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**CLINICAL DIAGNOSTIC PECULIARITIES OF ENDOMETRIAL HYPERPLASIA ACCOMPANIED BY HYSTEROMYOMA**

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**Relevance**. Hysteromyoma has traditionally been viewed as a benign tumor of female genitalia, accompanied, as well as proliferative processes in the endometrium, by a number of endocrine and metabolic changes, with a peak in its incidence occurring in perimenopausal age. Endometrial hyperplasia (EH) accompanied by hysteromyoma in women is associated with an increase in the frequency of dysfunctional uterine bleeding. A combination of such factors as endometrial hyperplasia and hysteromyoma increases the risk of endometrial cancer twofold. Thus, combination of EH with hysteromyoma is a common pathology of female reproductive system. The study of myometrial comorbidity is of interest not only in terms of identifying possible common pathogenic factors, but also in terms of objective cancer risk criteria identification in patients with overlapping myometrial disorder.

**The purpose of the study**. To identify clinical and diagnostic peculiarities of endometrial hyperplasia associated with hysteromyoma.

**Materials and methods**. Thirty female patients with EH aged from 35 to 45 were admitted to Kharkiv Maternity Hospital No.1. The main (1st) group involved 15 patients with EH accompanied by hysteromyoma. Second (comparison) group included 15 women with EH but without hysteromyoma. In order to diagnose hyperplasia and hysteromyoma the women were administered complete clinical examination, taking medical history, pelvic examination, ultrasound examination of pelvic organs using ultrasound device Medison 6000CMT (South Korea).All the patients filled in questionnaire forms. Statistical processing of the results was performed using software Microsoft Exel, Statistika 6.0.

**Results**. The main manifestations of EH accompanied by hysteromyoma included acyclic uterine bleeding (60%), heavy menstruation (38%), prolonged menstruation (41.4%), severe dysmenorrhea (26.3%).

Women with EH but without hysteromyoma in history developed such major clinical manifestations as ovarian-menstrual cycle disruption (24.8%), acyclic uterine bleeding (20.7%). Histological examination of endometrial scrapings in women with EH accompanied by hysteromyoma showed the presence of atypical cells in 1.3%, while examination of endometrial scrapings in women with EH but without hysteromyoma did not detect atypical cells.

**Conclusion**. The study suggests mutual aggravated impact of EH and hysteromyoma. Clinical symptoms are more severe in patients with endometrial hyperplasia accompanied by hysteromyoma.