

INNOVATIVE TECHNOLOGIES FOR THE TREATMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA OF THE CERVIX

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Relevance. WHO identifies as countering cancer mortality such main directions as – prevention, screening and early diagnosis of precancerous diseases and early stages. Conditions of the cervix that exist for a long time against the background inflammatory processes, belong to the risk group for the occurrence precancer. It must be remembered, that the ablation technique can be applied only if the transformation zone is completely visualized during colposcopy, there is no malignant invasive process and atypia of the glandular epithelium of the canal and there is no discrepancy in the data of cytological and histological studies. An important factor is the adequate treatment of this pathology. When taking a biopsy, excision or conization of the cervix, autopsy retention cysts, surgical treatment of ectropion, removal various neoplasms of the cervix, vagina or vulva, very important are the safety of electrosurgical technology, regulation the depth of tissue burn injury and cosmetological effects. Thus, the issues of correct choosing a method of coagulation or ablation of the affected areas of the cervix, especially in women with ongoing fertility.

The purpose of this study was to study the comparative efficacy and safety of argon plasma coagulation and other methods of destruction of pathological foci of the cervix with benign background and precancerous processes.

Materials and methods. The object of the study was 67 women reproductive age with various pathologies of the cervix. V the main group included 37 patients, in whose treatment was used radio wave biopsy and argon ablation. In the treatment of 30 women traditional diathermoelectrocoagulation was used using apparatus K57. Radio wave biopsy and argon plasma coagulation procedures were carried out on the "Fotek EA-141" in the first phase menstrual cycle – 5-9 days. Ablation was performed under the condition complete colposcopic visualization of the transformation zone and absence of discrepancy between the data of the conducted surveys. For this, an argon plasma flow was used in the "Spray" mode and power of 36–38 W (soft, smooth argon plasma ablation). Anesthesia was not routinely performed.

Research results. When performing work under supervision there were 87 women aged 16 to 38 years (average age 22.3 ± 1.7 years) with benign pathological processes epithelium of the cervix. Before applying the methods of argon plasma tissue coagulation and other methods of destruction of pathological foci in for this pathology of the cervix, all 67 patients were selected after conducting a comprehensive examination: cytological, general clinical examination, extended colposcopy, diagnostics by PCR, bacteriological and bacterioscopic examination of discharge from the cervical canal and vagina, excluding infectious and inflammatory processes. At colposcopic studies revealed the following diseases: ectopia of columnar epithelium - in 21 patients (37%), benign transformation zone - in 12

(21%), a combination the listed processes were diagnosed in 17 (30%), subepithelial endometriosis - 7 (12%). The listed pathological processes of the cervix with the same frequency were distributed in both groups of patients. II group – 30 women who underwent cryodestruction cervix. The intervention was carried out on an outpatient basis. If necessary sanitation of the vagina, anti-inflammatory therapy was prescribed. Usually in during the operation, the patient noted slight discomfort in the lower abdomen or a "tingling sensation" that did not require application medicines. The duration of the operation was 10-15 minutes. There were no complications during and after the procedure. At the end of the intervention, the patients were discharged home with recommendations to refrain from sexual intercourse until the control examination after 1.5 months, limit physical activity, exclude bathing and, if necessary, use panty liners. The clinical efficacy of therapy was assessed by the positive dynamics of clinical symptoms, colposcopic and cytological picture. As a result of the poll after the execution procedure, it was found that in the I group of women pain in the form of moderate tingling or burning sensation was noted by 30% of patients. Complaints in duration were within 2-5 minutes, later the feeling of discomfort was not manifested. In women of the II group, pain sensations of varying severity were present in 15 (79%) patients, which forced the use of injecting the cervix 2% - 1 ml lidocaine or ultracaine or treatment of the cervix with a drug lidocaine spray, prescribe various pain medications after procedures. Painful sensations were noted for 2-4 hours. In the postoperative period, the wound exudate was presented by scanty serous or smearing secretions that lasted 6-11 days. When the scab is rejected from the wound surface the cervix on the 7-10th day in all cases did not require excretion therapeutic measures. In group II, where diathermodestruction was used pathological foci, abundant watery discharge were observed in all 100% of patients within 20 days, then the intensity gradually decreased, completely disappeared after 28-30 days. When conducting control colposcopy 28-30 days after the treatment it was noted that in group I, after argon plasma coagulation of tissues complete epithelialization of the cervical tissue occurred in 90% of patients, the average period of complete epithelialization was 35 days (25-45 days earlier, than in the comparison group. In the group of patients after diathermodestruction cervix with colposcopy after 35 days complete epithelialization was found only in 38.8% of women, and the average period of full epithelialization was 3 months. Cicatricial changes were present in 22% of cases. Re-intervention after diathermodestruction 4 women had to perform the method of argon plasma coagulation. Control examination and extended colposcopy were performed after 1.5-2 months after surgery and, if necessary, further in dynamics. It was found that the average duration of healing of the cervix after procedures were 42 ± 2.5 days. Delayed epithelialization (50-60 days) noted in 3 cases, and in all these situations the procedure argon plasma coagulation of the neck was carried out after sanitation vagina due to bacterial vaginosis and/or STIs-mycoplasma, ureaplasma and human papillomavirus infections; after examination, such patients were prescribed dexpanthenol vaginally (in candles) and Actovegin (in pills) orally in standard course dosages.

Conclusions.

In accordance with the results obtained, a number of conclusions can be drawn about the expediency of using the method of argon plasma coagulation in treatment of pathology of the cervix. The advantages of this method are: - the possibility simultaneous and quick removal of pathological tissues from a large lesion focus; - minimal discomfort during the operation, which allows you to refuse anesthesia in most cases; - absence of physical contact of the working part of the tool with tissues of the patient negates the possibility of infection and formation of carbon deposits on the electrode, provides the ability to control depth and area of coagulation; - the bloodlessness of the intervention and the absence of smoke ensures the doctor good visualization and the ability to produce fast and accurate manipulations; - the sterilizing effect of radio waves allows you to use it when treatment of persistent chronic cervicitis; - preservation of the shape of the cervix and the absence of rough scarring allow to apply this method to nulliparous and planning repeated pregnancy to women; - short time of postoperative wound healing.