

Optimizing Preconception Preparation for Women with Chronic Hypoplastic Endometritis

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Abstract: Endometritis is a disease characterized by inflammation in the inner layer of the uterus (endometrium). This pathology mainly affects women during childbirth. Chronic inflammation poses a particular risk. Recent studies show that women of childbearing age with chronic endometritis suffer from the inability to conceive a child or, in many cases, have problems with abortion. Overcoming CE is the most labor-intensive and less promising in terms of recovery due to the lack of effective treatment.

Key words: Abortion, infertility, hypoplastic endometrium, low frequency ultrasound cavitation

Causes of chronic form formation

The main factors that cause this disease:

- previous births that cause complications;
- abortions, artificial termination of pregnancy (abortions);
- navy;
- intrauterine interventions;
- untreated cervical pathologies;
- cases of immunodeficiency.

Endometritis can be caused by several pathogenic and opportunistic microbes. Many microorganisms exist in a woman's body throughout her life and enter the activation stage only with a significant decrease in immunity. Other microorganisms enter the female reproductive system due to violations of the principles of personal hygiene or unprotected sex. Most often, pathogenic bacteria enter the uterine cavity through the cervical canal in long-term cervicitis.

Specialists in the field of gynecology say that any intervention of a third party in the uterine cavity causes endometritis, and an undiagnosed and untreated process leads to a chronic course. A one-time termination of pregnancy or diagnostic curettage by gynecologists disrupts the microflora of the female organs and leads to the development of low-level inflammation. The strength of the immune system and individual resistance to various harmful factors also play a major role in the development of endometritis.

Classification

According to the reasons for the formation of CE, they are divided into:

- nonspecific type - the inflammatory process occurs as a result of the use of intrauterine contraceptives, instability of the immune system, vaginal dysbiosis;
- a specific form of the disease - caused by pathogenic microorganisms.

Depending on the type of pathology, the chronic form of endometritis has the following classification:

- average activity level. This type is manifested by subjective signs and can be detected during ultrasound diagnostics. Endometrial biopsy results can reveal changes that indicate the activity of the inflammatory process.
- Slow - characterized by minimal symptoms, its indicators are noticeable on ultrasound. Biopsy reveals metamorphoses that reveal low activity of the inflammatory process.
- Inactive - it is not characterized by subjective symptoms, it is determined by examination of endometrial areas using histological or immunohistochemical studies.

The greatest danger comes from the second and third types of the disease.

The uterus is the main organ of the female reproductive system, where the main stages of the birth and development of the embryo take place. Inside the uterus is the endometrium, the inner layer of the organ. The structure of the lining of the uterus changes due to active regeneration throughout the menstrual period. During ovulation, the thickness of the endometrium takes the greatest value. Successful conception occurs when the endometrial indicators correspond to a certain stage.

There is no regeneration process due to inflammation due to CE. This disease is characterized by fibrous adhesion, disruption of hormonal regulation, microflora and cell structure of the uterine mucosa.

Impossibility of pregnancy or spontaneous abortion occurs in a woman with chronic endometritis due to the following factors:

- violation of the structure of the endometrium. Due to the reduction of the inner mucous membrane of the uterine cavity, the zygote cannot settle firmly inside the uterus.

- lack of synthesis of the hormone (progesterone) that supports pregnancy.
- loss of sperm activity at the initial stage of fertilization due to the action of phagocytic cells that destroy foreign bodies.

Symptoms

Chronic endometritis is often characterized by the absence of subjective symptoms. Those who suffer from the disease experience the following symptoms of pathology:

- persistent pain in the lumbar or suprapubic region, determined by an average painful course;
- delay of menstruation, lack or increase of menstruation;
- pain during intercourse;
- lack of conception;
- yellow, gray or green discharge accompanied by burning, itching, discomfort;
- weakness, fatigue.

Diagnostics

In order to establish an effective treatment plan, it is necessary to determine the cause of the disease, determine the level of activity of the inflammatory process, and determine the depth of the lesion and the duration of chronic endometritis. Initially, a standard gynecological examination is required, as a result of which the condition of the urogenital system is determined.

Later, the doctor orders an ultrasound examination of the patient in the first and second half of the menstrual cycle. Ultrasound reflects the presence of a chronic form of endometritis, shows the presence of thickened endometrium, cysts, polyps and adhesions.

And only office hysteroscopy helps to make an accurate diagnosis. Its principle is a detailed examination of the uterine cavity using a special optical system inserted through the vagina. The procedure is scheduled from the seventh to the tenth day of the cycle and is performed under local anesthesia. During the operation, the gynecologist biopsies several areas of the endometrium. Laboratory histological analysis of the collected areas determines the form of endometritis and the level of activity.

Treatment

Timely diagnosis of the disease makes it possible to create an effective treatment plan. The complex of treatment procedures includes:

1. Prescribing antibacterial and antiviral drugs. Drugs that prevent the development of pathogenic microorganisms are used. When the bacterial stage is active, a combination of two or three drugs is used.

One or two antibacterial drugs can be administered systemically (intravenous or intramuscular injection). The third drug is injected directly into the uterine cavity using a special catheter.

2. When the causative agent of endometritis is cytomegalovirus or herpes simplex virus, antiviral drugs are prescribed. If the etiology of the disease is bacterial-mycotic, then antifungal drugs are prescribed.

3. Prescribing immunostimulating drugs and immunomodulators.

4. As the third stage of therapy, surgery is prescribed when polyps, intrauterine adhesions are detected or pregnancy is planned. In this case, adhesions are separated and polyps are removed with the help of a hysteroscope.

5. Hormonal preparations are prescribed to restore the natural processes of the female reproductive system.

6. To improve metabolism, it is recommended to take drugs containing enzymes and drugs that improve tissue metabolism.

Physiotherapy is an important element in the successful treatment of chronic endometritis. Physiotherapy procedures significantly increase the effectiveness of conservative therapy.

One of the most effective methods of treatment is intrauterine administration of therapeutic drugs using the FOTEK cavitation ultrasound device.

Biological effectiveness of low-frequency ultrasound: bactericidal, thermal, necrolytic, neuroreflex, micromassage, anti-inflammatory, immunomodulatory. Only AA211 acoustic device is used for this operation.

50 patients diagnosed with infertility and chronic endometritis were examined. The main group consisted of 55 women and the comparison group consisted of 17. Histological confirmation of endometrial pathology was determined in one hundred percent of cases. All patients received a standard complex of CE treatment for three months.

In addition to standard therapy, patients in the research group were treated with antibacterial and immunomodulatory drugs, treated with low-frequency ultrasound. Intrauterine ultrasound therapy was carried out for 7 days in the first phase of the menstrual cycle and was carried out in two or three menstrual cycles.

The control group received the standard treatment regimen for CE alone.

According to the results of the histology of the final examination, no signs of chronic endometritis were detected in the study group, which allowed recovery and restoration of reproductive function in most

cases. Therefore, the use of therapeutic solutions confirmed by low-frequency ultrasound in combination with a standard protocol is an effective method of treating chronic endometritis.

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