

# OCCURRENCE OF UTERINE MYOMA IN WOMEN OF REPRODUCTIVE AGE IN KHOREZM REGION

Ruzmetova D. T. <sup>1</sup>, Matyakubova S. A. <sup>2</sup>

PhD, Associate Professor of the Department of Obstetrics and Gynecology, Urganch Branch of Tashkent Medical Academy <sup>1</sup> DSc, Director of the Perinatal Center of Khorezm Region <sup>2</sup>

#### Abstract

This article presents the results of published works of both domestic and foreign authors concerning the study of uterine myoma etiology. Uterine myoma is the most common benign tumor of the female genital area, occurs in 20—44% of women of reproductive age, and seriously worsens the quality of life for a significant part of the female population. The published studies proved the important role of sex steroid hormones in the pathogenesis of uterine myoma and led to the use of hormonal therapy in patients with myoma. The lack of effective drugs is a consequence of the lack of understanding of the causes of uterine myoma. Despite the prevalence of leiomyoma, there are currently no conservative, long-term, and effective treatments for myoma patients that do not affect their reproductive function. This problem needs further study.

**Keywords:** uterine leiomyoma, uterine myoma, reproductive age, reproductive disorders.

Nowadays, uterine myoma occurs frequently in the body of women of reproductive age and affects women's health. It affects the health of reproductive organs, the problem of having children, and healthy lifestyle. This is the most urgent problem in the world. Uterine myoma is the most common benign tumor of the female reproductive organs, composed of muscle and connective tissue[1,4,6].

Factors leading to uterine fibroids: many abortions, early sexual life, infectious diseases at a young age, stress, etc. Myoma consists of more than 75-85% muscle tissue. Today, as a result of many studies and researches, it has been found that uterine fibroids are most often found among women of reproductive age, 20-40 years old, very "Young". If in the 1960s and 70s, only 5% of fibroids were operated before the age of 30, then in the premenopausal period it was 30-35% [2,3,9].

One of the reasons for the prevalence of the disease in young people is that we live in an age of unfavorable and harsh climate, ecological problem, drying up of the island sea, and rapidly developing technology. The origin of uterine myoma in women's body can be mainly due to hormonal changes, that is, damage to any part of the relationship between the hypothalamus, pituitary gland, adrenal gland and ovary, as well as damage to the uterus and changes in the uterus, in particular, due to hyperplasia of the myometrium. A change in the endocrine glands leads to menstrual cycle disorders and creates an interdependent pathological population. Uterine myoma nodules are distinguished from the surrounding uterine muscle tissue by the fluidity of their color. Its consistency is harder and denser than other muscle tissues. Myomatous nodes develop more often in the body and fundus of the uterus 95%, in the cervix and vagina 5% [5,7,8].

Nodules are often found in the bottom of the uterus, on the back wall. It is 2 times less common in the front wall of the uterus than in the back wall.

## **Purpose:**

To determine the frequency of development and histological structure of uterine fibroids in women of reproductive age.

### **Results:**

A total of 143 uterine fibroids were examined in women of reproductive age, and the following results were obtained.

- 1). When we analyzed uterine fibroids by age, we got the following results:
- a). 26% in women aged 20-25.
- b). 48% in women aged 25-30.
- c). 26% in women aged 30-45.
- 2). When the investigation was carried out depending on the location of uterine fibroids in the uterus, we got the following information:
- a). On the back wall of the uterus (84) 60%.
- b). On the right side wall of the uterus (21) 15%.
- c). 15% in the bottom and back wall of the uterus (27).
- g). On the front wall of the uterus (7) 5%.
- 3). We obtained the following results when we analyzed the layer of uterine myoma growing from the uterine wall.
- a). Submucosa (28) 20%.
- b). Subserosis (73) 51%.
- c). Interstitial (42) 29%.
- 4. The result of examinations conducted according to histological structure:
- a). Fibromioma (57) 40%.



b). Leiomyoma (84) 60%.

### **Conclusion:**

From our investigations, it became clear that uterine fibroids have become the problem of many women in our country and the problem of women all over the world. It is infertile in women. bleeding, pain. causing stress. In today's advanced age, all conditions, all opportunities have been created to prevent the occurrence of such problems, if we do our work in the medical field in the right way, if we develop medical knowledge among our women, that is, among our women, not only among our teenage girls, but also twice a year. and to make it easier and more understandable to the people to organize more medical courses, to form a healthy lifestyle in our families and to promote strict adherence to it. In this way, we will be able to prevent many diseases that can be caused by medical personnel and make an early diagnosis.

### Literature

- 1. Clinical guidelines (treatment protocol). Uterine fibroids: diagnosis, treatment and rehabilitation. Eds. Adamyan LV, Serov VN, et al. Moscow. 2015;69. (In Russ.).
- 2. Askarova, Z.Z., Saparbayeva, N.R., Kurbaniyazova, M.Z. and Aliyeva, D.A., 2021. VALUE OF HYSTEROSCOPY AND GENETIC RESEARCH OF WOMEN WITH ABNORMAL UTERINE BLEEDING IN PERIMENOPAUSE. Eur J Mol Clin Med, 8(1), pp.409-416.
- 3. Askarova Z. Z., Aliyeva D. A., Kurbaniyazova M. Z. BREAST CONDITION IN WOMEN WITH ENDOMETRIAL HYPERPLASIA DURING THE PERIMENOPAUSE //Studies. T. 6. C. 12.
- 4. Askarova Z. Z., Alieva D. A., Kurbaniyazova M. Z. IMPROVING EXAMINATION METHODS FOR PATIENTS WITH ABNORMAL UTERINE BLEEDING IN PERIMENOPAUSAL WOMEN //Euro-Asia Conferences. − 2021. − T. 1. − №. 1. − С. 148-151.
- 5. ASKAROVA Z. Z., KURBANIYAZOVA M. Z. The Value of Genetic Research of Women with Abnormal Perimenopausal Bleeding. 2020.
- 6. Buyanova SN, Yudina NV, Gukasyan SA, Mgeliashvili MV. Uterine myoma growth: Current aspects. Rossiiskiy vestnik akusheraginekologa. 2012;12:4:42-48. (In Russ.).
- 7. Posthysterectomy syndrome. Diagnosis and treatment. Eds. Dobrokhotova YuE, Ilyin IYu. Moscow: GEOTAR-Media Publ, 2017;208. (In Russ.).
- 8. Zafarjanovna, K. M., Niyetbayevna, B. G., Rakhimbayevna, S. N., Tulibayevna,
- R. D., & Pirzhanova, I. N. (2022). Optimization of treatment for women with



infertility. International Journal of Health Sciences, 6(S2), 94–99. https://doi.org/10.53730/ijhs.v6nS2.4977

9. Luo X, Chegini N. The expression and potential regulatory function of microRNAs in the pathogenesis of leiomyoma. Semin Reprod Med. 2008;26:6:500-514.