CURRENT VIEWS ON THE PATHOGENESIS, DIAGNOSIS, TREATMENT OF UTERINE MYOMAS

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Annotation. This thesis considers various approaches to the treatment of patients with uterine myoma, including organ-preserving methods. The analysis of the literature data allowed us to conclude that it is advisable to further study the effectiveness of focused ultrasound (FUS) ablation as a therapy method. This is due to the high interest of patients in uterine preservation and the desire of most of them to maintain reproductive function.

Keywords: uterine myoma, focused ultrasound ablation, organ-preserving treatment, reproductive function.

Introduction. Uterine myoma is the most common benign neoplasm of the uterus, with an estimated incidence of 20-40% of women of reproductive age [1, 2]. The disease is most often diagnosed in patients over 35 years of age, with the age range of 35-55 years covering up to 90% of all cases. At the same time, myoma is extremely rare in women younger than 20 or older than 70 years of age. In recent decades, there has been an increase in the frequency of myoma diagnosis during the period of childbearing, due to social trends to postpone pregnancy. The proportion of patients who underwent surgical intervention for uterine myoma in gynecological hospitals ranges from 41-74% [3].

The issues of uterine myoma treatment remain topical both in the world and in domestic gynecological practice. In cases of pronounced clinical symptoms or significant node size, radical surgical intervention is considered justified. However, the high frequency of hysterectomies, as well as the choice of tactics for the management of patients with asymptomatic forms of uterine myoma, remains debatable.

Currently, the method of "complex conservative management" of patients with uterine myoma, proposed by V.I. Kulakov in 1997, is widely used. This approach involves a combination of early surgical intervention with minimization of surgical trauma and chemical myomectomy, which contributes to the restoration of reproductive function in the majority of patients. However, conservative plastic surgeries remain relatively rare: over the last 30-40 years their frequency does not exceed 10-12% of cases [4].

At the same time, among women who underwent surgical treatment of uterine myoma, every fourth woman is under 40 years of age. This makes it urgent to search for organ-preserving surgical methods for patients of reproductive age. Despite the development of minimally invasive technologies, surgery is still considered the most effective method of uterine myoma treatment. The introduction of endoscopic methods has significantly expanded the possibilities of operative gynecology.

The current trend in the surgical treatment of gynecological diseases is towards functionally sparing interventions, including patients with uterine myoma [5]. One of such method is conservative myomectomy, which involves the removal of myomatous nodes with

the preservation of the uterus and its functions. This operation allows young women to preserve the possibility of childbearing in the future [6].

The main goal of surgical treatment of uterine myoma is to preserve and restore reproductive function, allowing patients to successfully fulfil fertility plans after myomectomy. Studies confirm that this method improves the likelihood of pregnancy and successful pregnancy in women with uterine myoma, complicating fertility [7].

Nevertheless, there are still unresolved issues concerning the technique of surgery, the optimal location and direction of the uterine incision, the choice of suture material, and the conditions necessary for the formation of a complete scar. The recovery of generative function after myomectomy, according to various studies, ranges from 5% to 69%. According to literature sources, the probability of pregnancy after organ-preserving surgery is 30-50%, which means that every second or third patient has a chance to conceive. Higher rates of natural fertility in the first year after surgery are observed in women with a single myomatous node [8].

Currently, hormone therapy is not considered as an independent method of uterine myoma treatment. The main principle of its use is to block the stimulating effect of steroid hormones, such as estradiol and progesterone, on tumor cells [16]. Antihormonal drugs, in particular gonadotropin-releasing hormone (GnRH) agonists, are used mainly at the preparatory stage before the main treatment. This therapy causes pronounced hypoestrogenism similar to the state of menopause, which contributes to a reduction in the size of myoma and uterus by about 50%, as well as the elimination of menorrhagia due to the development of amenorrhoea [17].

To date, the effectiveness of conservative methods of uterine myoma treatment remains insufficient. In this regard, despite the complex multifactorial nature of fertility disorders, surgical intervention remains the main method of therapy in women of reproductive age. According to research data, up to 70% of patients with this disease undergo surgical treatment. It is noteworthy that among all surgical interventions, radical operations account for a significant proportion, the frequency of which varies between 60.9-95.3%.

Conclusion. Despite the long history of study, the problem of uterine myoma treatment in women of reproductive age continues to be relevant for domestic and foreign medicine. This is due to the high prevalence of this disease among benign tumors of the female reproductive system. Given the desire of most patients to preserve the uterus and reproductive function, it is of particular interest to study the efficacy of focused ultrasound (FUS) ablation in the treatment of uterine myoma. This method requires further research to evaluate its capabilities and optimize treatment tactics.

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