

MORPHOLOGICAL ASPECTS OF GROWTH OF THE PLACENTA COVER ON THE SURFACE OF THE UTERUS MYOMETRIUM

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Relevance. The relevance of studying placental abruption is due to the fact that every year pregnant women with this diagnosis suffer from massive bleeding loss, which can lead to a long recovery period after surgery, loss of reproductive capacity during hysterectomy, or in severe cases, death of the woman. Placental abruption is a histopathological term for an abnormal attachment of the placenta to the uterine wall, which means that the placenta does not completely or partially separate from the uterine wall.

Research objective: to determine the morphological aspects of the growth of the placental shell to the myometrial surface of the uterus.

Materials and methods: Uteruses removed from 14 women in maternity hospitals in Samarkand due to uterine atony caused by the growth of the placenta into the myometrium were studied at the Department of Pathological Anatomy of the Multidisciplinary Clinic of Samarkand State Medical University. Morphological and morphometric changes in the structures of the uterine myometrium were examined using macroscopic, microscopic, morphometric and statistical methods. Histological sections were stained with hematoxylin-eosin.

Results and discussion: The results of the research conducted show that, Of the 14 women, 7 had stage III pregnancy and stage III delivery, most of whom had intrauterine infection, 4 had stage IV pregnancy and stage III delivery, no additional diseases were identified in their anamnesis, and the remaining 3 had stage V and VI deliveries, and their anamnesis was treated for chronic endometritis and glandular hyperplasia of the endometrial layer of the uterus. Microscopic examination of histological preparations prepared from the removed uterus revealed adhesion of the placental membrane to the surface of the uterine myometrium, engorgement of myometrial blood vessels in this area, intermuscular edema and hemorrhages. Also, hydropic dystrophy in the cytoplasm of myocytes, karyopycnosis and karyorrhexis in the nucleus were detected. The walls of the blood vessels located in the myometrial layer were swollen, collagen fibers were fibrillar and swollen. In the intima layer of blood vessels, hydropic dystrophy in the cytoplasm of endotheliocytes, karyopyknosis in the nucleus, karyorrhexis and karyolysis in the nucleus of some endotheliocytes are noted. It is determined that sclerotic processes have developed in the wall of most blood vessels. Chorionic villi of the placenta attached to the myometrial surface are thickened, swollen, and proliferation of fibrous tissue cells is observed. In addition, deposition of intervilli fibrin, fibrinoid necrosis, obvious fibrosis of villi, thrombosis of small blood vessels are determined. Fullness of placental decidual membrane and signs of weak infiltration of erythrocytes (deciduit) are determined.

Conclusion: Thus, the development of sclerotic changes in both placental tissue and myometrial structures is observed during the adhesion of the placental membrane to the myometrial surface. To prevent these conditions, it is necessary to ensure that women of reproductive age undergo timely medical examinations.

Oydalanilgan adabiyotlar ro'yxati:

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