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PRECANCEROUS OVARIAN DISEASES

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Abstract. Precancerous ovarian diseases include dysplasia and atypical hyperplasia, which often develop from benign growths (cysts) and are characterized by abnormal cell growth; they are asymptomatic and require regular screening, as in 80-85% of cases ovarian cancer arises from them. The main risk factors are hormonal disorders (hyperestrogenism), heredity, chronic inflammation, as well as the absence of childbirth and late menopause

Keywords: sign of Precancerous ovarian diseases, forms of Precancerous ovarian diseases, invasive types of Precancerous Ovarian diseases, treatment of Precancerous Ovarian diseases

The main precancerous conditions of the ovaries:

Dysplasia: Violation of normal maturation and cell division, detected histologically, with varying degrees of severity (mild, moderate, severe).

Atypical hyperplasia: Pathological overgrowth of the endometrium (the inner lining of the uterus), which may be a hormone-related precancerous endometrium.

Benign tumors and cysts: Such as cystadenoma, fibroma, and dermoid cysts, which can degenerate into malignant ones.

Factors that increase the risk:

Hormonal factors: Early onset of menstruation, late menopause, ovulation stimulation, absence of labor.

Heredity.

Chronic inflammatory processes of the uterine appendages (salpingo-oophoritis).

Overweight, obesity, type 2 diabetes.

Diagnostics:

Regular gynecological examinations, including cytological examination (smear) and ultrasound of the pelvic organs.

Biopsy followed by histological examination of tissue samples.

The importance of early detection:

Timely detection and treatment of precancerous conditions is the only way to prevent the development of ovarian cancer, which is often diagnosed at late stages.

A pseudomutyric cyst is a benign epithelial tumor that can reach gigantic proportions (cases have been described where the weight of the cyst reached 130 kg.)

Currently, such tumors do not occur. The inner wall surface of a pseudomucous cyst is lined with epithelial cells that secrete a substance called pseudomucin. The cyst has a pedicle

(the anatomical pedicle is the suspensory ligament of the ovary, its own ligament, part of the broad ligament).

These cysts are usually unilateral, multi-chambered. Single–chamber have a round shape, multi-chamber have a bumpy shape.

Cilioepithelial cysts (cystoadenomas).

This tumor is often bilateral, and rarely reaches the size of an adult's head. The epithelium that lines the inner surface can be in various forms of functional state: in a state of secretion and a state of proliferation. If secretion prevails, then liquid serous contents grow in the cyst cavity. Otherwise, the cyst is called serous. If proliferation comes to the fore, then the cyst looks like papillary growths (otherwise proliferating or cacillary cysts). These cysts often turn into malignant ones.

Clinic.

The development of cysts in a number of patients does not affect the general condition and is not accompanied by any painful symptoms at the beginning. A progressive increase in the volume of the tumor causes an increase in the circumference of the abdomen, abdominal pain, lower back pain, and sometimes urinary disorders and defecation may occur.

Complications:

1. Twisting of the tumor stem is quite common, especially if the tumor is mobile and small in size. Contributing factors may be lifting weights, a sharp turn of the torso. With sudden twisting, vessels and veins are compressed, and blood supply and nutrition to the tumor are sharply disrupted. There are sharp pains, nausea, vomiting, increased pulse rate. When examining the tension of the abdominal wall, there is a sharp soreness.

2. Fusion with neighboring organs (papillary cyst).

3. Breakthrough of the tumor contents into the free abdominal cavity.

4. Malignancy.

Reasons: injury, fall, careless examination by a doctor. There are symptoms of shock.

Treatment is surgical.

Precancerous diseases of the external genital organs. Kraurosis and leukoplakia of the vulva.

Definition: Kraurosis (Greek dry) and leukoplakia (Greek. white, plate) is a chronic dystrophic process of a woman's external genitalia, which occurs, as a rule, during the postmenopausal period. This pathology refers to precancerous diseases. According to various authors, cancer develops in 12.9% of patients on the background of kraurosis, and in 42.8-75% of patients on the background of kraurosis with leukoplakia.

Etiology and pathogenesis.

The pathogenesis of kraurosis and leukoplakia of the vulva is based on complex neuroendocrine and metabolic shifts with subsequent trophic disorders in the external genitalia. Hormonal changes are of a pluriglandular nature - hypofunction of the adrenal cortex, ovaries, and thyroid gland. It is not so much the estrogen deficiency itself that matters, as the inability of vulvar tissues to use the trophic effect of estrogen hormones, i.e. we are talking about a local violation of hormonal tissue reception. All nerve structures of vulvar tissues are undergoing

changes. Vitamin deficiency, especially vitamin A, and chronic urogenital infection are important predisposing factors in the development of this pathology.

Clinic.

Clinically, vulvar kraurosis is manifested by progressive atrophy of the skin and mucous membranes and subcutaneous tissue, leading to wrinkling of the labia majora and labia minora, atrophy of the clitoris, narrowing of the entrance to the vagina. The skin and mucous membranes of the vulva in kraurosis are thinned, shiny, dry, depigmented, white or waxy yellow in color, sometimes covered with dilated vessels and traces of combing.

The disease often begins gradually, unnoticed by the patient. Only the appearance of itching forces her to consult a doctor, who identifies other signs of kraurosis.

During the course of the disease, separate stages of wrinkling of the external genitalia can be noted: the stage of atrophy and the stage of sclerosis.

The stage of atrophy.

The signs of atrophy are most pronounced in the upper third of the vulva: the clitoris decreases in size, the labia minora and labia majora become thinner and flattened. In other cases, the process of puckering begins with the labia minora and only later does the clitoris become involved. The inherent whitishness of the skin and mucous membranes, from pale bluish to yellow-waxy, initially captures only certain areas of the labia minora of the clitoris and later spreads to all parts of the external genitalia, without, however, moving to the hairy part of the vulva. Some patients have a narrowing of the entrance to the vagina.

The stage of sclerosis.

Atrophy and sclerosis of the tissues of the external genital organs are most pronounced. The clitoris and labia minora are practically undetectable. Only the labia majora, in the form of flattened folds covered with thinned epithelium and sparse hairs, limit the sharply narrowed entrance to the vagina. As soon as the external opening of the urethra narrows, its mucosa often protrudes from the lumen in a polypoid manner. Reticular, immiscible skin and mucous membranes with thinned spots, roughened epithelium, rupture at the slightest tension.

Classification.

The classification of the vulvoscopic picture of the vulva can be used:

1.benign hypertrophic, atrophic and inflammatory changes of the vulva;

2.antipic epithelium (leukoplakia, the basis of leukoplakia, fields, iodine-negative areas, erythroplakia);

3. vulvar cancer.

Examples of diagnostic formulations:

1. itching of the vulva;

2. vulvar kraurosis (stage of sclerosis);

3. leukoplakia of the vulva.

Differential diagnosis should be carried out with neurogenic itching of the vulva, neurodermatitis, sclerotic and atrophic, lichen planus, vitiligo, diabetes mellitus.

The treatment of kraurosis and leukoplakia is well described by L.K.Malyshev and I.F.Fatkullin (1995):

Treatment of kraurosis requires a lot of patience from the patient and from the doctor. The recommended diet is predominantly dairy-vegetarian, vitamin-rich (vitamins A, C, PP) with the exception of spices, strong tea, coffee, smoked meats, alcohol, and smoking. It is necessary to avoid overheating in bed, wearing closely fitting underwear, especially made of synthetic and woolen fabrics. Soap, manganese solution, boric acid and other irritating and drying substances should not be used for washing. For these purposes, you can use boiled water with the addition of chamomile, sage, calendula or baking soda.

Topical treatment is widely used:hydrocortisone or prednisone ointment, fluorocort, sinalar, locacorten, lorinden, etc.A good effect is obtained when applying the following ointment: Synoestroli 0.01, Testosteroni 5% - 2.0, Progesteroni 0.1, Em, hydrocortizoni 4.0, Vit.A - 2000 UNITS, Vit.E - 1000 UNITS, Zanolini 20.0.

When an infection develops, creams and vaginal balls Dalikin, Polizhinax, and Yenamazoles are recommended.

Hormone therapy is one of the most effective treatment methods. Hormone doses and medications must be individually selected by a gynecologist. Klimen, klimanorm and other estrogen-progestogenic drugs can be used. Ovestin, containing only estriol without a gestogen component, is successfully used topically in the form of a cream and orally in tablets of 1-2 mg per day. Sedatives (valerian infusion, motherwort herb, trioxazine, seduxene, diphenhydramine, pi-polfen, etc.), psychotherapy, acupuncture, ultrasound, hydrocortisone phonophoresis, homeopathic medicines are prescribed. Darsonvalysis, laser therapy, alcohol-novocaine blockades can be used. In the absence of the effect of conservative therapy, surgical methods of treatment (subcutaneous paravulvar denervation or vulvectomy) are resorted to.

Interaction of the doctor with other specialists in the treatment and diagnostic process:

- after excluding diabetes mellitus, candidiasis, trichomoniasis, vitiligo, neurodermatitis, lichen planus, helminthic invasion, the patient should be referred for treatment and follow-up to a gynecologist.

References.

1. Saodat, A., Vohid, A., Ravshan, N., & Shamshod, A. (2020). MRI study in patients with idiopathic cokearthrosis of the hip joint. *International Journal of Psychosocial Rehabilitation*, *24*(2), 410-415.
2. Axmedov, S. J. (2023). EFFECTS OF THE DRUG MILDRONATE. *Innovative Development in Educational Activities*, *2*(20), 40-59.
3. Jamshidovich, A. S. (2023). ASCORBIC ACID: ITS ROLE IN IMMUNE SYSTEM, CHRONIC INFLAMMATION DISEASES AND ON THE ANTIOXIDANT EFFECTS. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, *3*(11), 57-60.
4. Jamshidovich, A. S. (2023). THE ROLE OF THIOTRIAZOLINE IN THE ORGANISM. *Ta'lim innovatsiyasi va integratsiyasi*, *9*(5), 152-155.
5. Jamshidovich, A. S. (2023). HEPTRAL IS USED IN LIVER DISEASES. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *35*(3), 76-78.

6. Jamshidovich, A. S. (2023). EFFECT OF TIVORTIN ON CARDIOMYOCYTE CELLS AND ITS ROLE IN MYOCARDIAL INFARCTION. *Gospodarka i Innowacje.*, *42*, 255-257.
7. Jamshidovich, A. S. (2024). NEUROPROTECTIVE EFFECT OF CITICOLINE. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, *4*(1), 1-4.
8. Jamshidovich, A. S. (2024). THE ROLE OF TRIMETAZIDINE IN ISCHEMIC CARDIOMYOPATHY. *Journal of new century innovations*, *44*(2), 3-8.
9. Jamshidovich, A. S. (2024). ВСЕ ЭФФЕКТЫ ПРЕПАРАТА ИМУДОН. *TADQIQOTLAR*, *31*(2), 39-43.
10. Jamshidovich, A. S. (2024). SPECIFIC FEATURES OF THE EFFECT OF THE HEPARIN DRUG. *TADQIQOTLAR*, *31*(2), 34-38.
11. Jamshidovich, A. S. (2024). ЭФФЕКТИВНОЕ ВОЗДЕЙСТВИЕ ПРЕПАРАТА КЕЙВЕР. *Ta'lim innovatsiyasi va integratsiyasi*, *15*(3), 137-143.
12. Namozov, E. (2024). КЛИНИКО-МОРФОЛОГИЧЕСКИЕ ФОРМЫ РАКА МОЧЕВОГО ПУЗЫРЯ. *Modern Science and Research*, *3*(12), 911-914.
13. Namozov, E. (2024). ОПУХОЛИ ПОЧЕК. *Modern Science and Research*, *3*(11), 884-886.