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THE STUDY OF CLINICAL AND ANAMNESTIC FEATURES IN WOMEN WITH BENIGN CERVICAL DISEASE.

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Abstract: Pathological processes of the cervix represent a major challenge in modern gynecology, given the high incidence of transformation into cervical cancer. To investigate this issue, a study was conducted involving 112 patients diagnosed with benign cervical conditions. The results demonstrated that the development of pre-malignant cervical changes is linked to early sexual initiation, multiple sexual partners, lack of a long-term partner, and extended use of oral contraception (more than five years). Additionally, smoking was found to be an important factor in the progression of cervical intraepithelial neoplasia (CIN) and cervical cancer, while the presence of oncogenic human papillomavirus (HPV) 7.4 significantly increases the risk of precancerous cervical changes.

Keywords: Gynecology, Benign and premalignant cervix pathology, Cervical pathology, CIN, Therapy

Introduction.

The high prevalence of precancerous lesions of the cervix and cervical cancer indicates the importance of this issue. Cervical cancer is the fourth leading cause of cancer death among women worldwide and the second leading cause among women aged 15-44 years. According to the World Health Organization (WHO), about 500,000 new cases of cervical cancer are diagnosed worldwide each year, with 47.8% of these cases being fatal. A concerning trend is the increasing frequency of advanced-stage cases and the increased mortality among women in their reproductive years. According to statistical data from the database, there has been a significant increase in the incidence of cervical cancer over the past 10 years. This is evident from an annual increase in cases of 2.12%. According to the "Strategy for the Development in the Republic of Uzbekistan Until 2030", one of the priorities within the framework of the Scientific Platform "Reproductive Health" is the development of screening programs to detect cervical diseases, taking into account regional differences (Decree of the President of the Republic of Uzbekistan No. 296 dated 09/08/2023). Given the current trend, various retrospective and prospective scientific studies at this stage are particularly important. The main purpose of these studies will be to evaluate the clinical and anamnesis aspects of benign and pre-cancerous cervical diseases to prevent breast cancer. They will also assess the correlation between new risk factors and require further research on this issue.

The purpose of the study was to analyze the clinical and anamnestical features of patients with benign and pre-malignant cervical pathology.

Materials and methods.

A study was conducted that included 112 patients with benign and precancerous cervical diseases. The patients were selected based on their targeted criteria. All patients underwent a range of diagnostic measures, including anamnesis collection, gynecological exam, extended colposcopy, smear cytology, cervical biopsy, and polymerase chain reaction testing for urogenital and high-risk human papillomavirus infections. Criteria for Inclusion in the Study Patients were included in the study if they had a suspicion of cervical pathology and were not pregnant. Additionally, all patients gave their voluntary, informed consent to participate in the research, and all necessary diagnostic procedures were performed.

Results and Discussion.

During the study, the participants were divided into two groups. Group I consisted of patients with benign cervical pathology, accounting for 57% of the total number of participants. Group II included patients with precancerous cervical pathology (39%). Both groups were comparable in terms of age, nationality, and socioeconomic status. The average age of the participants in group I was 35.8 years \pm 10, while the average age in group II was 35.7 years \pm 8. In group I, more than 80% of participants had a secondary education, while in group II this percentage was slightly lower (79.1%). When it came to social affiliation, more than half of the participants in both groups were employed (57.9 and 82.1%, respectively). A significantly higher percentage of participants in group II (43.5%) were married, compared to those in group I (35.2%). Among the unmarried participants, a significant number did not have a steady sexual partner (56%). Typical complaints in both groups included: discharge from the genital tract (50.8% in group I, 61.5% in group II), pain syndrome (1 in 2 patients in both groups), spotting (5.2% in group I and 10.2% in group II). Menstrual disorders (64.8%) were 1.7 times more common in the group with precancerous pathology. Sexual debut before age 16 (36%) occurred 1.9 times more often in this group compared to the control group (19.3%). Early sexual debut significantly increased the risk of precancerous pathology (2.4-fold, OR 2.4, 95% CI 0.9-5.9). In addition, patients with precancerous changes were more likely to have had a large number of partners (4 or more) compared to those without precancerous findings (22.8% vs 41%, OR 2.3, 95% CI 0.9-5.7), suggesting that early sexual activity may play a role in the development of these changes. When assessing the characteristics of sexual behavior, it is worrying that precancerous conditions worsen the quality of life by 2.1 times. A decrease in sexual desire and satisfaction occurs in 43.5% of patients with precancerous lesions, and in 26.3% of those with benign conditions. When assessing reproductive status in patients with benign lesions, 100% realize reproductive function; with precancerous lesions, this occurs in 61%. Obstetric anamnesis was burdened in both groups. When assessing contraceptive behavior, patients with precancerous lesions were more likely to accept taking combined oral contraceptives (COCs), with 38.8% taking them for more than 5 years. The barrier method was used by 40.6% of women in group I and 25.6% in group II. Without contraception, 28% of women were in group I, and 28% were in group II. Intrauterine contraceptives were used by 19.2% in group I and by 7.6% in group II. When assessing the infectious status, ureaplasma infection was found in group I at 5.7% and group II at 5.1%. Chlamydia and trichomonas infections occurred with similar frequency, at 1.6%. Human papillomavirus (HPV) was detected in patients with benign pathology at 28% and in those with cervical intraepithelial neoplasia (CIN) at 74.4% (odds ratio 7.4; 95% confidence interval 2.9-18.6). Recurrent colpitis was found in 31.6% of group I and 10.2% of group II patients.

Conclusion.

These findings reflect a clear correlation between risk of cervical precancerous pathology and early sexual initiation, especially shortly after menarche. They also indicate a relationship between increased number of sexual partners and absence of a stable partner. Additionally, long-term oral contraceptive use (more than 5 years) and smoking are associated with an increased risk of HPV infection. Finally, inflammatory diseases of the cervix are linked to an increased chance of HPV detection. Smoking is not only an active risk factor, but it also contributes to passive smoking and is a significant co-factor in the development of cervical intraepithelial neoplasia (CIN) and cervical cancer. Combined with prolonged use of oral contraceptives, smoking significantly increases the risk of grade 2-3 CIN development. Smoking also significantly reduces the quality of women's sexual lives, which negatively impacts the reproductive health of the population.

The presence of high-risk human papillomavirus (HPV) increases the risk of pre-cancerous cervical pathology 7.4-fold and is a major risk factor for cervical cancer. Given the leading role played by high-risk HPV in the development of CIN and the high prevalence of infection among the general population, screening for HPV is an important tool for early detection of socially significant cervical disease. Additionally, research is needed to identify other risk factors that contribute to HPV persistence over time.

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