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CONTEMPORARY APPROACHES TO DIAGNOSING PROLIFERATIVE PROCESSES OF THE ENDOMETRIUM

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Abstract: Currently, the range of methods used to diagnose proliferative processes of the endometrium is significant. The main methods for studying the uterine cavity at the initial stage are: aspiration biopsy, 32P isotope radiometry, ultrasound, Dopplerometry, hysteroscopy, and diagnostic curettage. To clarify the diagnosis and determine treatment tactics, hysterosalpingography, hysterosalpingo-ultrasonography, computer-assisted transmission, and magnetic resonance imaging are used; lympho-, arterio-, phleboangiography; a number of special laboratory tests: immunological, immunohistochemical, endocrinological studies, and the study of hormonal receptors. At the same time, discussions continue about the diagnostic value of each of these methods individually, their rational combination, and the sequence of application.

Keywords: research methods, diagnostics, proliferative processes of endometrium.

Relevance: Endometrial hyperplastic processes (EHP) are among the leading causes of gynecological pathology in the postmenopausal period [1, 2]. It has been proven that EHP serves as a background for the development of endometrial cancer [1-4], with the peak incidence occurring in the postmenopausal period. Timely diagnosis and treatment of EHP in postmenopausal women is crucial for preventing endometrial cancer. Numerous studies have been dedicated to evaluating the informativeness of various diagnostic methods for hyperplastic processes of the endometrium. An especially important non-invasive method for early diagnosis is ultrasound imaging, with Doppler flow studies and hydrosonography becoming increasingly widespread [5–7]. Many studies emphasize the significance of hysteroscopy in the diagnosis of EHP [5, 8]. Significant challenges arise when choosing the treatment method for hyperplastic processes of the endometrium in elderly patients due to the presence of severe extragenital pathologies, often in combination. When EHP is first identified, hormonal therapy with progestogens is usually recommended. It has been shown that hormonal therapy is effective when estrogen receptors (ER) and progesterone receptors (PR) are present in the pathological endometrial tissue, and the effect depends on their concentration [1, 9]. The recurrence rate of EHP depends on the type of pathology and ranges from 6% for fibrous polyps to 50% for glandular hyperplasia. Most clinicians consider a recurrence of hyperplasia in postmenopause as an indication for hysterectomy. However, hysterectomy carries a significant risk of complications and poses a life-threatening risk to patients during the postmenopausal period [10]. To date, efforts continue to find more conservative treatment methods for EHP [5, 8].

Objective of the Study: To optimize the diagnosis and treatment of proliferative processes of the endometrium in women by using modern endoscopic and immunohistochemical technologies to improve both short-term and long-term outcomes.

Materials and Methods: To achieve the objectives, we examined 60 women diagnosed with endometrial hyperplastic processes.

Results and Discussion: With the advancement of modern diagnostic equipment, Doppler and Dopplerometric studies have become widely accessible. For quantitative assessment of blood supply, ultrasound imaging with volume and three-dimensional Dopplerometric indices is advisable, specifically: vascularization index (VI – reflects the tissue's vessel saturation, expressed in %), flow index (FI – reflects the average intensity of blood flow, expressed as a whole number from 0 to 100), and vascularization-flow index (VFI – characterizes both vascularization and blood flow, expressed as a whole number from 0 to 100).

A study conducted in 2016 confirmed that during aspiration biopsy, misdiagnosis of cancer occurred in 45% of cases, while with fractional diagnostic curettage (RVD), it occurred in 30% of cases, meaning that more than a third of endometrial cancers were missed during a complete curettage of the cervical canal and uterine cavity.

Conclusions: In summary, it can be concluded that the key to successful treatment of hyperproliferative processes of the endometrium is the correct interpretation of histological results and an understanding of the etiology and pathogenesis of the identified changes. Important stages of the diagnostic process include transvaginal ultrasound, Dopplerometry, hysteroscopy, and the use of unified modern classifications of EHP. In the near future, genetic diagnostic methods may also be applied, which could help predict the course of the process and the response to therapy, thus assisting in treatment decision-making.

The proven possibility of iatrogenic changes in the endometrium necessitates a cautious approach and careful prescription of any hormonal medications. With the development of modern pharmacology and the introduction of the artificial menopause method using gonadotropin-releasing hormone agonists, the possibilities for effective organ-preserving treatment of complex types of hyperplasias have significantly expanded while reducing the overall hormonal load.

Thus, there are currently enough informative methods for the early diagnosis and timely prevention of proliferative endometrial processes, which can prevent the development of oncological pathology when implemented in the right system of medical-organizational interventions.

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