

PROBLEMS OF UTEROPERITONEAL INFERTILITY: PREVALENCE AND MODERN TREATMENT METHODS

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Infertile marriage in a family occupies a major place in medical and everyday problems. Currently, various algorithms have been developed for the diagnosis and treatment of infertility. Caused by complications in connection with the use of additional reproductive technologies, many experts currently agree that the optimal method of treating tubo-peritoneal infertility is the use of microsurgical reconstruction. A step-by-step examination of an infertile family, aimed at restoring reproductive activity, is considered one of the main criteria for pregnancy. In women with infertility, the first stage is etiopathogenetic treatment aimed at destroying the infection that caused inflammation of the pelvic cavity due to infection of the genital organs. It consists of general and local treatment. At the third stage, methods of surgical intervention on the fallopian tubes are considered appropriate - peritoneal infertility - laparoscopy with chromosalpingoscopy, laparotomy aimed at restoring their patency in cases of intracanalicular closure depending on the fallopian tubes, microsurgical operations. (salpingolysis, fimbrioplasty, salpingostomy, salpingostomatoplasty and salpingosalpingonastomosis). According to the findings of many literature sources, the incidence of scar formation after gynecological surgical interventions is 55-100%, which mainly depends on the different approach to assessing the process during the procedure, the level of severity of the procedure, lack of technical support, the surgeon's sleep and various other factors. Hysteroscopy and laparoscopy are standard examination methods for diagnosing infertility. An analysis of the literature of recent years shows that currently the treatment of tubal infertility is carried out by two methods: surgical practice and modern additional reproductive technologies, however, there are a number of complications of reproductive technologies - severe ovarian hyperstimulation syndrome is 0.25. -2%; polyps account for up to 25%, malformations and ectopic pregnancy - 1-13%. Unsuccessful results of reconstructive plastic surgery on the fallopian tubes lead to damage to the epithelium of the fallopian tube, scarring inside the fallopian tube, shortening the length of the fallopian tube and, as a consequence, a violation of the relationship between the fallopian tube and the ovaries. According to the conclusion of other authors, scars appear after surgical operations on the fallopian tubes. After microsurgical operations using the generally accepted technique for recanalization of the fallopian tubes, it is ineffective, however, after surgical intervention (suturing the fallopian tube with a special method), performed for infertility caused by

intracanalicular damage to the fallopian tubes, no scars remain on the fallopian tube, transport and contractile, evacuation functions of the fallopian tube the pipes are not broken. The probability of pregnancy with this method is 33.3% in the first 6 months after the procedure and 69.6% within a year. Scarring processes in the abdominal cavity cause specific discomfort and cause both protective and pathological changes. Measures aimed at eliminating these processes are still relevant. The use of anti-scar drugs, endovideosurgical and microsurgical technologies included in the treatment algorithm for uteroperitoneal infertility helps patients further shape their reproductive state and achieve the expected pregnancy by reducing repeated scar processes.

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