

ENDOMETRIOSIS

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Annotation : Endometriosis (en-doe-me-tree-O-sis) is an often-painful condition in which tissue that is similar to the inner lining of the uterus grows outside the uterus. It often affects the ovaries, fallopian tubes and the tissue lining the pelvis. Rarely, endometriosis growths may be found beyond the area where pelvic organs are located.

Аннотация: Эндометриоз (эндометриоз) — часто болезненное состояние, при котором ткань, похожая на внутреннюю оболочку матки, разрастается за пределами матки. Чаще всего поражает яичники, маточные трубы и ткань, выстилающую таз. В редких случаях эндометриозные разрастания могут быть обнаружены за пределами области, где расположены органы малого таза.

Annatatsiya : Endometrioz (en-doe-me-tree-O-sis) ko'pincha og'riqli holat bo'lib, unda bachadonning ichki qoplamasiga o'xshash to'qimalar bachadondan tashqarida o'sadi. Ko'pincha tuxumdonlar, fallop naychalari va tos bo'shlig'ini qoplaydigan to'qimalarga ta'sir qiladi. Kamdan kam hollarda endometrioz o'simtlarini tos a'zolari joylashgan hududdan tashqarida topish mumkin

Endometriosis tissue acts as the lining inside the uterus would — it thickens, breaks down and bleeds with each menstrual cycle. But it grows in places where it doesn't belong, and it doesn't leave the body. When endometriosis involves the ovaries, cysts called endometriomas may form. Surrounding tissue can become irritated and

form scar tissue. Bands of fibrous tissue called adhesions also may form. These can cause pelvic tissues and organs to stick to each other.

Endometriosis can cause pain, especially during menstrual periods. Fertility problems also may develop. But treatments can help you take charge of the condition and its complications.

How is endometriosis diagnosed?

In many cases, an endometriosis diagnosis will start with your symptoms. Painful and heavy periods might cause you to reach out to a healthcare provider. At your appointment, the provider (a gynecologist) may start by asking you for your medical history and if any other people in your biological family have endometriosis. They'll perform a pelvic exam. Then, they may order imaging tests like an ultrasound or MRI.

What tests diagnose endometriosis? The only way to definitively diagnose endometriosis is with a laparoscopy. This procedure involves your healthcare provider using a small camera (laparoscope) to look inside your pelvis. Once they see where the tissue is, they can remove a sample of tissue (biopsy) and send it to a lab for testing.

The surgeon will also try to remove or destroy all tissue that is suspicious of endometriosis that they find during this procedure. In this way, a laparoscopy helps with diagnosis and treatment. Sometimes, the location of endometriotic lesions may make it hard to remove without damaging the underlying critical structures. This operation may require an intervention from a team of surgeons such as minimally invasive gynecologists, colorectal surgeons or urologists.

Sometimes, you find endometriosis by accident. Not all people who have endometriosis will experience symptoms. In these cases, your provider might discover the condition during a different procedure.

What is the treatment for endometriosis?

Your healthcare provider will help create a treatment plan for endometriosis based on a few factors, including:

- The severity of the endometriosis.
- Your plans for future pregnancies.
- Your age.
- The severity of your symptoms (often, pain).

In many cases, your treatment plan will focus primarily on managing your pain and improving fertility issues (if you're planning on a future pregnancy). Medication and surgery (or both) are possible treatment options.

Medications can help manage the symptoms of endometriosis. Over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen can be helpful with pain. Hormonal therapies are another option. They can help with pain and with suppressing your menstrual cycle.

Hormonal options for endometriosis can include:

- Birth control. Hormonal birth control can come as combination therapy (estrogen and progestin) or progestin-only options. These come in multiple forms, including oral birth control pills, patch, vaginal ring, birth control shot, implant or IUD. This treatment often helps people have lighter, less painful periods.

- Gonadotropin-releasing hormone (GnRH) antagonists or agonists. This medication stops the hormones that cause your menstrual cycle. This basically puts your reproductive system on hold as a way to relieve your pain.

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