

PREVALENCE OF ENDOMETRIOSIS IN WOMEN OF REPRODUCTIVE AGE

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Abstract: Endometriosis is a common chronic gynecological disease among women of reproductive age, characterized by the presence of endometrial-like tissue outside the uterine cavity. It is one of the leading causes of pelvic pain, menstrual disorders, and infertility. This article analyzes the prevalence of endometriosis in women of reproductive age, its epidemiological characteristics, and associated risk factors.

Keywords: endometriosis, reproductive age, prevalence, infertility, dysmenorrhea.

Introduction

Endometriosis is considered one of the most significant problems in modern gynecology. According to the World Health Organization, endometriosis primarily affects women aged 18–49 years. Clinically, the disease presents with a wide range of symptoms and is often diagnosed late, which negatively affects women's quality of life and reproductive health

Prevalence of Endometriosis:

Studies indicate that endometriosis occurs in approximately 10–15% of women of reproductive age. Among women presenting with infertility, the prevalence increases to 30–50%. In patients suffering from chronic pelvic pain, endometriosis is diagnosed in 40–60% of cases. The disease is more commonly observed among urban populations, women with higher socioeconomic status, and those who postpone childbirth. Additionally, early menarche, short menstrual cycles, and prolonged menstrual bleeding are associated with an increased risk of developing endometriosis.-

Age-Related Characteristics:

Endometriosis most frequently affects women between 25 and 35 years of age. However, the disease may also occur in adolescents, often presenting with severe dysmenorrhea. Although disease activity tends to decrease after menopause, endometriosis may persist in women receiving hormonal therapy.

Risk Factors:

1. The prevalence of endometriosis is associated with several factors, including:
2. genetic predisposition;
3. hormonal imbalance, particularly estrogen excess;
4. impaired immune system function;
5. inflammatory diseases of the pelvic organs;
6. stress and environmental factors.



Diagnostic Methods for Endometriosis:

The diagnosis of endometriosis is often challenging due to the heterogeneity of clinical manifestations and the absence of highly specific noninvasive tests. A combination of clinical evaluation, imaging techniques and invasive procedures is commonly used. **Laboratory Tests:** Serum cancer antigen 125 (CA-125) may be elevated in some patients with endometriosis; however, it lacks sensitivity and specificity and cannot be used as a standalone diagnostic test. It may be useful for monitoring disease progression or response to treatment. **Laparoscopy:** Diagnostic laparoscopy remains the gold standard for the definitive diagnosis of endometriosis. It allows direct visualization of endometriotic lesions and enables histopathological confirmation through biopsy. Despite its accuracy, laparoscopy is an invasive procedure and is not routinely used as an initial diagnostic tool. **Histopathological Examination:** Histological confirmation of endometrial glands and stroma outside the uterine cavity is essential for a definitive diagnosis. Biopsy samples obtained during laparoscopy are examined to confirm the presence of endometriosis.

Conclusion

Endometriosis is a serious health condition affecting women of reproductive age, with a high global prevalence. Early diagnosis, strengthened preventive examinations, and improved public awareness are essential for reducing complications associated with endometriosis and improving reproductive outcomes.

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