

**DIAGNOSIS OF ENDOMETRIAL POLYPS AND THE ROLE OF THIS DISEASE IN
INFERTILITY**

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Abstract: endometrial polyps are considered to have the property of recurrence, being a safe tumor formed from the uterine endometrial floor .Endometrial polyps are today cited as one of the common , (16-32 %) causes of 1st and secondary infertility in the world's Mica . Thus, EP is a significant problem in gynecological practice, especially in women in peri - and postmenopause, which requires careful observation and timely treatment. This article is based on the clinical protocol established in 2025 , approved by the Ministry of health of the Republic of Uzbekistan, which includes a number of data on the causes of the disease , the incidence of infertility caused by this particular disease, as well as the correct diagnosis, as well as prevention .

Keywords: endometrial polyp, anomalous bleeding from the uterus , diagnostic scraping , menopausal hormonal therapy ,sonogisterography , ultrasound .

Introduction: Endometrial polyps are benign tumors in the lining of the uterus, consisting of glands, fibrosed stroma and blood vessels. They can be solitary or numerous, vary in size from a few millimeters to several centimeters, and can have a thin stem or a wide base.

Endometrial polyps (EPS) are a common pathology in gynecological practice. According to data, their prevalence varies from 7.8% to 34.9%, with a tendency to grow during the peri - and postmenopausal periods. The EP share associated with atypical and malignant lesions is 0.3-5.4%, higher in postmenopause (2.3-5.4%) than in premenopause (1.1-1.7%). The risk of EP malignancy increases with age, especially when anomalous uterine bleeding and polyps are larger than 1.0-1.5 cm in size. 9% of women in postmenopause are diagnosed with endometrial cancer with EP. Risk factors include obesity, diabetes mellitus, arterial hypertension, and tamoxifen intake.

Endometrial polyps often recur; many internal uterine interventions reduce the quality of life of patients, have a detrimental effect on the endometrium, which leads to the formation of internal uterine sinehias and, consequently, infertility. Endometrial polyps occur in 16.9-32.0% of cases in women with primary and secondary infertility.

The principle of forming a diagnosis.

The formation of Endometrial polyp Diagnostics is based on international classifications such as XKT - 10/11 and should reflect its main characteristics:

1. The main disease is endometrial polyp.
2. Localization-uterine cavity.
3. Histological type-glandular, glandular-fibrous, fibrous, adenomatous.

4. Additional features-size, quantity, presence of atypia.
5. Concomitant pathology (if any) - endometrial hyperplasia, chronic endometritis, etc.

Example of the formation of a diagnosis:

"Glandular-fibrous type Endometrial polyp, single, 10-5 mm in size, without atypical markings. Chronic endometritis".

Diagnostics

Common complaints:

- Pulling pains in the lower abdomen
- * Discomfort during sex
- Feeling of pressure in the small groin area

Anamnesis:

When endometrial polyps are suspected, it is important to carefully assemble the Anamnesis, focusing on the following aspects:

1. Anomalous uterine bleeding (AUB)
 - o menorrhagia: large amounts and long-term menstruation.
 - o Metrorrhagia: bleeding between menstrual cycles.
 - o postmenopausal bleeding: the risk of atypia is high.
 - o Contact bleeding: associated with mechanical scratches of the polyp.
2. **Infertility and reproductive problems**
 - o polyp can interfere with embryo implantation.
 - o is the Association of polyps with ECU failures.
 - o complaints about inability to maintain pregnancy.
3. **Menstrual cycle and hormonal status**
 - o evaluation of the duration and regularity of menstruation.
 - o taking hormonal drugs, including tamoxifen.

Endometrial polyps (EP) risk factors:

- Obesity, metabolic syndrome, diabetes mellitus
- * Chronic inflammatory diseases of the endometrium
- * Genetic predisposition(Lynch syndrome

https://www.researchgate.net/publication/355111905_2020_WHO_Classification_of_Female_Genital_Tumors

<https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/>

https://www.researchgate.net/publication/365882593_A_review_of_international_and_national_clinical_guidelines_for_the_management_of_patients_with_endometrial_polyp

Physical examination

There are no specific clinical signs for the detection of endometrial polyps (EPS), which cannot be detected on physical examination.

When examining patients, it is necessary to adhere to general propedemetic principles and apply physical methods used in gynecological examination.

- Physical examination helps to identify risk factors and makes it possible to exclude other causes of anomalous bleeding, but not the main method of diagnosis of endometrial polyps.

Laboratory tests

No specific laboratory diagnostic methods have been developed for endometrial polyps (EPS).

Instrumental diagnostic tests

To detect endometrial polyps, the following tool examination methods are used, each with a certain level of reliability recommendations:

Transvaginal ultrasound

- The first choice to identify hyperexogenic structures with flat contours.

It is recommended as a method of choice in determining endometrial polyps in women of fertile age

To improve the quality of Accuracy, It is recommended to use color doppler, 3D-research and contrast.

Dilation and curettage (D&C)

- It is not recommended for diagnosis and treatment of endometrial polyps, since there is a risk of skipping pathology

<https://pubmed.ncbi.nlm.nih.gov/33756339/>

Sonogisterografiya

- Tavsiya etiladi, chunki polioplarning o'lchami va joylashuvini aniqlash imkonini beradi.

Simptomsiz postmenopauzadagi ayollarda poliplarni aniqlashda yuqori samarador

<https://pubmed.ncbi.nlm.nih.gov/33756339/>

Gisteroskopiya

- Diagnostikada "oltin standart", poliplarni vizualizatsiya qilish va biopsiya olish imkonini beradi.

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/03/the-use-of-hysteroscopy-for-the-diagnosis-and-treatment-of-intrauterine-pathology>

Polyyps and fertility

- Removal of endometrial polyps can increase the rate at which pregnancy occurs in women with infertility

- It is recommended to remove polyps of any size before the ECU (extracorporeal fertilization) is carried out, since their presence can reduce the likelihood of successful implantation of the embryo

- in women planning extracorporeal insemination (ECU), it is recommended to remove endometrial polyps, even when accompanied without symptoms. This improves embryo implantation and increases the rate at which pregnancy occurs

<https://pubmed.ncbi.nlm.nih.gov/15760959/>

<https://pubmed.ncbi.nlm.nih.gov/31135764/>

It is recommended to perform hysteroscopic polypectomy in women with polyps and infertility, but there are no other visible causes

<https://pubmed.ncbi.nlm.nih.gov/10469601/>

<https://www.eshre.eu/Guidelines-and-Legal/Guidelines/RIF>

- Removal of polyps does not worsen the results of subsequent ECU procedures, but the usual removal of polyps in subfertile women is not supported by current evidence

- Polyps can reduce endometrial receptivity and reduce the likelihood of embryo implantation, reducing pregnancy rates

<https://pubmed.ncbi.nlm.nih.gov/33756339/>

Prevention and dispensary monitoring

In order to reduce the risk of relapse of polyps, the usual appointment of progestagens, COC and antibacterial therapy after surgery is not recommended

Physical activity

Recommended physical downloads

In the presence of endometrial polyps, physical activity is usually not opposed and can be continued in Normal mode if the disease is asymptomatic. However, physical activity should be stopped or restricted when the following symptoms appear:

- * Anomalous uterine bleeding: if bloody discharge is felt outside the menstrual cycle or after physical activity, it is recommended to stop training and see a doctor.
- * Pain in the lower abdomen or groin area: pain sensations during or after physical loading may indicate complications related to polyps.
- General weakness or weakness: if physical activity causes excessive fatigue, dizziness or weakness, it can be associated with anemia caused by chronic blood loss due to endometrial polyps.

Restrictions after removing polyps

- Avoid intensive physical loads: it is necessary to limit physical activity, especially weightlifting and intensive training, for 2 weeks after surgery.
- Abstinence from sex: it is recommended to limit sexual intercourse for 2 weeks after surgery.
- Avoid heat treatments: you should not go to hot baths, saunas and baths for 2-3 weeks after surgery.

https://www.researchgate.net/publication/355111905_2020_WHO_Classification_of_Female_Genital_Tumors

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