

EVALUATION OF THE EFFECTIVENESS OF MIDIAN® IN ADJUVANT THERAPY AFTER LAPAROSCOPIC REMOVAL OF OVARIAN FOLLICULAR CYSTS

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Resume : 90 women were under observation. Of these, 60 patients (main group) operated on with a diagnosis of follicular ovarian cysts, taking Midiana® as an adjuvant therapy in the postoperative period, and 30 operated patients with the same diagnosis, but who refused hormonal adjuvant therapy. The use of the combined estrogen-gestagenic drug Midiana as part of adjuvant therapy confirmed its high efficiency in restoring fertility by 4.1 times (in 85% of patients) and preventing recurrence of follicular ovarian cysts, which allows it to be recommended to women after laparoscopic surgery.

Keywords: follicular cyst , laparoscopic cystectomy, median , Hysteroresectoscopy, Oral contraceptives

Rezyume : Nazoratga 90 ta ayol qamrab olingan. Ulardan 60 nafari (asosiy guruh) tuxumdonlarning follikulyar kistalari tashxisi bilan operatsiya qilingan, operatsiyadan keyingi davrda yordamchi terapiya sifatida Midiana® preparatini qabul qilgan va 30 nafari bir xil tashxis qo'yilgan, ammo gormonal yordamchi terapiyadan bosh tortgan operatsiya qilingan bemorlardir. Adjuvant terapiyaning bir qismi sifatida estrodiol estrogen-gestagen preparati Midianani qo'llash tug'ilishni 4,1 baravar tiklashda (bemorlarning 85 foizida) va tuxumdon follikulyar kistalarining takrorlanishining oldini olishda yuqori samaradorligini tasdiqladi, bu esa Laparoskopik operatsiyadan keyin ayollarga tavsiya qilish imkonini beradi.

Резюме : Под наблюдением находились 90 женщин. Из них 60 пациенток (основная группа), оперированных с диагнозом фолликулярные кисты яичников, принимающих в качестве адъювантной терапии в послеоперационном периоде препарат Мидиана®, и 30 оперированных больных с таким же диагнозом, но отказавшихся от гормональной адъювантной терапии. Применение комбинированного эстроген-гестагенного препарата Мидиана, в составе адъювантной терапии подтвердил свою высокую эффективность в восстановлении фертильности в 4,1 раза (у 85% пациенток) и профилактики рецидивов фолликулярных кист яичников, что позволяет рекомендовать его женщинам после лапароскопической операции

Relevance . According to epidemiological studies, in recent years there has been an increase in follicular cysts of the ovaries among women of reproductive age. Surgery is the primary treatment for ovarian follicular cysts greater than 5 cm if conservative treatment does not produce sufficient effects. However, despite the improvement of surgical techniques and instruments in the treatment of follicular cysts the risk of relapse is still considered a problem that has not found its solution until the end .

Goal. In Adjuvant therapy after laparoscopic removal of follicular cysts of the ovaries, the combined estrogen-gestagen drug is an assessment of the effectiveness of midiana®.

Materials and methods .

90 women were covered for the study. Of these, 60 (the main group) are operated patients who have been diagnosed with follicular cysts of the ovaries, have taken the drug Midiana® as an adjuvant therapy in the postoperative period, and 30 have been diagnosed the same, but have refused hormonal adjuvant therapy. The age of those examined was 28.5 ± 0.5 years.

Results .

Before and after the operation, a hormonal test was performed on all patients. Prior to laparoscopic surgery, high FSG levels of 14.7 ± 0.16 IU/L and low concentrations of LH 7.8 ± 0.38 IU/L were identified. The E2 estradiol content in the core group is 122.4 ± 8.7 PG/ml higher than the comparison group indicators of 137.6 ± 12.11 PG/ml ($p < 0.001$). Progesterone levels were also much lower than 1.4 ± 0.09 ng/ml, respectively. 3 months after laparoscopic removal of follicular cysts of the ovaries against the background of hormonal adjuvant therapy with a drug containing 3mg Drospirenone and 0.03 mg ethinyl estradiol, the results of hormonal studies in patients showed a decrease in FSG to 10.4 ± 0.16 IU/L, and an increase in 1 G to 10.0 ± 0.46 IU/l ($p < 0.001$), 108.8 ± 11.87 PG/ml ($p > 0.05$ in the group up to). The use of the drug Midiana® as an auxiliary therapy for 3 months in women after the laparoscopic removal of follicular cysts of the ovaries led to the normalization of the level of sex steroid hormones and the restoration of fertility in 85% of women. As a rule, all women tolerated taking a drug containing 3 mg of Drospirenone and 0.03 mg of ethinyl estradiol for 3 months. We did not observe adverse reactions in any of them when using the drug, no woman stopped taking it early. None of the representatives of the main group (when observing them for 1 year) recorded a recurrence of the disease. After 4-9 months during the year, 52 (85%) of them became pregnant. 12 (40%) of patients in the comparison group who refused to use Midi® reported recurrence of ovarian follicular cysts after 6 months, with pregnancy occurring in 6 (20.0%). Thus, the conduct of adjuvant hormone therapy allowed the onset of pregnancy in 85% of women.

Conclusion :

The drug estrodiol-gestagen, which contains 3 mg Drospirenone and 0.03 mg ethinyl estradiol, as part of auxiliary therapy, confirmed 4.1 times higher efficacy in fertility recovery (in 85% of patients) and Prevention of recurrence of follicular ovarian cysts, which allows women to recommend after laparoscopic surgery.

List of literature used :

1. general features and mental adaptation features of general and mental adaptation in patients with cervical inflammatory diseases in phonete therapy with inflammatory diseases of the cervix against background of tes-therapy Andreyeva M. B., Zaharova K. I. Andreeva M. V., Zakharova K. I.

2 .Evaluation of midiana® efficacy in adjuvant therapy after laparoscopic removal of ovarian follicular cysts efficacy of the use of midiana® in adjuvant therapy after laparoscopic removal of ovarian follicular cysts Gafurova E. O., Shukurov F. I. Gafurova E. O., Shukurov F. L.

3. The advantage of complex treatment of Genital diseases is the advantage of methods of treating HPV-associated genital Diseases Dovletkhanova E. R., Abakarova P. R., Nazarova H. M., Mezhevitynova E. A., Gusakov K. I., Mgeryan A. N. Dovletkhanova E. R., Abakarova P. R., Nazarova N. M., Mezhevitynova E. A., Gusakov K. I., Mgeryan a. n.

4. Endometrial hyperplasia without atypia. symptoms of the effectiveness of hormone therapy are endometrial hyperplasia without atypia. signs of the effectiveness of hormone therapy kappusheva I. M. 1, Mikhaleva L. M. 2, Breusenko V. G. 1, Shcherbatyuk K. V. 1, Gutorova D. S. 1 Kappusheva L. M. 1, Mikhaleva L. M. 2, Breusenko V. G. 1, Shcherbatyuk K. V. 1, Gutorova D. S.

5. Role of serum zinc levels in adenomyosis the role of serum zinc levels in adenomyosis Safarova C. C., Safaraliyeva A. P. Safarova S. S., Safaraliyeva A. R.

6. Correction of hemostasis system disorder in patients with severe ovarian hyperstimulation hemostasis system in patients with patients with severe ovarian hyperstimulation correction of disorders V. V., Pivovarchik S. N., Tokareva V. V., Golubev V. V., Arabadzhan S. M. Uzhakin V. V., Pivovarchik S. N., Tokareva V. V., Golubev V. V., Arabadzhan S.

7. Menopause metabolic syndrome. methods to prevent complications menopausal metabolic syndrome. ways to prevent complications Urujeva N. G., Esedova A. E., Gadjieva A. M., Allahqulieva S. Z. Urujeva N. G., Esedova A. E., Gadjieva A M, Allakulieva S. Z.