

Chronic Endometritis in Women with Reproductive Function Pathology

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ABSTRACT

The rate of endometritis among gynecological pathologies in women of childbearing age is associated with a large variability in the number of observations, morphological examination of the diagnosis, differences in the contingent of patients, and a large variability of the analyzed materials. Despite the expansion of the pharmacological base, endometritis, clinical signs and symptoms depending on the treatment can differ significantly, doctors face certain difficulties with the diagnosis and treatment of the disease in practice. This is explained by the characteristics of endometritis in modern conditions: drug resistance of pathogenic microorganisms, mutation of the etiological structure of the disease with the growth of viral flora, and long-term treatment.

Endometritis is a clinical and morphological syndrome characterized by a complex of changes in the endometrium of inflammation, which leads to a violation of the "receptive" ability and conversion of tissues. The disease causes women's fertility, menstrual dysfunction, fetal development anomalies, and infertility. At the same time, the effectiveness of endometrial therapy does not exceed 60-68%.

Acute endometritis: symptoms and treatment

The main inflammatory process that did not go outside the uterus develops as a result of the rise along the cervical channel of the infectious intelligence. In most cases, bacteria enter the endometrium by breaking the integrity of the cervical barrier - during abortion, scraping of the body of the uterus and mucous membrane, intestinal obstruction and other interventions.

Normal endometrium scheme

Symptoms of acute endometritis:

sudden increase in temperature;

pains in the lower abdomen, coldness;

purulent discharge from the genital tract.

Diagnostic measures:

collection of anamnesis (presence / presence of intrauterine intervention, necrosis of the mucous membrane);

gynecological examination (reveals an enlarged uterus);
bacteriological studies (identifies types of microbial flora);
Ultrasound examination of organs from abortion;
laparoscopy (allows to conduct additional examinations, exclude other surgical pathologies);
endometrial biopsy.

Consultation with a doctor about endometritis

Treatment and prognosis

Acute endometritis absolutely requires antibiotics. The inflammatory process affects the basal layer of the endometrium due to infection with nonspecific / specific pathogens. The protective resources of the endometrium are directly related to the influence of sex hormones and are considered to "work" together with the population of cells that neutralize harmful particles. With the onset of menstruation, this barrier disappears, which causes an infection of the mucous membrane. The treatment regimen includes antibiotics and physiotherapy. The prognosis is positive: with adequate and timely treatment, full recovery will take place in 7-10 days.

Chronic endometritis: symptoms and treatment

Chronic endometritis is a disease in which secondary functional changes occur due to prolonged infectious diseases of the endometrium, which disrupt the state of the receptors and the conversion of the uterine body. In 95% of cases, ChE is exogenous, caused by microorganisms, sexually transmitted, and appears after intrauterine manipulation. 5% of the disease develops as a result of infection from the extragenital center with a lymphogenous, hematogenous, decreasing method. Separation of non-specific and specific features caused by Mycoplasma, fungi, bacteria, viruses, chronic endometritis.

IVF pre-screening program

Patients with a medical history of embryo implantation failure/insufficiency should undergo pregravid preparation (preparation for pregnancy), which includes preventive, diagnostic and therapeutic measures. After the initial shot, the efficiency of the first IVF attempt on the background of endometritis is on average 45-50%.

Test steps:

Ultrasound examination of the uterus / tumors, bacteriological analysis of sputum from the uterine cavity and discharge from the cervix;

dopplerometric test of appendages and uterus, along with determination of blood flow in the pelvic region;

assessment of immune status;

determining the level of hormones of the pituitary gland, thyroid gland; sex hormones;

Morphological assessment of biopsy material for pathology negligence.

Features of IVF in the endometrium

Hormonal support for 3-5 months. Medicines are selected taking into account laboratory tests and the age of the woman. It allows to restore the sensitivity of uterine receptors to hormonal effects:

Women with a normal thickness of the endometrium (8 millimeters or more) and normal blood flow in the basal arteries are prescribed 10 mg of Dydrogesterone twice a day. Treatment course - 10 days (period from 16 to 25 days);

Patients with low endometrial thickness are prescribed Femiston once a day (28-day course) or emergency treatment with hormones (Estradiol + Dydrogesterone);

the history of women who prescribe a course of metabolic treatment and acupuncture to reduce bleeding in veins with a decrease in the thickness of the endometrium.

Blood flow disorders require appropriate treatment with approved anticoagulants, antiplatelets, and phylotonic agents.

In the presence of pathogenic flora in the uterus, antiviral and antibacterial drugs are prescribed.

Due to the failure of the immune system, immunomodulatory treatment is performed.

Specify physiotherapy methods that stimulate blood flow and increase local immunity.

Endometritis, these symptoms and treatment often depend on the severity of the clinical presentation - a serious and logical disease that causes infertility and depression. Late diagnosis, incorrect treatment regimen can lead to the formation of an infected infection, so at the first warning signs, immediately consult a doctor and start therapy.

Violation of menstrual function. The presence of a persistent inflammatory center in the small pelvis causes malfunction of the menstrual cycle in 50-60% of patients - it is manifested by amenorrhea, algodismenorrhea, oligomenorrhea. The most frequent complaints are intermenstrual and detection of contact, many months, constant pelvis;

abdominal pain, abnormal uterine bleeding;

disorders of the gastrointestinal tract. Disturbance in bowel movements, constipation, bloating, darkness, loss of appetite;

flu-like conditions. Fever, fever, body aches, general malaise.

Chronic endometritis: symptoms and treatment, diagnosis

The diagnosis of chronic endometritis is based on the analysis of the patient's history, clinical symptoms, morphological examination of the endometrium, which is performed on the 7-10th day of the cycle.

Criteria for morphological diagnosis of chronic endometritis:

inflammatory infiltrates consisting of lymphoid components located around blood vessels and glands, less common. It looks like normal follicles and is located in all segments of the functional layer;

presence of plasma cell material;

limitation of the stroma, formed by a long-term inflammatory process, which in some cases forms large excited areas;

sclerotic deformation of the walls of the spiral arteries of the tissues that appeared against the background of severe symptoms and continuous continuous flow of endometritis.

Traditional treatment

The gold standard in the treatment of ChE is a stepwise approach aimed at eliminating the causes of inflammation and eliminating the consequences of the inflammatory process, including elimination of tissue ischemia, secondary damage, restoration of the receptor apparatus, and elimination of local hemodynamics in the endometrium. A complex scheme should be justified in terms of pathogenesis and etiology and should be based on the results of a detailed examination.

Stages of therapy CHE:

Destruction of the harmful agent or reduction of viral activity. Antimicrobial treatment ensures the removal of a large number of pathogenic organisms, including trichomonads, chlamydia, streptococci, gonococci and viruses. In some cases, doctors conduct several sessions with a change of drug groups depending on the results of the microbiological examination of the patient's body, the stage of the inflammatory process and the characteristics of the clinical presentation. In addition, the correction of immune deficiency is also carried out.

Drugs: a combination of nitroimidazoles (metronidazole, ornidazole) and fluoroquinolones (Ciprofloxacin, Ofloxacin, Levofloxacin), a combination of macrolide-protected penicillins (Spiramycin, Roxithromycin). If there is a viral infection, nucleoside analogues are used (Valtrex, Acyclovir).

Morphofunctional potential of the endometrium and elimination of the consequences of pathological damage: restoration of metabolism, efficiency and hemodynamics of tissue receptors. Patients with clear disorders of reproductive function are additionally used in staged hormone therapy designed to increase the probability of implantation.

Drugs: metabolic drugs (Actovegin)

Physiotherapy: magnetotherapy, electropulse treatment.

The main criterion of successful treatment: significant reduction of infectious intelligence activity, elimination of clinical manifestations of the disease, restoration of solution and morphological structure of the tissue, restoration of fertility.

Endometritis and Endometriosis: What's the Difference?

Despite the similar names, endometriosis and endometritis are completely different diseases. According to its characteristics, endometriosis is similar to malignant neoplasms, the etiology of immunity in the endometrium is not related to inflammatory processes, they differ from clinical and laboratory diagnostic data.

The main differences

Endometriosis is the formation of benign nodules similar to the lining of the uterus. Vegetation occurs against the background of hormonal anomalies located in the pelvic region - from the uterus and ovaries to urine and intestines. The pathogenesis of the disease has not been fully determined, doctors believe that endometriosis is a defect in the immune system. Due to immune disorders, the endometrium becomes thin. Endometritis is an inflammatory process of the uterine membrane of infectious origin, which leads to endometrial hyperplasia.

During menstruation with endometriosis, the traditional mucous membrane is rejected, endometrial cells enter the fallopian tubes along with the blood flow, settle and divide, "building" new tissues located near the endometrium. A node appears - endometriosis is developing. The generalization of the pathological process aggravates the situation: the number of nodes in geometric progression increases, the thickness of the endometrium dissolves. With endometritis, due to a significant increase in the thickness of the uterine membrane, the cyclicity of the menstrual cycle is turned off. The shell is dissolved and restored to parts with a regular blood flow.

Endometritis: in the center of inflammation there is no possibility of normal implantation of the embryo in the endometrium.

Endometriosis: A weakened endometrium loses its ability to accommodate and hold an embryo. Spread over the entire pelvic area, the nodes indicate that they are ready to "receive" the fetus, which leads to a complete balance in the body's systems.

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