N. A. Stolbova

ENDOMETRIAL HYPERPLASIA. TREATMENT AND PREVENTION AT

REPRODUCTIVE AGE.

Research advisor: Tuchkina Irina, Doctor of Medical Science,Professor

Department of Obstetrics, Gynecology and Children Gynecology

Kharkiv National Medical University,Kharkiv, Ukraine

Actuality.A high incidence of endometrial hyperplasia (EH) and the likelihood of malignancy put this pathological condition among the most urgent problems of modern medicine. Crucial clinical significance of EH identification lies in the fact

that it is one of the most frequent causes of uterine bleeding and women's hospitalization.

The aim of our study was to improve the treatment of women with endometrial hyperplasia (EH) and to determine the effectiveness of phytonutrient indole carbinol in complex treatment.

Materials and methods. To achieve this goal we performed a retrospective study of 50 women of mean age 36.6±2.5 years, who underwent inpatient treatment from 2014 to 2016 at the Department of Obstetrics, Gynecology and Children Gynecology of KNMU. Indications for hospitalization of patients included uterine bleedings of different nature (85.6%) and presence of ultrasonographic findings of pathological changes of the endometrium (14.4%).Echography was regarded as an EH marker. An increase in the thickness of more than 16 mm and/or ultrasound signs of abnormal changes in its structure were considered to be one of the criteria of endometrial hyperplasia. The abovementioned signs were indications for morphological examination after therapeutic and diagnostic curettage of the uterus.

Prior to and after the treatment (in 3 and 6 months) all women underwent tests to determine their hormonal profile (estradiol (E2) and progesterone (PRG)). The patients were divided into two clinical groups: the first group -25 women, who after curettage of the uterine cavity received combined oral contraceptives (COCs) (ethinylestradiol + desogestrel 1 tablet / day (30 mg) from the 1st day of menstrual cycle for 21 days, munali-30 -"Lupin Limited", a representative office in Ukraine) for 1-3 months; the second group consisted of 25 women who after curettage of the uterine cavity were administered COCs for 1-3 months and further till 6 months phytonutrients "Indole-F" (Farmakom, Kharkov) 1-2 capsules (1 capsule-90 mg), 2 times a day. Results. In the first clinical group E2 indices werenot significantly different before and after the treatment (before treatment: 21.5 ± 0.70 ng / ml; after treatment: 20.1 ± 1.3ng / ml); PRG levels tended to increase (before: 77.5 ± 8.1 ng/ ml; after 96.3 ± 7.2 ng / ml). In the second clinical group E2 levels decreased (before: 26.2 ± 1.1ng / ml; after: 19.6 ± 1.1 ng / ml), and PRG levels increases (before: 75.2 ± 5.4 ng / ml; after: 91.8 ± 2.7 ng/ ml).The study of findings in 6 months showed that EH relapses in the second group was observed 3 times less than in the first group 1 (12% vs. 32%)

Conclusion.The study showed that administration of phytonutrients as part of comprehensive therapy of patients with EH improves the effectiveness of treatment

and reduces the incidence of recurrence in women of reproductive age.