ENDOMETRIOZ FENOTIPLARIDA TUXUMDON ZAXIRASI VA ULTRATOVUSH-DOPPLER KO‘RSATKICHLARINING KLINIK-DIAGNOSTIK XUSUSIYATLARI

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Annotatsiya.

Dolzarbligi. Endometrioz reproduktiv yoshdagi ayollarda keng tarqalgan surunkali ginekologik kasallik bo‘lib, reproduktiv funksiyaning buzilishi va bepushtlik bilan bog‘liq. Kasallikning peritoneal, tuxumdon, chuqur infiltrativ va aralash fenotiplari klinik-anatomik jihatdan farqlanadi. Shu sababli reproduktiv salohiyatni baholashda kasallik fenotipini hisobga olgan holda kompleks diagnostik yondashuv muhimdir. Tuxumdon zaxirasini baholashda anti-Müller gormoni (AMH) va antral follikulalar soni (AFC), ultratovush tekshiruvida esa morfologik va gemodinamik ko‘rsatkichlar muhim ahamiyatga ega. ESHRE tavsiyalarida endometriozni diagnostika va boshqarishda zamonaviy tasvirlash usullaridan foydalanish muhim o‘rin tutadi.

Maqsad. Endometriozning turli fenotiplarida tuxumdon zaxirasi, tuxumdon va bachadon arteriyalari hamda endometriyning ultratovush-Doppler ko‘rsatkichlarini o‘rganish va ularning klinik-diagnostik ahamiyatini baholash.

Materiallar va usullar. Tadqiqotga endometrioz bilan bog‘liq bepushtlik tashxisi mavjud bo‘lgan 34 nafar bemor jalb qilindi. Bemorlar klinik-anatomik va ultratovush belgilariga ko‘ra yuzaki/peritoneal endometrioz — 9 nafar (26,5%), tuxumdon endometriozi — 9 nafar (26,5%), chuqur infiltrativ endometrioz — 8 nafar (23,5%) va aralash fenotip — 8 nafar (23,5%) guruhlariga ajratildi. Barcha bemorlarda transvaginal ultratovush va rangli Dopplerografiya yordamida tuxumdonlarning morfologik xususiyatlari, tuxumdon hajmi, AFC, endometriy qalinligi hamda tuxumdon va bachadon arteriyalarining gemodinamik ko‘rsatkichlari baholandi.

Natijalar. Uterin arteriya Doppler ko‘rsatkichlari yuzaki/peritoneal endometriozda PI 1,42±0,18, RI 0,69±0,05 va S/D 3,25±0,42 ni tashkil etdi. Tuxumdon endometriozida mos ravishda 1,58±0,21; 0,73±0,06 va 3,68±0,51,

chuqur infiltrativ endometriozda 1,71±0,24; 0,76±0,05 va 4,02±0,56, aralash fenotipda esa 1,76±0,22; 0,78±0,05 va 4,15±0,48 bo‘ldi. Shunday qilib, endometriozning chuqurroq va kengroq tarqalgan fenotiplarida uterin arteriyalarda qon oqimiga qarshilik ko‘rsatkichlari yuqoriroq bo‘ldi. Ovarial arteriyalarda ham fenotiplar bo‘yicha bosqichma-bosqich o‘sish tendensiyasi kuzatildi. Yuzaki/peritoneal endometriozda PI 1,18±0,16, RI 0,62±0,05 va S/D 2,74±0,38 bo‘lgan bo‘lsa, tuxumdon endometriozida 1,36±0,19; 0,68±0,05 va 3,18±0,44, chuqur infiltrativ endometriozda 1,47±0,20; 0,71±0,05 va 3,42±0,47, aralash fenotipda esa 1,54±0,21; 0,73±0,05 va 3,58±0,51 ni tashkil etdi.

Endometriy qon oqimi ko‘rsatkichlari endometrioz guruhida shartli normal guruhga nisbatan yuqori bo‘ldi: PI 1,46±0,21 ga qarshi 1,12±0,15; RI 0,68±0,05 ga qarshi 0,58±0,04; S/D 3,05±0,42 ga qarshi 2,38±0,29. Endometriy tomirlanish darajasi esa 72,4±8,3% dan 54,7±9,1% gacha kamaygan. Ushbu farqlar tadqiqot jadvalida $p<0,001$ sifatida ko‘rsatilgan.

Xulosa. Endometriozning turli fenotiplarida uterin va ovarial arteriyalarning Doppler ko‘rsatkichlari o‘zgarib, chuqur infiltrativ va aralash fenotiplarda qon oqimiga qarshilik ko‘rsatkichlari yuqoriroq bo‘ldi. Endometriyda esa PI, RI va S/D ko‘rsatkichlarining oshishi hamda tomirlanish darajasining pasayishi kuzatildi. UZI-Doppler ko‘rsatkichlarini klinik ma’lumotlar va B-mode ultratovush belgilariga qo‘shib kompleks baholash endometrioz fenotiplarini tavsiflash va reproduktiv salohiyatni baholashda qo‘shimcha diagnostik imkoniyat yaratishi mumkin.

Kalit so‘zlar: endometrioz, endometrioz fenotiplari, bepushtlik, tuxumdon zaxirasi, AMH, AFC, transvaginal ultratovush, Dopplerografiya, uterin arteriya, ovarial arteriya, endometriy, reproduktiv salohiyat.

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