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Somatic status of the patients with different forms of endometrial pathology in late reproductive age and premenopausal period

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The objective: **to study the relationship of extragenital pathology and pathology of the endometrium in women of late reproductive and premenopausal age.**
***Patients and methods*. In an observational cross-sectional study by a solid sample included 325 women 35–55 years old, average age 41,1±0,27 years old, suffering from various types of pathology of the endometrium. The survey included a study of complaints, anamnesis, complete physical and hysteroscopic examination.**
***Results*. Based on these data, it can be concluded relatively high prevalence of somatic diseases among women with PE in the late reproductive and premenopausal age. Almost $^3/_4$ of cases examined in this study, there was at least one of extragenital diseases. In addition, the often observed multiple extragenital diseases: one-third of patients suffered two or three extragenital diseases, and every ninth observed four or more extragenital diseases. Moreover, multiple extragenital diseases associated with endometrial hyperplasia rather than with endometritis, endometrial polyps or synechiae, and hyperplasia with atypia, they met 2.2 times more often than in other forms of pathology of the endometrium. In the structure of genital comorbid factors associated with an increased incidence of somatic certainly dominated uterine fibroids and ovarian cysts. In our study, it is in respect of uterine fibroids showed the greatest number of significant relationships.**
***Conclusion*. High associativity extragenital predictors and uterine pathology in late reproductive and premenopausal age indicates the need to change the treatment paradigm fragmented, focused on major diseases and easy to miss the sight of the significant impact of comorbidity on the overall health and quality of life of the patient.**
***Key words: endometrial pathology, late reproductive age, premenopausal, extragenital pathology*.**

Late reproductive age and premenopausal age are associated with endemic biological transformation of the female body, with decrease and consistent termination of ovarian function. With this background, there happens the rebuilding of the central autonomic nervous system, which before this had been functioning for several decades in the mode of cyclic synthesis of sex hormones; the vegetative-vascular and psycho-emotional disorders manifest, general state of health worsens, the risk of endometrial pathology development increases. [4, 6]. The progressive hunger of female sex hormones, the relative increase of androgenic influences, the increase in the activity of renin-angiotensin-aldosterone system lead to the development of insulin resistance, visceral adiposopathy, metabolic disorders, endothelium dysfunction and arterial hypertension. [6, 10].

The previous studies have shown that endometrial pathology being burdened with somatic diseases in late reproductive, premenopausal age impairs considerably women's life quality and it significantly restricts their social and everyday life activity [1].

Within endometrial pathological processes, extragenital diseases often serve as predictors of complex hyperplasia and endometrial cancer [2, 3, 5, 7–10]. Moreover, comorbidity, in addition to creating condition for mutual overburdening, also restricts considerably the external validity of the results of research of a particular disease, thus complicating the development of new treatment regimens.

The objective: to study the interaction of extragenital pathology and endometrial pathology in women of late reproductive and premenopausal age.

PATIENTS AND METHODS

This observational cross-sectional study by continuous sampling method included 325 women of 35–55 y.o. (average age was 41,1±0,27 y.o.) who suffer from different types of endometrial pathology. The inquiry included the studying of complaints, medical history data, full physical and hysteroscopic examination.

Based on the results of hysteroscopic examination and subsequent histological examination, endometrial polyp was detected in 192 (59,1%) women, endometrial hyperplasia was detected in 99 (30,5%), chronic endometritis – in 113 (34,8%), synechiae – in 20 (6,2%), simple hyperplasia with atypism – in 7 (2,2%) patients.

Crosstables of somatic and gynecological pathology of women surveyed were constructed. During the statistical data processing the Mann-Whitney U-test, the χ^2-test and Fisher's exact test were used.

RESULTS AND DISCUSSION

Somatic diseases burdened the medical history of 232 (71,4%) women with endometrial pathology. Digestive system pathology was observed in 95 women (29,2%), including hepatic disorders in 71 women (21,8%). 33 patients (10,2%) suffered from tonsillitis, 24 (7,4%) suffered from cardiac disorders, 15 (4,6%) – from renal disease, 17 (5,2%) – from hypertensive disease, 57 women (17,5%) had hyperadiposis (obesity), 42 (12,9%) had thyroid body pathology, 39 (12,0%) had breast pathology, 19 women (5,8%) suffered from iron deficiency anemia, 10 (3,1%) – from varicose disease, 56 patients (17,2%) had allergic reactions. Nervous system diseases were diagnosed in 53 patients (16,3%), vegetative-vascular dystonia – in 34 patients (10,5%). 112 women (34,5%) survived various surgeries, 9 women (2,8%) – craniocerebral injuries.

On average, one patient with endometrial pathology was accounted for 1,5±0,08 somatic diseases (ME=1; IQR=2). The studying of extragenital diseases in cases of various genital pathology showed (Table 1), that in groups with endometrial polyp and chronic endometritis their numbers was a little lower than in referential selections, but the difference was not considerable, $p>0,05$. The average number of extragenital diseases in cases of endometrial hyperplasia was 1,5 times bigger than the level of the referential selection, $p<0,001$; in cases of simple hyperplasisa with atypism the number was 1,6 times bigger, $p<0,001$; and in patients with synechiae the number was 1,8 times smaller, $p<0,03$.

Table 1

Number of extragenital diseases depending on the type of uterine and adnexa pathology

Genital disease		M±m	Me (Q_1 – Q_3)
Endometrial polyp	absent, n=133	1,6±0,12	1 (1-2)
	present, n=192	1,4±0,10	1 (0-2)
Endometrial hyperplasia ***	absent, n=226	1,3±0,08	1 (0-2)
	present, n=99	2,0±0,15	2 (1-3)
Chronic endometritis	absent, n=212	1,5±0,10	1 (0-2)
	present, n=113	1,4±0,12	1 (0-2)
Synechiae *	absent, n=305	1,5±0,08	1 (0-2)
	present, n=20	0,9±0,22	1 (0-1)
Simple hyperplasia with atypism *	absent, n=318	1,4±0,08	1 (0-2)
	present, n=7	2,3±0,36	2 (2-3)
Uterine myoma ***	absent, n=215	1,3±0,09	1 (0-2)
	present, n=110	1,9±0,14	2 (1-3)
Endometrioid disease	absent, n=261	1,4±0,09	1 (0-2)
	present, n=64	1,7±0,17	2 (1-2)
Ovarian cyst **	absent, n=298	1,4±0,08	1 (0-2)
	present, n=27	2,2±0,28	2 (1-3)
Chronic two-sided adnexitis	absent, n=307	1,5±0,08	1 (0-2)
	present, n=18	0,9±0,20	1 (0-2)
Uterine cervix pathology	absent, n=285	1,5±0,08	1 (0-2)
	present, n=40	1,7±0,24	1,5 (0,3-2,8)
Concomitant intrauterine pathology***	absent, n=167	1,3±0,11	1 (0-2)
	present, n=158	1,7±0,11	2 (1-2)

Note: *. ** – significant distinction from the referential selection for p<0,05 and p<0,01 respectively (Mann-Whitney U-test was used).

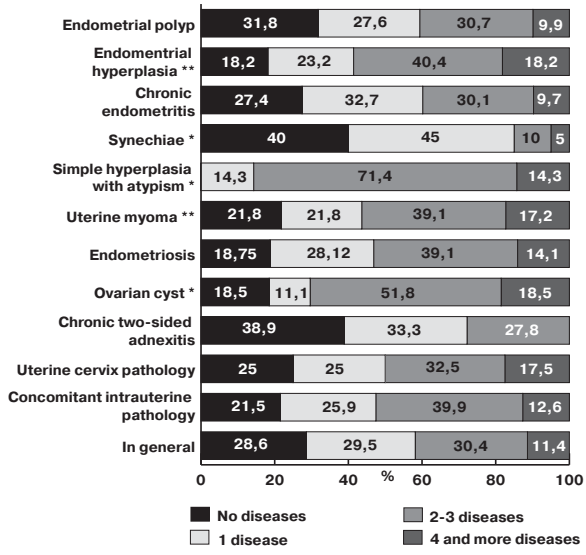
In cases of uterine myoma the average number of extragenital diseases was 1,4 times bigger (p<0,001); in cases of concomitant intrauterine pathology – 1,3 times bigger (p<0,001); in cases of ovarian cysts – 1,5 times bigger (p<0,006) in comparison to the referential selections. The index in cases of endometriosis, two-sided chronic adnexitis, and uterine cervix pathology did not considerably differ from the reference groups' indexes, p>0,05

As the analysis of distribution showed (Picture), no more than 4 somatic diseases were diagnosed in 18,5% of women with ovarian cysts, in 18,2% of women with endometrial hyperplasia, in 17,5% of women with uterine cervix pathology, in 17,3% of women with uterine myoma. The biggest percent of patient without any somatic pathology was observed in the groups with synechiae and two-sided chronic adnexitis.

Towards excessive somatic morbidity there were significantly dislodged statistically the distributions in cases of endometrial hyperplasia (p<0,002), concomitant intrauterine pathology (p<0,002), uterine myomas (p<0,009), ovarian cysts (p<0,009) and simple hyperplasia with atypism (p<0,05), and towards reduced morbidity there were dislodged the distributions in cases of uterine synechiae (p<0,04).

The studying of the nosological specificity of comorbid conditions showed (Table 2), that the frequency of digestive system diseases in the selections with different types of endometrial pathology was comparable. Certainly, these diseases in cases of simple hyperplasia with atypism were observed 3,8 times more often, than in the group with synechiae, and 2,1 times more often than in cases of hyperplasia or endometritis. Though, considering the small number of selection with atypism, the significant difference was only obtained when it was compared to the selection of synechiae (p<0,03), because when it was compared to the groups of hyperplasia and endometritis, the difference has already been lower than the level of significance (p>0,05). Naturally, though the index of the whole referential selection was twice lower of the index of the selection with atypism, but it did not achieve the considerable difference (p>0,05)

Similar tendencies were observed in the frequency of hepatic disorders. Despite the fact that in cases of simple hyperplasia with atypism it 2,9 times exceeded the index of the group with synechiae, and it 2,4 times exceeded the index of the group with



*Note: *, ** – significant distinction from the referential selection in the observed pathology is respectively for p<0,05 and p<0,01 (χ^2-test and Fisher's exact test were used).*

Picture. Distribution of extragenital diseases depending on the type of genital pathology, %

Table 2

Crosstable of endometrial pathology and extragenital diseases, n (P %)

Extragenital diseases	Endometrial polyp		Endometrial hyperplasia		Chronic endometritis		Synechiae		Simple hyperplasis with atypism	
	absent, n=133	present, n=192	absent, n=226	present, n=99	absent, n=212	present, n=113	absent, n=305	present, n=20	absent, n=318	present, n=7
Digestive system pathology, including Hepatic disorders	35 (26,3) 27 (20,3)	60 (31,3) 44 (22,9)	68 (30,1) 53 (23,5)	27 (27,3) 18 (18,2)	64 (30,2) 48 (22,6)	31 (27,4) 23 (20,4)	92 (30,2) 68 (22,3)	3 (15,0) 3 (15,0)	91 (28,6) 68 (21,4)	4 (57,1) 3 (42,9)
Hyperadiposis	33 (24,8)	24 (12,5)**	34 (15,0)	23 (23,2)	29 (13,7)	28 (24,8)*	53 (17,4)	4 (20,0)	54 (17,0)	3 (42,9)
Hypertensive disease	8 (6,0)	9 (4,7)	7 (3,1)	10 (10,1)	12 (5,7)	5 (4,4)	17 (5,6)	0 (0,0)	17 (5,3)	0 (0,0)
Cardiac pathology	11 (8,3)	13 (6,8)	10 (4,4)	14 (14,1)**	17 (8,0)	7 (6,2)	24 (7,9)	0 (0,0)	24 (7,5)	0 (0,0)
Tonsillitis	17 (12,8)	16 (8,3)	17 (7,5)	16 (16,2)*	24 (11,3)	9 (8,0)	32 (10,5)	1 (5,0)	32 (10,1)	1 (14,3)
Renal system pathology	5 (3,8)	10 (5,2)	5 (2,2)	10 (10,1)**	12 (5,7)	3 (2,7)	15 (4,9)	0 (0,0)	15 (4,7)	0 (0,0)
Thyroid body pathology	18 (13,5)	24 (12,5)	29 (12,8)	13 (13,1)	30 (14,2)	12 (10,6)	40 (13,1)	2 (10,0)	40 (12,6)	2 (28,6)
Iron deficiency anemia	11 (8,3)	8 (4,2)	8 (3,5)	11 (11,1)	11 (5,2)	8 (7,1)	19 (6,2)	0 (0,0)	19 (6,0)	0 (0,0)
Varicose disease	5 (3,8)	5 (2,6)	6 (2,7)	4 (4,0)	7 (3,3)	3 (2,7)	10 (3,3)	0 (0,0)	9 (2,8)	1 (14,3)
Craniocerebral injury	2 (1,5)	7 (3,6)	5 (2,2)	4 (4,0)	7 (3,3)	2 (1,8)	9 (3,0)	0 (0,0)	9 (2,8)	0 (0,0)
Vegetative-vascular dystonia	12 (9,0)	22 (11,5)	20 (8,8)	14 (14,1)	23 (10,8)	11 (9,7)	34 (11,1)	0 (0,0)	33 (10,4)	1 (14,3)
Allergic reactions	20 (15,0)	36 (18,8)	37 (16,4)	19 (19,2)	41 (19,3)	15 (13,3)	52 (17,0)	4 (20,0)	55 (17,3)	1 (14,3)
Breast pathology	20 (15,0)	19 (9,9)	25 (11,1)	14 (14,1)	23 (10,8)	16 (14,2)	37 (12,1)	2 (10,0)	36 (11,3)	3 (42,9)*
Nervous system pathology	16 (12,0)	37 (19,3)	34 (15,0)	19 (19,2)	43 (20,3)	10 (8,8)**	51 (16,7)	2 (10,0)	51 (16,0)	2 (28,6)
Surgical interferences	46 (34,6)	66 (34,4)	73 (32,3)	39 (39,4)	74 (34,9)	38 (33,6)	110 (36,1)	2 (10,0)	108 (34,0)	4 (57,1)

Note: *, ** – significant distinction from the referential selection respectively for $p<0,05$ and $p<0,01$ (χ^2-test and Fisher's exact test were used).

hyperplasia, the difference was statistically insignificant ($p>0,05$).

In this part of the research, the most interesting statistics was demonstrated by the distribution of the frequency of hyperadiposis (obesity). In cases of chronic endometritis it was 1,8 times bigger than in other cases of endometrial pathology ($p<0,02$), and in cases of polyps in was twice lower than in the referential selection ($p<0,003$). The patients with atypism had obesity 3,4 times more often than in group with polyps ($p<0,03$).

The density of hypertensive diseases in the selections with different types of endometrial pathology was approximately similar ($p>0,05$).

Cardiac pathology, nephropathies and tonsillitis were the most closely associated with endometrial hyperplasia. Among the women with this endometrial pathology, the cardiac diseases were observed 3,2 times more often ($p<0,003$), renal system pathology – 4,6 times more often ($p<0,004$), and tonsillitis – 2,1 times more often ($p<0,05$) than in reference groups.

The indexes of thyroid body diseases, iron deficiency anemia, varicose disease, craniocerebral injuries, vegetative-vascular dystonia and allergies had statistically homogeneous distributions in the analyzed selections.

The frequency of breast pathology in cases of simple hyperplasia with atypism was 3,8 times higher than the same index in cases of other types of endometrial pathology ($p<0,04$). Breast diseases among the women with endometrial polyp occurred 4,3 times less frequently ($p<0,007$), among the women with chronic endometritis – 3,0 times less frequently ($p<0,05$), among the women with chronic endometritis – 3,0 times less frequently ($p<0,05$).

Nervous system diseases in the group of chronic endometritis occurred 2,3 times less frequently ($p<0,008$) than in the referential selection. In the group with endometrial polyps the index was 2,2 times higher ($p<0,02$), in the group with endometrial hyperplasia was 2,2 times higher ($p<0,03$).

Extragenital surgeries in groups with different types of endometrial pathology were observed with approximately the same frequency.

Subsequently, the cross-sectional data of somatic and genital pathology were studied (Table 3).

Any evident specificity concerning the frequency of digestive system diseases including hepatic disorders, was not detected ($p>0,05$). Even at the level of pairwise comparison of the groups with genital pathology there were detected no significant differencies. Thus, in the cases of chronic adnexitis, digestive system pathology occurred 2,4 times less frequently than in cases of ovarian cysts, but the level of significance was less than 0,09.

Obesity, hypertensive disease and cardiac pathology were common for the selection with uterine myoma. These women had obesity 1,9 times more often ($p<0,007$), hypertensive disease – 2,8 times more frequently ($p<0,03$), cardiac pathology – 2,7 times more frequently ($p<0,009$), than in cases of any other genital pathology.

The frequency of tonsillitis, nephropathies, varicose diseases, ceraniocerebral injuries and allergies did not statistically significantly depend on the type of concomitant genital pathology ($P>0,05$).

Thyroid body pathology was closely associated with ovarian cysts and uterine crvix pathology: it was observed respectively

Table 3

Crosstable of extragenital pathology and genital diseases, which are concomitant for the endometrial pathology, n (P %)

Extragenital diseases	Uterine myoma		Endometriosis		Ovarian cyst		Chronic two-sided adnexitis		Uterine cervix pathology		Concomitant intrauterine pathology	
	absent, n=215	present, n=110	absent, n=261	present, n=64	absent, n=298	present, n=27	absent, n=307	present, n=18	absent, n=285	present, n=40	absent, n=167	present, n=158
Digestive system pathology, including Hepatic disorders	59 (27,4) 44 (20,5)	36 (32,7) 27 (24,5)	75 (28,7) 58 (22,2)	20 (31,3) 13 (20,3)	84 (28,2) 67 (22,5)	11 (40,7) 4 (14,8)	92 (30,0) 69 (22,5)	3 (16,7) 2 (11,1)	81 (28,4) 63 (22,1)	14 (35,0) 8 (20,0)	45 (26,9) 37 (22,2)	50 (31,6) 34 (21,5)
Hyperadiposis	29 (13,5)	28 (25,5)**	46 (17,6)	11 (17,2)	52 (17,4)	5 (18,5)	53 (17,3)	4 (22,2)	52 (18,2)	5 (12,5)	26 (15,6)	31 (19,6)
Hypertensive disease	7 (3,3)	10 (9,1)*	14 (5,4)	3 (4,7)	15 (5,0)	2 (7,4)	17 (5,5)	0 (0,0)	15 (5,3)	2 (5,0)	5 (3,0)	12 (7,6)
Cardiac pathology	10 (4,7)	14 (12,7)**	20 (7,7)	4 (6,3)	22 (7,4)	2 (7,4)	24 (7,8)	0 (0,0)	22 (7,7)	2 (5,0)	11 (6,6)	13 (8,2)
Tonsillitis	20 (9,3)	13 (11,8)	24 (9,2)	9 (14,1)	28 (9,4)	5 (18,5)	32 (10,4)	1 (5,6)	29 (10,2)	4 (10,0)	18 (10,8)	15 (9,5)
Renal system pathology	8 (3,7)	7 (6,4)	13 (5,0)	2 (3,1)	14 (4,7)	1 (3,7)	14 (4,6)	1 (5,6)	13 (4,6)	2 (5,0)	7 (4,2)	8 (5,1)
Thyroid body pathology	26 (12,1)	16 (14,5)	32 (12,3)	10 (15,6)	34 (11,4)	8 (29,6)*	41 (13,4)	1 (5,6)	32 (11,2)	10 (25,0)*	20 (12,0)	22 (13,9)
Iron deficiency anemia	8 (3,7)	11 (10,0)*	14 (5,4)	5 (7,8)	13 (4,4)	6 (22,2)**	19 (6,2)	0 (0,0)	15 (5,3)	4 (10,0)	7 (4,2)	12 (7,6)
Varicose disease	5 (2,3)	5 (4,5)	8 (3,1)	2 (3,1)	9 (3,0)	1 (3,7)	10 (3,3)	0 (0,0)	8 (2,8)	2 (5,0)	3 (1,8)	7 (4,4)
Craniocerebral injury	5 (2,3)	4 (3,6)	6 (2,3)	3 (4,7)	8 (2,7)	1 (3,7)	9 (2,9)	0 (0,0)	7 (2,5)	2 (5,0)	2 (1,2)	7 (4,4)
Vegetative-vascular dystonia	17 (7,9)	17 (15,5)*	28 (10,7)	6 (9,4)	29 (9,7)	5 (18,5)	33 (10,7)	1 (5,6)	29 (10,2)	5 (12,5)	16 (9,6)	18 (11,4)
Allergic reactions	37 (17,2)	19 (17,3)	40 (15,3)	16 (25,0)	51 (17,1)	5 (18,5)	53 (17,3)	3 (16,7)	45 (15,8)	11 (27,5)	26 (15,6)	30 (19,0)
Breast pathology	25 (11,6)	14 (12,7)	27 (10,3)	12 (18,8)	33 (11,1)	6 (22,2)	38 (12,4)	1 (5,6)	36 (12,6)	3 (7,5)	14 (8,4)	25 (15,8)*
Nervous system pathology	27 (12,6)	26 (23,6)**	45 (17,2)	8 (12,5)	51 (17,1)	2 (7,4)	49 (16,0)	4 (22,2)	41 (14,4)	12 (30,0)*	18 (10,8)	35 (22,2)**
Surgical interferences	76 (35,3)	36 (32,7)	82 (31,4)	30 (46,9)*	101 (33,9)	11 (40,7)	106 (34,5)	6 (33,3)	97 (34)	15 (37,5)	51 (30,5)	61 (38,6)

Note. *, ** – significant distinction from the referential selection respectively for $p<0,05$ and $p<0,01$ (χ^2-test and Fisher's exact test were used).

2,6 times ($p<0.02$) and 2,2 times ($p<0,02$) more ofte than in the referential selections.

Iron deficiency anemia occurred more frequently in patients with ovarian cysts (5,1 times higher than the morbidity of the reference group, $p<0,003$) and with uterine myoma (2,7 times higher than the morbidity of the reference group, $p<0,03$).

Among the women with uterine myoma, vegetative-vascular dystonia was observed twice more often than in cases of other concomitant genital pathology. ($p<0,03$).

The frequency of breast diseases in cases of concomitant intrauterine pathology was 1,9 times higher than the index of the reference group ($p<0,04$).

Nervous system diseases occurred more frequently in cases of concomitant intrauterine pathology (2,1 times more often than in the reference group, $p<0,006$), uterine myoma (1,9 times more often than in the reference group, $p<0,01$) and uterine cervix pathology (2,6 times more often than in the reference group, $p<0,02$).

Various surgical interferences burdened quite more often the medical history of patients with endometriosis ($p<0,02$).

Therefore, on the basis of the data obtained, we can make a conclusion about rather high prevalence of somatic diseases among the women with endometrial pathology in late reproductive age and premenopausal age. Almost in three fourth of cases, examined in this study, there was at least one extragenital disease. Besides that, numerous extragenital diseases were observed quite often: on third of patients suffered from 2-3 extragenital diseases, and every ninth woman had four or more of them. Moreover, numerous extragenital diseases were associated more with endometrial hyperplasia, than with endometritis, endometrial polyps or synechiae, and in cases of hyperplasia with atypism they occurred 2,2, time more often than in cases of other endometrial pathology.

In the structure of comorbid genital factors connected with excessive somatic morbidity, uterine myoma and ovarian cysts definitely dominated. In our research the biggest number of significant connections were detected in cases of uterine myoma.

As to the range of extragenital pathology, obesity, as a rule, was associated with chronic endometritis and uterine myoma, cardiopathies were associated with endometrial hyperplasia and uterine myoma, hypertensive disease – with uterine myoma. Tonsillitis and nephropathies were more often observed in cases of endometrial hyperplasia, thyroid body diseases – in cases of ovarian cysts and uterine cervix pathology, iron deficiency anemia – in cases of uterine myoma and ovarian cysts. Breast pathology directly correlated with atypical endometrial pathology, vegetative-vascular disorders – with uterine myoma, nervous system diseases – with uterine myoma, uterine cervix pathology and concomitant intrauterine pathology.

High associativity of extragenital predictors and uterine pathology in late reproductive and premenopausal age indicates the need to change the paradigm of fragmented treatment, which is focused on major diseases and easy leaves out of account the significant impact of comorbidity on the overall health and life

quality of the patient. The attention should be focuses on improving the adaptive physical resources; special attention should be paid not only to control extragenital diseases, but also to prevent potential health risks in this group of patients.

CONCLUSIONS

1. Extragenital diseases burden the medical history of the majority of women of late reproductive age and premenopausal age with endometrial pathology. The most frequently observes are digestive system pathology, hyperadiposis, allergic reactions and nervous system diseases.

2. The worst indexes of physical health are common for the patients with atypical endometrial changes.

3. The key parameter, associated with various extragenital disease of women with endometrial pathology in late reproductive age and premenopausal period, is uterine myoma.

Соматический статус пациенток с разными формами патологии эндометрия в поздний репродуктивный период и период пременопаузы

С.М. Корниенко

Цель исследования: изучение взаимосвязи экстрагенитальной патологии и патологии эндометрия (ПЭ) у женщин в поздний репродуктивный и пременопаузальный периоды.

Материалы и методы. В наблюдательное кросс-секционное исследование методом сплошной выборки были включены 325 женщин 35–55 лет, средний возраст – 41,1±0,27 года, с различными видами ПЭ. Обследование включало изучение жалоб, данных анамнеза, полное физикальное и гистероскопическое обследования.

Результаты. На основании полученных данных сделан вывод о достаточно высокой распространенности соматических заболеваний у женщин с ПЭ в поздний репродуктивный и пременопаузальный периоды. Почти в $^3/_4$ случаев, рассмотренных в данном исследовании, диагностировали, по крайней мере, одно из экстрагенитальных заболеваний. Кроме того, часто наблюдалась сочетанная патология: у трети пациенток выявляли два-три экстрагенитальных заболевания, а у каждой девятой – четыре или более экстрагенитальных заболеваний. Причем сочетание экстрагенитальных заболеваний ассоциировалось, скорее, с гиперплазией эндометрия, нежели с эндометритом, полипами эндометрия или синехиями, а при гиперплазии с атипией их диагностировали в 2,2 раза чаще, чем при других формах ПЭ. В структуре коморбидных генитальных факторов, связанных с повышенной соматической заболеваемостью, безусловно доминировали миома матки и кисты яичников. Именно в отношении миомы матки выявлено наибольшее количество значимых связей.

Заключение. Высокая ассоциативность экстрагенитальных предикторов и маточной патологии в поздний репродуктивный и пременопаузальный периоды свидетельствует о необходимости смены парадигмы фрагментированного лечения, сосредоточенной на основном заболевании и легко упускающей из виду существенное влияние сопутствующей патологии на общее здоровье и качество жизни пациентки.

Ключевые слова: *патология эндометрия, поздний репродуктивный период, пременопауза, экстрагенитальные заболевания.*

Соматичний статус пацієнток з різними формами патології ендометрія у пізній репродуктивний період і період пременопаузи

С.М. Корнієнко

Мета дослідження: вивчення взаємозв'язку екстрагенітальної патології та патології ендометрія (ПЕ) у жінок у пізній репродуктивний та пременопаузальний періоди.

Матеріали та методи. У наглядове крос-секційне дослідження методом суцільної вибірки були включені 325 жінок 35–55 років, середній вік – 41,1±0,27 року, з різними видами ПЕ. Обстеження включало вивчення скарг, даних анамнезу, повне фізикальне і гістероскопічне дослідження.

Результати. На підставі отриманих даних можна зробити висновок про досить високу поширеність соматичних захворювань у жінок з ПЕ у пізній репродуктивний і пременопаузальний періоди. Майже у $^3/_4$ випадків, розглянутих у даному дослідженні, діагностували принаймні одне з екстрагенітальних захворювань. Крім того, часто спостерігалася поєднана патологія: у третини пацієнток виявляли два-три екстрагенітальних захворювання, а у кожної дев'ятої – чотири або більше екстрагенітальних захворювань. Причому множинні екстрагенітальні захворювання асоціювалися, скоріше, з гіперплазією ендометрія, ніж з ендометритом, поліпами ендометрія або синехією, а при гіперплазії з атипією їх діагностували у 2,2 разу частіше, ніж при інших формах ПЕ. У структурі коморбідних генітальних факторів, пов'язаних з підвищеною соматичною захворюваністю безумовно домінували міома матки і кісти яєчників. Саме щодо міоми матки виявлено найбільшу кількість значущих зв'язків.

Заключення. Висока асоціативність екстрагенітальних предикторів і маткової патології у пізній репродуктивний і пременопаузальний періоди свідчить про необхідність зміни парадигми фрагментарного лікування, зосередженої на основному захворюванні і легко випускає з уваги істотний вплив супутньої патології на загальне здоров'я і якість життя пацієнтки.

Ключові слова: *патологія ендометрія, пізній репродуктивний період, пременопауза, екстрагенітальні захворювання.*

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