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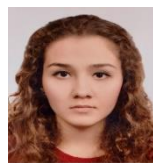
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SECTION 20. Medicine.

INFLUENCE OF AGE, ACCOMPANYING DISEASES AND ALSO HIGHLY TREATED TREATMENT AT FREQUENCY OF FREQUENCY OF POSTOPERATIVE COMPLICATIONS AFTER HYSTERECTOMY CONDUCTED

Abstract: *Hysterectomy is a complete one (extirpation) or partial removal of the uterus (amputation). This operation is performed in malignant tumors of the uterus, cervix or ovary and in some cases with such diseases like an uterine myoma, endometriosis, etc. Hysterectomy is indicated for benign and malignant tumors of the uterus, cervix and ovaries. This article considers the influence of age, concomitant pathology, timely diagnosis and treatment on the incidence of postoperative complications after hysterectomy in patients with oncopathology. The study was conducted on the basis of the Regional Oncology Dispensary No. 1 in Krasnodar. The age of the patients varied from 24 to 80 years. Patients underwent extirpation of the uterus and appendages or Wertheim surgery. A histological study was performed. The diagnosis was based on the received histogram.*

Key words: *hysterectomy, endometrial hyperplasia, cervical cancer, uterine cancer, atypical endometrial hyperplasia*

Language: *English*

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Introduction

Endometrium is the internal mucosa of the uterus body. Hyperplasia of the endometrium is characterized by an overgrowth of this envelope. Nowadays this pathology is very common and occurs in all age categories [1]. Myoma is the next most common disease among women. Myoma of the uterus is a

benign and hormone-dependent tumor [2,9]. According to Kichigin O.V. Et al. (2013) the main risk factors for the development of uterine fibroids are: early age of 1 birth, abortion, arterial hypertension and hereditary predisposition [3]. Cervical cancer is a malignant neoplasm that occurs in the cervix. The main factors of its development include early onset of sexual activity,

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early pregnancy, frequent change of sexual partners, smoking, infectious diseases, sexually transmitted diseases. However, undoubtedly the most important etiologic factor is the papilloma virus infection. In the structure of female oncology the cancer of the cervix takes the leading position. According to WHO, the human virus causes up to 500,000 new cases of cervical cancer every year in the world of papilloma and about 240,000 women die each year from this disease. The prevalence of cervical cancer ranks second after breast cancer [4, 10]. Cancer of the uterus body is also called endometrial carcinoma because the pathological process develops in the epithelial layer of the uterus. In the opinion of Yu.S. Sidorenko and colleagues (2004), the incidence of uterine body cancer is progressively increasing every year [5]. Atypical hyperplasia is a fairly broad concept that includes the entire variety of forms of the hyperplastic mucous membrane of the uterus, located in the middle between carcinoma and benign endometrial hyperplasia. Atypical hyperplasia recognition is possible only on the basis of histo-response [6, 11]. The glandular hyperplasia of the endometrium is called too strong, excessive proliferation of glandular tissue of the endometrium. It is important to differentiate it from glandular-cystic hyperplasia, containing razor-widened glands [7, 12].

Hysterectomy is used in the case of benign and malignant tumors of the uterus, cervix and ovaries. The number of hysterectomies has recently increased by ~ 5.7% [8].

Object

Studying the influence of age and concomitant pathology on the incidence of postoperative hysterectomy's complications

Materials and methods

The study was carried out on the basis of State budgetary healthcare institution regional oncology clinic No.1. We analyzed 3160 case histories of the gynecological department from 2016 and selected 73 ones.

Results and discussion

Age varies from 24 to 80 years (median is 53.0). The uterus extirpation or the Wertheim surgery were done to the patients. The diagnosis was made on the basis of the received histo-response - 1. The endometrial hyperplasia was observed only in two age groups, namely 60-69 (2.74%) and 50-59 (1.37%) years; 2. Uterine fibroids were presented in almost all age groups: 60-69 years (1.37%), 40-49 years (6.85%), 70-79 (4.11%), 50-59 (9.59 %), 30-39 (5.48%), excepting the patients entering the age group of the youngest in this sample age (20-29) and patients whose age was between 80 and 89 years, 3. cervical cancer

was encountered in all age groups excepting the patients aged from 70 to 89 years: 60 - 69 (5.48%), 40 - 49 (2.74%), 50 - 59 (6.85%), 30 - 39 (15.07 %), 20-29 (2.74%), 4. Uterine cancer was presented in all age groups, excepting 20-29 years: 60-69 (17.81%), 40-49 (6.85%), 70-79 (4.1 %), 50-59 (9.59%), 30-39 (5.48%), 80-89 (1.37%); 5. Atypical endometrial hyperplasia was noted in the only one case (the patient is 70 - 79 years old- 1.37%). 6. Adenomatous polyps of the endometrium occurred in a single case in the age category 40-49 (1.37%); 8. The glandular hyperplasia of the endometrium was also noted in a single case at the age of 40 - 49 (1.37%) years; 9. Cervical dysplasia in 1.3% of cases at the age of 50 - 59 years; 10. Uterine fibroids of large size: were presented by the single case at the age of 30-39 years (1.37%) 11. Uterine leiomyoma: 40-49 years old (1.37%). The treatment was carried out by primary tension. The patients were discharged on the 10th - 14th day.

Complications after hysterectomy: the greatest number of complications (12, 43%) was observed in patients belonging to the age group 60 - 69 years (14). Complications after extirpation of the uterus and appendages were presented in 15.71% (11) cases and after the Wertheim surgery in 1.37% (1) cases. The presence of postoperative complications of patients after hysterectomy in all the observations combined with the presence of some concomitant extragenital pathology: diabetes mellitus - 21, 43% (3), hypertension - 28, 57% (4), diabetes mellitus in combination with hypertension - 21, 43% (3), there were also some isolated cases of a combination of disorders of carbohydrate metabolism and disorders of the gastrointestinal tract and the cardiovascular system. The volume of postoperative complications presented 5.5% (4) in the group of patients from 60 to 69 years and 4.1% (3) in the group of 70-79 years. The overwhelming number of patients had postoperative complications in the age group from 60 to 69 years. The patients of the group of 70-79 years old had the complications in 6.81% of cases (5), at the age of 50-59 years- in 9.59% of cases (7) and in the age group from 80-89 in 1, 37% of cases (1) . Concomitant pathology was combined with the presence of postoperative complications in 85.71% (12) cases

Conclusions

- 1) The highest age leads the higher number of postoperative complications.
- 2) Some comorbid conditions in the anamnesis cause the increase of postoperative complications.
- 3) The proper and timely detection and treatment of neoplasms allows to avoid a lot of postoperative complications and improve the women's quality of life.

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