observed in 1 patient (3.6%). Multiple (twins) were 1 of 9 (11.1%) uterine pregnancies. With 26 registered pregnancies, the proportion of ectopic pregnancy was 7.6% (two). Thus, the restoration of reproductive function in patients with OGE without signs of anovulatory (endocrine) infertility ensured a uterine pregnancy of 53.3% (in 24 out of 45).

The treatment of infertility in patients with OGE with signs of endocrine infertility in group B yielded the following results: A total of 62 patients were treated with ovulation inducers, after which 4 (5.9%) of them had a spontaneous uterine pregnancy.

The first series of controlled ovulation stimulation performed before using laparoscopy included the sequential use of folliculogenesis inducers in three cycles. In 12 (19.4%) patients with signs of hypothalamic-pituitary insufficiency (FSH <3 ME, E2 <100 pmol / L), preparative HRT with estrogen-progestogen was performed before ovulation stimulation. At this stage, ovulation stimulation was performed in 58 (93.5%) patients, which was accompanied by the onset of uterine pregnancy in 7 patients (12% of the number of patients with the second stage of therapy or 11.3% of all patients in group B). In 28 (54.9%) of 51 patients with persistent infertility, laparoscopy was prescribed to identify and treat endometriosis, as well as concomitant peritoneal factors of tubal infertility. According to the results of laparoscopy, 26 out of 28 patients examined (92.9%) had one or more pathological manifestations requiring surgical correction. External genital endometriosis (27–96.4%), adhesions of varying severity (19–67.9%), as well as functional ovarian cysts (11–39.3%) were found with the greatest frequency. In these 28 patients, a repeated attempt was made to stimulate ovulation in three consecutive cycles. Folliculogenesis inducers upon repeated stimulation of ovulation in patients of this group started immediately after surgical endoscopy, that is, in group B, unlike group A, the effect of the surgical treatment itself was not expected, which implies a 6-month passive expectation of the onset of a “spontaneous” pregnancy. As a result of repeated stimulation of ovulation, uterine pregnancy occurred in 8 (12.9%) patients, ectopic pregnancy - in 1 (1.6%) patient.

Assessing the overall effectiveness of the treatment algorithm used in patients with OGE and signs of anovulatory (endocrine) infertility, it can be concluded that the consistent use of the ovulation stimulation methods described above ensured the onset of uterine pregnancy in 26 (41.9%) of 62 patients of group B.

Conclusions. Based on the results of the study, we made the following conclusions:

1. In patients with endometriosis of the external genitalia of the I-II degree, the rational treatment of infertility can naturally restore fertility in 40.2% of cases.

2. Laparoscopy remains the "gold standard" for the diagnosis of EGE: in 67.3% of patients, EGE was diagnosed with laparoscopy for infertility.

For patients with preserved ovulatory and menstrual functions, uterine pregnancy was achieved in 53.3%. For patients with anovulatory function of the menstrual cycle, the effectiveness of infertility treatment was 30.6%, which is determined by the possibility of

correcting anovulation before laparoscopy.

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