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MONITORING AND REHABILITATION MEASURES IN WOMEN AFTER MOLAR PREGNANCY

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Annotation. Gestational trophoblastic disease is gaining prominence in gynecological practice recently. It is being evidenced that women with this disease recover in 100% of cases due to the high sensitivity of the cancer cells to chemical agents, which allows for the use of chemical treatments in its treatment. According to statistical data, the incidence rate of trophoblastic tumors is gradually increasing. According to the 2021 data from the World Health Organization, the number of registered cases due to this disease exceeds 46,000 patients, with more than 40,000 of them receiving chemotherapy, and this figure has been steadily rising up to now. In the world, according to 2021 data, trophoblastic diseases account for 3.6% of gynecological cancers [1]. 80 % of trophoblastic diseases are represented by gestational trophoblastic disease, 15% by invasive mole, and 5% by choriocarcinoma. Among women diagnosed with choriocarcinoma, 50% had a history of mole, 25% had an abortion, 20% had preterm delivery, and 5% had ectopic pregnancy.

Keywords: monitoring and rehabilitation measures, molar pregnancy, reproductive, curettage.

Аннотация. Гестационная трофобластическая болезнь в последнее время приобретает всё большую значимость в гинекологической практике. Установлено, что женщины с данным заболеванием выздоравливают в 100% случаев благодаря высокой чувствительности раковых клеток к химиотерапевтическим препаратам, что позволяет эффективно применять химиотерапию в лечении. По статистическим данным, заболеваемость трофобластическими опухолями постепенно увеличивается. Согласно данным Всемирной организации здравоохранения за 2021 год, количество зарегистрированных случаев этого заболевания превышает 46 000 пациентов, из которых более 40 000 получили химиотерапию, и эта цифра стабильно растёт до настоящего времени. В мировом масштабе, согласно данным за 2021 год, трофобластические заболевания составляют 3,6% всех гинекологических злокачественных новообразований [1]. 80 %

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трофобластических заболеваний представлены гестационной трофобластической болезнью, 15% — инвазивным пузырным заносом, и 5% — хориокарциномой. Среди женщин с диагнозом хориокарцинома у 50% в анамнезе был пузырный занос, у 25% — аборт, у 20% — преждевременные роды, и у 5% — внематочная беременность [2].

Ключевые слова: мониторинг и реабилитационные мероприятия, пузырный занос, репродуктивная функция, выскабливание.

Annotatsiya. Gestatsion trofoblastik kasallik so‘nggi yillarda ginekologik amaliyotda tobora katta ahamiyat kasb etmoqda. Aniqlanishicha, ushbu kasallikka chalingan ayollar saraton hujayralarining kimyoterapiya preparatlariga yuqori sezgirligi tufayli 100% hollarda sog‘ayadi, bu esa davolashda kimyoterapiyani samarali qo‘llash imkonini beradi. Statistik ma’lumotlarga ko‘ra, trofoblastik o‘smalar bilan kasallanish darajasi asta-sekin oshib bormoqda. 2021 yilgi Jahon sog‘liqni saqlash tashkiloti ma’lumotlariga ko‘ra, ushbu kasallik bo‘yicha ro‘yxatga olingan holatlar soni 46 000 nafardan oshgan bo‘lib, ulardan 40 000 dan ortig‘i kimyoterapiya olgan, va bu ko‘rsatkich hozirgi kungacha barqaror ravishda o‘sib bormoqda. Jahon miqyosida, 2021 yilgi ma’lumotlarga ko‘ra, trofoblastik kasalliklar barcha ginekologik xavfli o‘smalarning 3,6% ini tashkil etadi [1]. Trofoblastik kasalliklarning 80% ini gestatsion trofoblastik kasallik, 15% ini invaziv pufakchali kiritma (puzirli kiritma), va 5% ini xorionkarsinoma tashkil etadi. Xorionkarsinoma tashxisi qo‘yilgan ayollarning 50% ida anamnezda pufakchali kiritma, 25% ida abort, 20% ida muddatidan oldingi tug‘ruq, va 5% ida bachadondan tashqari homiladorlik kuzatilgan[2].

Kalit so‘zlar: monitoring va reabilitatsion tadbirlar, yelbo‘g‘oz, reproduktiv funksiya, bachadonni qirish (kuretaj).

INTRODUCTION.

Purpose: Development of rehabilitation criteria for women who have undergone molar pregnancy.

METHODS AND MATERIALS. An increase in ascitic disease has been observed in women of reproductive age over the next 10 years, including 43 patients with ascitic disease selected from the Samarkand region who were studied retrospectively. General blood and urine analysis, biochemical blood analysis (protein, glucose, bilirubin, creatinine) were conducted in women. The dynamics of the amount of XGC hormone in peripheral blood was determined (using microstrip photometry for IFA (Stat fax 303 plus, Israel), UTT examination was carried out using Aloka and Mindray (Germany) devices. This was performed using transabdominal and transvaginal transducers with 3.5 and 5.0 mGs frequency oscillation waves. In all patients, ascitic evacuation was performed through electrovacuum aspiration and control curettage of the uterine cavity.

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RESULTS. When examining the social, demographic, and economic conditions of patients, we found the following. Among the 43 patients in our analysis, 29 were from rural areas and 14 were from urban areas. Our analysis shows that the rural population has a very high indicator. This is due to the larger number of the rural population compared to the urban population, along with a higher number of pregnancies and miscarriages among the rural population. Additionally, when this situation is observed, women do not turn to gynecologists, which are attributed to low medical culture and unsatisfactory diagnostics at the first levels of the Health Care System. The results of morphological examination indicate that 31 patients had complete shoulder girdle, 10 had partial shoulder girdle, and 2 had invasive shoulder girdle. Patients aged 18-49 years (average 32.0±0.4) were more frequently diagnosed with shoulder girdle disease. This indicates that shoulder girdle disease is becoming younger and increasing over the last decade.

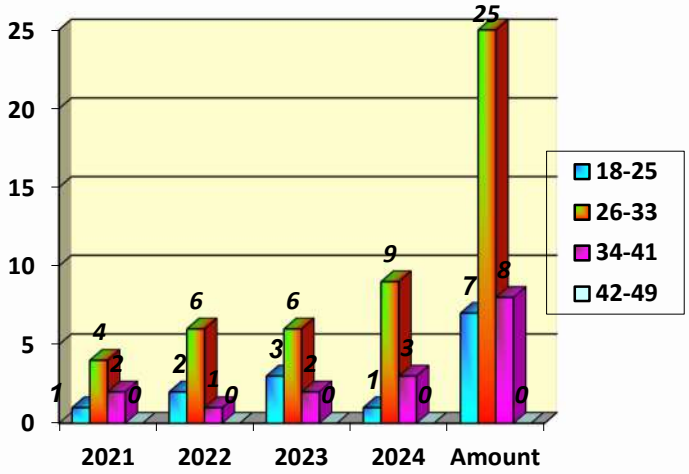


Diagramm 1. Age of patients with hydatidiform mole

According to the analysis, the highest indicator corresponds to patients aged 26-33. It has been determined that the age of onset for shoulder diseases is decreasing. From the patients' anamnesis, it became clear that the menstrual cycle started late in 19 patients (47.5% of our patients), at ages 17-18, in 10 patients (25%) it started at ages 15-16, in 5 patients (12.5%) it started at ages 13-14, and in 6 patients (15%) it started at ages 11-12. Based on the observations, it can be said that patients with a late onset of the menstrual cycle are also known to be at risk. As mentioned above, the age of patients plays a significant role in the development of shoulder diseases. When analyzing the age of patients in our study, the following results were obtained. The time of onset of the menstrual cycle, early sexual activity, and the observation of the first pregnancy are noted in the literature as factors contributing to the higher incidence of shoulder diseases

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in women. To determine the impact of these factors in our studied patients, we conducted an analysis.

Table 1.

Reproductive status of patients

No pregnant	3
Pregnant	31
Normal delivery	9
Abortion	15
Miscarriage	11

The analysis results above indicate that the relationship of shoulder disease with pregnancy, as well as the increase in the number of miscarriages and spontaneous abortions, has been observed as the number of pregnancies increases. This raises the risk of developing shoulder disease. As a result, some patients require treatment procedures that restore reproductive function and preserve reproductive organs, regardless of the severity of the condition, due to the lack of children in the family.

The timing of when patients first consult a doctor after the onset of the disease is also of significant importance, as the clinical condition worsens over time.

Table 2.

Results of the blood hCG hormone test

First appeal	Until 1 month	Until 2-3 months	Until 4-6 months	Until 7-12 months	After 12 months
Amount n=40 (100%)	8 20%	22 55%	7 17.5%	3 7.5%	0 0%

We should mention that among patients suffering from shoulder disease (30 patients), 75% of them sought medical attention within 1-3 months, while 25% of patients were found to be late in seeking help.In our analysis, 58% of patients showed that the uterus size was larger compared to the duration of pregnancy. This indicates a rapid progression of the disease. In 10 patients, this ratio was equal, making up 20%. The uterus size did not increase in 5 patients, which constitutes 10%. The inconsistency between uterus size and pregnancy duration should not escape the attention of local obstetricians-gynecologists. If such a situation is observed, the pregnant woman should undergo thorough examinations. This is crucial in improving the course and outcomes of the disease.At the same time, the UTT examination of 43 patients resulted in

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diagnostic errors in 16 cases, meaning conclusions were drawn about the uterus having other diseases. We believe that the UTT examination is the most advanced in modern diagnostics, but it remains unclear that we should not limit ourselves to just the UTT examination. When we analyzed the significance of the development and progression of inflammatory diseases of the sexual organs, hormonal disorders, sexually transmitted infections, and other accompanying diseases in patients, the following results were obtained.



Figure 1. Cervical erosion. Colpitis



Figure 2. Cervical erosion. Cervical ovule nabote. Purulent colpitis

Various methods are used to determine the level of the human chorionic gonadotropin (hCG) beta-subunit in blood serum and urine. The amount of hCG hormone in blood serum is measured three times sequentially (on days 8, 16, and 24) within two weeks after the evacuation of the ovary; if there is no change or an increase is observed, hCG has not completely exited the body and the chemotherapy course for patients continues.

Table 5.

The degree of restoration of reproductive function in patients receiving chemotherapy

Reproductive function restoration	Quantity of women with hydatidiform mole n=40
Complete restoration of menstrual and childbirth function	87,5%
Reproductive dysfunction, secondary infertility	5,0%
Patients not receiving chemotherapy	7,5%
Deceased patients	0,0%

It was established that in 35 patients under our analysis, reproductive function was fully restored, 2 patients underwent surgery and were rehabilitated,

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and 3 patients were not registered after the evacuation of the hydatidiform mole and did not receive chemotherapy. Although more than 46,000 patients with hydatidiform mole were registered in 2011, more than 40,000 of them received chemotherapy treatment, and reproductive function was restored by 80%. Patients with hydatidiform mole are undergoing 100% chemotherapy treatment, and it should be noted that the importance of chemotherapy is very significant.

Of the 40 examined patients, 28 (70%) had complete hydatidiform mole, 10 (25%) had partial hydatidiform mole, and 2 (5%) had invasive hydatidiform mole.

Analysis of the obtained results. It is no exaggeration to say that the analysis of the obtained results solved a number of problems. First of all, this depends on the frequency of dysentery. The 40 patients with hydatidiform mole that we studied accounted for 1.3% of the total number of pregnancies. This indicator corresponds to the results of scientific research published in European countries and the USA. The incidence of hydatidiform mole is 0.08% in the USA and 0.5% in the countries of Asia and Latin America. The results of our observations correspond to the incidence of hydatidiform mole in China, India, and the Philippines. In terms of the prevalence of hydatidiform mole disease, the highest rates were in the Kattakurgan district of the Samarkand region (20%), and in the Urgut district (15%).

Based on the data from the indicated literature, if we pay attention to the patient's anamnesis, the cause of the disease is associated with marital kinship in these regions, early marriage and multiple pregnancies, and the presence of trophoblastic diseases in the women's relatives.

In the development of hydatidiform mole: late menarche (late than 15 years), early onset of sexual activity (from 15 years), early pregnancy, low immunity, vitamin A and C deficiency, protein deficiency, inflammatory diseases of the pelvic organs, hereditary predisposition. In our results, the incidence of hydatidiform mole by parity was higher in the 1st pregnancy (in 26 patients) and in the 2nd pregnancy in 5 patients. In early first pregnancy, hydatidiform mole was observed in 26 patients.

The most accurate diagnostic criterion for hydatidiform mole was the method of determining the level of HCG hormone in blood plasma, which was used in 35 (87.5%) patients. In 3 patients, the plasma level of HCH-hormone was 100,000 mIU/ml up to 12 weeks, in the remaining patients 100,000-350,000/ml.

Ultrasound examination in hydatidiform mole is used in 100% of patients, and a "snowstorm" symptom is observed. In 7 (17.5%) patients, a theca-lutein cyst was detected in the ovaries.

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The main treatment method for hydatidiform mole is vacuum aspiration and control curettage of the uterine cavity. These methods were used in 95% of patients, and in 5% of patients, uterine extirpation with appendages was performed. Indications for this were perforation of the uterine wall and chorionic epithelioma.

The solution to these problems is the early diagnosis and treatment of hydatidiform mole in women. For this purpose, a large-scale pregnancy test, determination of hCG hormone in plasma, and ultrasound examination of the pelvic organs were used. It is necessary to combat factors that threaten women's reproductive health, primarily to combat abortions and early onset of sexual behavior, to immediately conduct a full examination and treatment in case of suspected hydatidiform mole, to take measures to prevent pregnancy for 12 months after the evacuation of the hydatidiform mole, and to ensure their observance.

CONCLUSION. In 2023-2024, 43 patients with a diagnosis of hydatidiform mole were admitted to the gynecological department of the maternity complex No.1 of the city of Samarkand and the Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Samarkand Branch of the Republic of Uzbekistan. Of the 43 patients we examined, 29 were rural residents, and 14 were urban residents. Based on the medical history and outpatient records of 40 patients diagnosed with hydatidiform mole and receiving special treatment, we retrospectively studied the factors leading to the development of hydatidiform mole and the effectiveness after treatment. Of these, women aged 20-30 years constituted 79.1%. This accounts for 48% of cases of hydatidiform mole, which indicates a rejuvenation of the incidence. Early or late onset of the menstrual cycle was observed in 60% of patients, in 50% of patients with hydatidiform mole diseases under the age of 20, and the onset of sexual activity in 70%. In 26 patients with hydatidiform mole, it developed after the first pregnancy in about 60% of patients. The majority of patients were admitted to medical institutions within 1 month from the onset of the disease - 20%, after 2-3 months - 56.6%. In the first 60% of cases, pregnancy was observed, of which 70% did not end in normal childbirth.

If we analyze the effectiveness of treatment in patients after treatment, reproductive function was restored in 35 out of 40 patients with hydatidiform mole. 2 patients underwent surgical treatment. 3 patients were not registered at all after the evacuation of the hydatidiform mole and did not receive chemotherapy. In 1 of the above 2 patients with profuse bleeding, conservative surgery was performed: "extraction of the uterine appendages" due to persistent bleeding after scraping the uterine cavity and tamponade. With hydatidiform mole disease, 75%

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of patients underwent MCHT and 40% - PCHT. Currently, 100% recovery from MXT and PXT therapy has been observed in patients with trophoblastic diseases. Lifelong secondary infertility was detected in 2 patients. Disease outcome: In hydatidiform mole, reproductive function was fully restored in 87.5% (35 patients), 7.5% (3 patients) were not registered at all after hydatidiform mole evacuation and did not receive chemotherapy. In 5% (2 patients), reproductive dysfunction, i.e. secondary infertility, was observed.

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