

ENDOMETRIAL CANCER (CANCER OF THE UTERUS) - SYMPTOMS AND TREATMENT

Akbarova Maftuna Adxamovna

Assistant of the Department of Oncology, Andijan State Medical Institute

Abstract: Endometrial cancer, also known as cancer of the uterus, is a type of malignancy that affects the endometrium, the inner lining of the uterus. It is one of the most common gynecological cancers in women, particularly those of postmenopausal age. According to the American Cancer Society, endometrial cancer accounts for approximately 3% of all cancers in women worldwide. The disease is often asymptomatic in its early stages, making it essential for women to be aware of the symptoms and risk factors associated with endometrial cancer. This article aims to discuss the symptoms and treatment options available for endometrial cancer.

Keywords: endometrial cancer, developing phase, clinical treatments, different sorts, cells, death rate, affects.

Introduction: The time span endometrial most malignant growths is regularly utilized conversely with uterine disease. Endometrial most cancer is so named because of the reality in the sizeable greater part of cases, it begins in the cells coating the uterus, known as the endometrium. There are two sorts of endometrial malignant growth. Luckily, one sort — the sort that impacts the inward coating of the uterus — has a significantly more noteworthy cure charge than the different kind, uterine sarcoma. The most successive side effect of endometrial most tumors is curious draining from the vagina, spotting, or different release. The normal age at guess is around 60 years, but the illness is perceived at young quite a while in certain subsets of ladies, which incorporates young ladies with a hereditary opportunity for the disorder or these who had been revealed to positive components sooner than birth. Other possibility components incorporate barrenness, utilization of positive chemical substitute cure regimens, and a few victims with beginning stage of feminine cycle. Ladies with risk components may likewise be recommended to discuss their risks and benefits of screening tests and anticipation techniques.

Definition and Outline

From your absolute first period, your uterus accepts your build ready for pregnancy. Every month it develops a coating of cells that should feed a child. On the off chance that a woman doesn't get pregnant, her uterus sheds the coating in a month-to-month time frame. Endometrial most diseases are a sort of most tumors that begins off evolved in the uterus. The endometrium is the coating of the uterus and the spot most diseases start. Pregnancy, feminine periods, and chemical cure all cause the covering to create and thicken. Then, at that point, when the chemical reaches go down, the coating separates and drains. Endometrial most diseases happens when cells in the coating end up being dangerous and create wild. Endometrial most diseases are the most regular most malignant growths of the lady regenerative framework. It is fourth in many malignant growth's frequency in young ladies after bosom, lung, and colorectal diseases. Endometrial most malignant growths bills for 6% of all most diseases occurrences among women worldwide and is barely at any point

perceived sooner than the age of forty In Portugal, it is the 2d most perceived most tumors after bosom disease, with a normal yearly rate of 659 new cases, a normalized charge of 15.2 per 100,000 ladies, and a normal frequency of 13.1%, which areas it in seventh spot. The individual's danger at age 75 is 0.68%. The danger of passing on will be on normal 162, addressing 1.3% of all woman most malignant growths passings. It is assessed that 657 women may moreover be perceived with the sickness, around 13% of whom are in various levels that are currently not stage 1. In the US, it is assessed that there will be 65,620 new occasions of endometrial most diseases related to a charge of 19.2 per 100,000 ladies, comparing to 6% of all malignant growths analyzed. The normal relative danger of confusion at age 75 is 1.6% and the peril of a man or lady death is 2%.

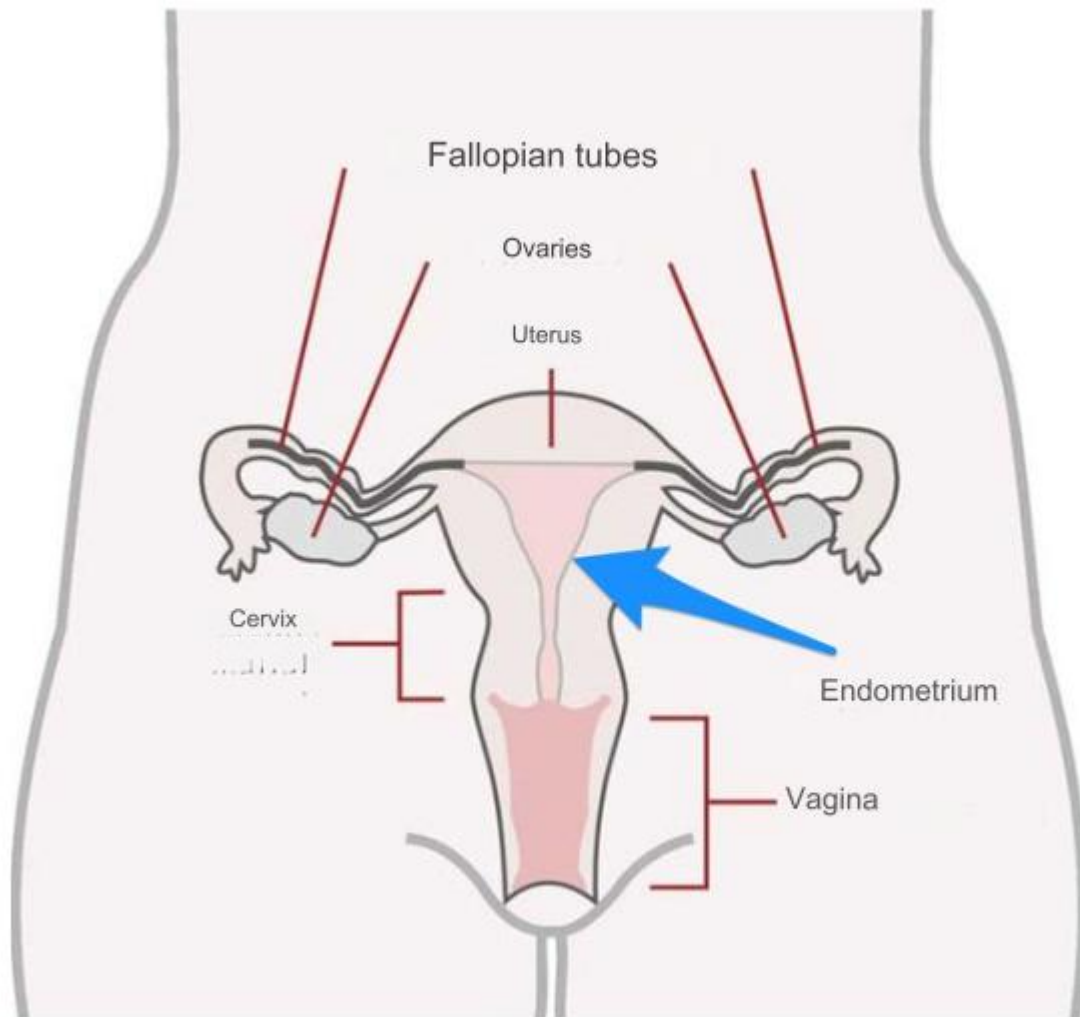
Risk factors

About 5% of endometrial cancer cases are hereditary. Malignant endometrial tumors can develop with hereditary nonpolyposis colorectal cancer (Lynch syndrome). The disease occurs due to a breakdown of the MLH1, MSH2, MSH6 or PMS2 genes. With such mutations, the risk of developing endometrial cancer and colorectal cancer is 24-51%, ovarian cancer - 11-15%.

In addition to genetic predisposition, the following factors influence the incidence of the disease (increase the risk of development):

- excess weight (the risk of developing endometrial cancer increases by 1.32 times);
- obesity (2.54 times);
- type 2 diabetes mellitus (2.1 times);
- early onset and late cessation of menstruation: before 10–12 and after 55 years (2.1 times);
- polycystic ovary syndrome (2.9 times);
- taking Tamoxifen, a hormonal drug for the treatment of breast cancer (2.5 times);
- estrogen monotherapy for more than five years (10–30 times);
- infertility;

-radiation therapy to the pelvic organs.



Protective Factors Against Endometrial Cancer

Several epidemiologic elements are related with reducing the dangers of endometrial cancers. Estrogen-progestin aggregate oral contraceptives or levonorgestrel intrauterine units limit the threat for endometrial most cancers each 5 years of use with the aid of as a lot as 33% in contrast with girls who had in no way used these agents. Furthermore, the danger discount continued for extra than 30 years after aggregate oral contraceptives had been discontinued.

Additionally, espresso and tea consumption might also decrease the chance of endometrial cancer. Tobacco cigarette smoking is additionally related with very big savings in danger for endometrial cancers in each potential and case-control studies, which exhibit the most widespread limit of chance in heavy people who smoke over increasing years of use. However, tobacco use is now not endorsed for this defensive effect.

The chance for endometrial cancers, each kind 1 and kind two carcinomas, was once determined to reduce with advancing age of first childbirth, typical by way of 11% in a giant epidemiologic study. The chance for girls who first gave beginning at a long time older than forty years was once 44% decrease than ladies who gave delivery at a long time youthful than 25 years. The finding of endometrial most cancers hazard discount with older age at the time of first delivery validated preceding find out about results, which sarcastically confirmed that endometrial most cancers threat used to be decreased through advancing parity and quick intervals between births and between the remaining beginning and menopause. In every other giant epidemiologic study, breastfeeding decreased the danger of endometrial most cancers through 11%.

Pathophysiology

Endometrial Cancer Anatomic Spread

If allowed to proceed uninterrupted, the herbal records of endometrial carcinoma start as a preinvasive intraepithelial lesion, which progresses to invasive most cancers involving the endometrial stroma and then penetrates ever greater deeply into the myometrium. The lymphatic capillaries emerge as engaged, carrying the malignancy to regional lymph nodes, the place metastases may additionally appear thru vascular channels. Tumorous involvement of the uterine cervix and stroma most in all likelihood takes place thru lymphatic channels, in particular by means of dedifferentiated carcinomas. However, floor unfold can take place from endometrial cancers in the decrease uterine segment.

Lymphatic capillaries may also additionally elevate malignant endometrial cells to the fallopian tubes and ovaries. Anatomically, lymphatic channels generally comply with their corresponding veins. Therefore, endometrial cancers inside the uterine physique and decrease uterine section commonly contain the pelvic and para-ureteral lymph nodes first, specifically the obturator lymph nodes, to which the uterine physique specifically drains; whereas thus, a regional extension of endometrial cancer constrained to the uterine fundus or solely prolonged to adnexal organs includes the para-aorta and para-cava nodes. Locally advancing endometrial cancers may additionally penetrate the myometrium and uterine serosa to embody the surrounding peritoneum, assisting tissues, and other pelvic organs. Low-grade, kind 1 endometrioid carcinomas have a tendency to stay limited to the uterus and are characterized by means of a favorable prognosis. Conversely, high-grade, kind two endometrioid and no endometrioid carcinomas with TP53 mutations frequently metastasize by means of the lymphatic machine or transit thru the fallopian lumens, disseminating for the duration of the pelvis and abdomen, usually imparting at a superior stage and with a bad prognosis.

Endometrial Cancer Classification Systems

The International Federation of Gynecology and Obstetrics and the World Health Organization grade endometrial cancers primarily based on no squamous stable structure share and nuclear appearance. Generally, low-grade disorder has much less than 50% of stable element and absence of marked nuclear atypia, and high-grade carcinomas have increased than 50% of strong issue and marked nuclear atypia. Historically, endometrial most cancers were once divided into two sorts based totally on histological characteristics.

Type 1 cancers are greater common, normally characterized by means of low-grade, well-differentiated endometrial proliferation secondary to unopposed estrogen exposure. Type two endometrial cancers contain poorly differentiated, aggressive serous, clear cell, or carcinosarcoma histological types. Type two endometrial cancers normally have a poorer prognosis. Type 1 endometrial cancers are related with precancerous endometrial intraepithelial neoplasia lesions, whereas kind two is related with serous endometrial intraepithelial carcinoma. Immunohistochemical stains, along with p53, phosphatase and tensing homolog, estrogen receptor, p16, napsin A/hepatocyte nuclear aspect 1-beta, and AT-rich interplay domain-containing protein 1A, are carried out to assist perceive endometrial most cancers subtypes; however, these assessments are often tough to reproduce and have giant overlap between histologic types.

Endometrial most cancers grading

All serous adenocarcinomas, clear mobile adenocarcinomas, mesonephric-like carcinomas, gastrointestinal-type mucinous endometrial carcinoma, undifferentiated carcinomas, and carcinosarcomas are high-grade. In endometrioid endometrial cancers, the share of strong non-glandular increase areas determines the grade. Grades 1 and two are viewed low-grade cancers, and grade three tumors are classified as high-grade cancers. For grades 1 or two cancers, if there is a stated presence of nuclear atypia exceeding the norm for the tumor grade, the grading ought to be improved through 1 to the subsequent grade. Furthermore, clinicians must operate a p53 assessment and think about a serous carcinoma analysis for tumors with uncommon nuclear atypia that in any other case have low-grade features.

Conclusion.

In conclusion, endometrial most cancers are a kind of malignancy that influences the endometrium, the internal lining of the uterus. While the disorder is frequently asymptomatic in its early stages, ladies must be conscious of the signs and symptoms and hazard elements related with endometrial cancer. Early detection and cure are necessary in enhancing effects and decreasing the hazard of complications. Women must endure ordinary check-ups with their healthcare company and exercise protected intercourse to limit their danger of growing endometrial cancer.

References:

1. Veropotvelyan P.N., Guzhevskaya I.V. Endometrial hyperplasia - a modern view of the problem. Medical aspects of women's health. 2013;5(69):13-20.
2. Litvak E.O. Modern management of patients with hyperplastic processes. Medical aspects of women's health. 2012;10(63):54-59.
3. Novikova E.G., Chulkova O.V., Pronin S.M. Treatment of atypical endometrial hyperplasia. Practical oncology. 2004;5(1):52-59.
4. Pavlovskaya M.A., Tutikova L.V. Modern concepts of the etiopathogenesis of endometrial hyperplastic processes in reproductive age. Medical aspects of women's health. 2013;3(67):28-34.
5. Chernukha G.E., Sukhikh G.T., Smetnik V.P., Zhdanov A.V., Davydova M.P., Slukina T.V. The state of proliferation processes in hyperplastic endometrial tissue in women of reproductive age. Problems of reproduction. 2004; 4:30-34.

6. Ачилова, З. П. (2023). ПРИМЕНЕНИЯ МЕТОДА КОРРЕКТИРУЮЩЕЙ КОМПЕНСАЦИИ ПРИ ПЕРЕВОДЕ ПОЛИТИЧЕСКИХ ВЫСТУПЛЕНИЙ. *journal of innovations in scientific and educational research*, 6(2), 319-322.
7. Konkov D.G., Burtyak N.G. Modern features of classification and combination therapy of endometrial hyperplasia. *Medical aspects of women's health*. 2013;7(71):43-49.