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A New Approach to the Treatment of Anovulatory Infertility in Reproductive-Age Women

E.O. Gafurova[1], Sh.O. Sharipova[1], S.B. Burxonova[1], Z.F. Solieva[1]

ABSTRACT

Background. Among the various causes of female infertility, follicle dysfunction accounts for 27%. The aim of the study is to assess the effectiveness of the preservative drug clomiphene citrate in stimulating ovulation in women of different reproductive ages who have anovulatory infertility.

Materials. The study included women of different reproductive ages with 70 cases of anovulatory infertility, of which the I group consisted of 30 women of early reproductive age and the II group included 20 women of late reproductive age. Women who were of reproductive age but refused to induce ovulation at age 20 made up the control group. All women were advised to take a drug containing clomiphene citrate in order to stimulate ovulation. When diagnosing the process of anovulation in the ovaries in all women, hormonal and ultrasound examinations were carried out.

Results. Ovulation has been achieved in 23 (76.7%) women in Group I. In 2 (8.6%) of them, the dose of the ovulatory clomiphene citrate preservative drug is 100 mg. It happened when I increased to 5 (21.7%) while on 150 mg. Pregnancy occurred in 20 (87.0%) of these women. In Group II, ovulation has been achieved in 13 (65.0%) women. In three (23.9%) of them, the dose of the ovulatory clomiphene citrate preservative drug is 100 mg. It occurred when a dose of 150 mg was increased to 2 (15.3%). Pregnancy occurred in 11 (55.0%) of the women in this group.

Conclusion. There is ovulatory infertility the use of the preservative drug clomiphene citrate in stimulating ovulation in women of different reproductive ages has proven its effectiveness by causing ovulation to occur in groups of 76.7% and 65.0%, respectively, and causing pregnancy in groups of 87.0% and 55.0% of women, respectively.

Key words: Anovulatory infertility, reproductive age, ovulation stimulation, Durinum®

INTRODUCTION

Anovulatory infertility is thought to be the most common type of gynecological disease in women of reproductive age [1–12].

Anovulation happens when the processes of choosing, growing, and maturing the dominant follicle are messed up. It is characterized by the stagnation of many small follicles, where androgens are produced at a higher rate than sex steroids [13-18].

In addition to being interested in infertility caused by problems with ovulation, scientists have been putting a lot of effort into finding ways to help these patients, who have been the least studied in clinical practice over the past 10 years [19–25].

However, there is still no solution to the contentious issue of non-ovulation-related infertility. There isn't much information about this problem in foreign

[1] Master of the 2nd year of the Department of Obstetrics and Gynecology of the Tashkent Medical Academy, Tashkent, Uzbekistan

literature, so it's up to us to do research based on a new way to solve it [25–28].

There are no studies on how well the drug clomiphene citrate, which is used as a preservative, works to make ovulation happen in women with anovulatory infertility [28–36].

Anovulatory infertility, especially with clomiphene citrate, can happen to women of different ages who can have children. There is still no clear answer to the question of how much the preservative drug affects the process of folliculogenesis. This again shows how important this study is.

The goal of the study is to see how well the drug clomiphene citrate, which is used as a preservative, works to make ovulation happen in anovulatory infertile women of different ages.

MATERIAL AND METHODS

In the study, there were 70 cases of anovulatory infertility in women of different ages. There were 30 women of early reproductive age in Group I and 20 women of late reproductive age in Group II. The control group was made up of women of reproductive age who didn't want to do anything to make them ovulate at age 20. To make ovulation happen, all women were told to take a drug with clomiphene citrate in it. All women underwent hormonal and ultrasound examinations to determine if there was no ovulation in the ovaries. To perform ultrasound of the pelvic organs, Samsung (Korea) was carried out using transabdominal and transvaginal sensors with a frequency of 3.5–4.5 and 6-7 MGs, respectively, on an ultrasound machine. In this study, we used the drug clomiphene citrate for the first time to stimulate ovulation. The Student t-test was used to look at the study's results from a statistical point of view.

RESULTS

In women of all reproductive ages, ovulation stimulation was carried out using the preservative drug clomiphene citrate according to the following scheme: in women of early reproductive age who are part of the group I, ovulation stimulation was recommended to take 1 tablet at a time for 5 days (50 mg) in the first month, on the 3rd–7th day of the menstrual cycle. It was prescribed to take for 3 to 7 days in the second month of the menstrual cycle, 1 tablet 2 times for 5 days (100 mg), and 1 tablet 3 times (150 mg) for 5 days in the third month of the menstrual cycle.

In women of late reproductive age who are part of Group II, stimulation of ovulation was recommended in the first month, on the 2nd–6th day of the menstrual cycle, to take 1 tablet at a time for 5 days (50 mg). In the second month of the menstrual cycle, it was prescribed to take hay for 3 to 7 days, stimulation of ovulation from 1 tablet twice for 5 days (100 mg), and in the third month of the menstrual cycle, hay from 1 tablet three times (150 mg) for 5 days.

Folliculometry with ultrasound was used to measure the thickness of the endometrium in order to figure out how the menstrual cycle works and how well ovulation works. On ultrasound, the thickness and exogenicity of the endometrium were measured by the number and size of the leading follicles on the 8th, 12th, and 14th days of the menstrual cycle, as well as the formation of a yellow body in the second half of menstruation.

In Group I, the drug clomiphene citrate was used to stimulate ovulation. This led to a significant increase in the maximum follicle diameter ($p<0.05$) and an average of 2.2 sm.ni in Group II, which is 2.0 sm.ni organized. According to an organized study, the thickness of the endometrium increased significantly ($p<0.05$) in both of these groups, averaging 0.9 cm in Group I and 1.0 cm in Group II. At the same time, a comparison of two groups on these indicators showed that in patients in Group I, the maximum follicle diameter and the thickness of the endometrium significantly exceeded the corresponding indicators in Group II ($p<0.05$).

Ovulation has been achieved in 23 (76.7%) women in Group I. In 2 (8.6%) of them, the dose of the ovulatory clomiphene citrate preservative drug is 100 mg. It happened when I increased to 5 (21.7%) while on 150 mg. Pregnancy occurred in 20 (87.0%) of these women. In Group II, ovulation has been achieved in 13 (65.0%) women. In three (23.9%) of them, the dose of the ovulatory clomiphene citrate preservative drug is 100 mg. It occurred when a dose of 150 mg was increased to 2 (15.3%). Pregnancy occurred in 11 (55.0%) of the women in this group.

In women in the comparison group, pregnancy occurred in 3 (15.0%) people (see Figure 1).

So, getting ovulation to happen with the help of the drug clomiphene citrate, which is used as a preservative, is a good way to do it, as it works for 70.1% of women of early and late reproductive age. Even though clomiphene citrate was used to make ovulation happen, there were no serious side effects that made it necessary to stop taking the drug too soon.

Based on the data that was collected, clomiphene citrate has a diameter of 18 mm in the middle of the menstrual cycle after 60 ovulation cycles when a drug

used as a preservative is used. The average number of extra follicles is 44 (70.1%), and all of them are made, and folliculogenesis is stimulated. Two follicles mature every six menstrual cycles.

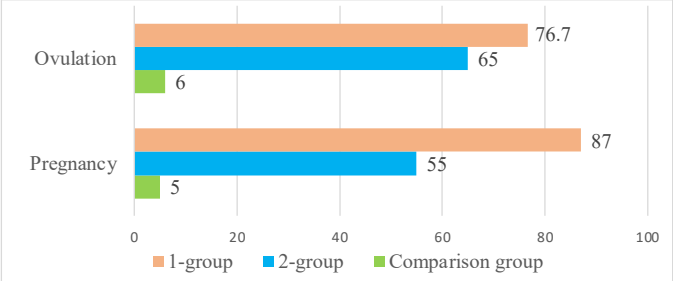

Figure 1. Ovulation and pregnancy prolapse when using the drug clomiphene citrate in women included in the study, %

The period for the preovulatory phase of follicle development was on average 13.5 days. On the 12th or 14th day of the menstrual cycle, the average diameter of the dominant follicle in women who have had ovulation confirmed is 18.0 mm. A comparison of the size of the dominant follicle in women who belong to both main groups when taking different doses of the clomiphene citrate preservative drug can be seen in this table (see Table 1).

Table 1. The size of the follicles in women included in the study

	I-Group, n=30			Group II, n = 20		
KS preservative drug dosage, mg	8th day of the MS	12th day of the MS	14th day of the MS	8th day of the MS	12th day of the MS	14th day of the MS
50	9,1± 0,2	16,0± 0,2	19,1± 1,2	9,0± 0,1	16,0± 0,2	19,0± 1,2
100	9,0± 0,1	15,8± 0,1	19,0± 1,3	8,8± 0,3	15,8± 0,3	18,8± 1,4
150	8,9± 0,3	15,0± 0,3	18,9± 1,2	8,7± 0,4	15,6± 0,1	18,7± 1,21
P	>0,05	>0,05	>0,05	>0,05	>0,05	>0,05

Ovulation was achieved in 36 (72.0%) of the total women included in the study. Despite three months of stimulation with the preservative drug clomiphene citrate, anovulatory status was maintained in seven (35.0%) women of late reproductive age. Pregnancy occurred in 33 (66.0%) of the women included in the study. When using Clomiphene citrate preservative drug, an analysis of the occurrence of ovulation and the frequency of pregnancy, depending on the dosage of the clomiphene citrate preservative drug used, i.e., the dose of the drug per day of 100 mg An increase in the dose of the drug leads to a doubling of the frequency of pregnancy ($p<0.05$).

Thus, the use of clomiphene citrate preservative in order to stimulate ovulation was achieved for 33 (66.0%) of women included in the study to become pregnant, and in these groups were 23 (76.7%) people and 13 (65.0%), respectively.

DISCUSSION

Anovulatory infertility is one of the most common forms of female infertility. Based on a differentiated approach to the treatment of anovulatory infertility in women, it is necessary to carry them out taking into account their age [3–7].

When treating infertility, clomiphene citrate-based drugs that stop ovulation may be given to help stimulate ovulation. Depending on the patient's specific needs [12–18], the doctor in charge of this drug should choose a treatment that is both easy and effective.

When trying to get a woman of reproductive age to ovulate, it is important to first think about how old she is and how long her menstrual cycle is.

If ovulation doesn't happen during three menstrual cycles, a laparoscopic surgery procedure may be used to stimulate the ovaries. These methods help stimulate ovulation and increase pregnancy rates in women.

Finally, it may be recommended to get pregnant using in vitro fertilization if the location-dependent surgery method does not help either.

In general, anovulatory procedures on women of reproductive age should be done based on a differentiated approach to treating infertility, taking into account the individual characteristics of each patient and the latest scientific and clinical data from the attending doctor.

CONCLUSION

There is ovulatory infertility the use of the preservative drug clomiphene citrate in stimulating ovulation in women of different reproductive ages has proven its effectiveness by causing ovulation to occur in groups of 76.7% and 65.0%, respectively, and causing pregnancy in groups of 87.0% and 55.0% of women, respectively.

Ethics approval and consent to participate - All patients gave written informed consent to participate in the study.

Consent for publication - The study is valid, and recognition by the organization is not required. The author agrees to open publication

Availability of data and material - Available

Competing interests - No

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Conflict of interests - The authors declare that there is no conflict of interest.

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REPRODUKTIV YOSHDAGI AYOLLARDA ANOVULYATOR BYEPUSHTLIKNI DAVOLASHDA YANGICHA YONDASHUV

Gafurova E.O., Sharipova Sh.O., Burxonova S.B., Solieva Z.F
Toshkent Tibbiyot Academiyasi

ABSTRAKT

Dolzarbligi: anovulyator bepushtlik mavjud reproduktiv yoshdagi ayollarda ovulyatsiyasiyani stimullashda klomifen tsitrat saqlovchi preparat samaradorligini baholash.

Materiallar. Tadqiqotga 70 nafar anovulyator bepushtlik mavjud turli reproduktiv yoshdagi ayollar kiritildi, ulardan, 1- gruxni 30 nafar erta reproduktiv yoshdagi ayollar, II -guruxga 20 nafar kech reproduktiv yoshdagi ayollar tashkil etdi. Nazorat guruxini - 20 nafar ovulyatsiyani stimullashdan bosh tortgan reproduktiv yoshdagi ayollar tashkil etdi. Barcha ayollarga ovulyatsiyani stimullash maqsadida klomifen tsitrat saqlovchi preparati berildi. Barcha ayollarda tuxumdonlarda anovulyatsiya jarayonini tashxislashda gormonal va ultratovush tekshiruvlari amalaga oshirildi.

Natijalar. I-guruxda 23 (76,7%) nafar ayollarda ovulyatsiya sodir bo‘lishiga erishildi. Ulardan 2 (8,6%) nafarida ovulyatsiya klomifen sitrat saqlovchi dorining dozasi 100mg.gacha oshirilganda, 5(21,7%) nafarida esa 150mg miqdorda berilganda sodir bo‘ldi. Ushbu guruxning 20 (87,0%) nafar ayolida homiladorlik sodir bo‘ldi. II- guruxda 13 (65,0%) nafar ayollarda ovulyatsiya sodir bo‘lishiga erishildi. Ulardan 3 (23.0%) nafarida ovulyatsiya klomifen sitrat saqlovchi dorining dozasi 100mg.gacha oshirilganda, 2(15,3%) nafarida esa 150mg miqdorda berilganda sodir bo‘ldi. Ushbu guruxning 11(55,0%) nafar ayolida homiladorlik sodir bo‘ldi.

Xulosa. Anovulyator bepushtlik mavjud turli reproduktiv yoshdagi ayollarda ovulyatsiyasiyani stimullashda klomifen sitrat saqlovchi preparatini qo‘llash guruxlarda mos ravishda 76,7% va 65,0%da ovulyatsini sodir bo‘lishiga va guruxlarga mos ravishda 87,0% va 55.0% ayollarda homiladorlik bo‘lishiga olib keldi.

Kalit so‘zlar: anovulyator bepushtlik, reproduktiv yosh, ovulyatsiyani stimullash, Duinum®.

НОВЫЙ ПОДХОД К ЛЕЧЕНИЮ АНОВУЛЯТОРНОГО БЕСПЛОДИЯ У ЖЕНЩИН РЕПРОДУКТИВНОГО ВОЗРАСТА

Гафурова Э.О., Шарипова Ш.О., Бурхонова С.Б., Солиева З.Ф.
Ташкентская медицинская академия

АБСТРАКТ

Актуальность. Среди различных причин женского бесплодия дисфункция фолликулов составляет 27%. Цель исследования - оценить эффективность кломифена цитрат содержащего препарата в стимуляции овуляции у женщин разного репродуктивного возраста, страдающих ановуляторным бесплодием.

Материалы. В исследование были включены 70 женщины разного репродуктивного возраста с ановуляторным бесплодием, из них I группу составили 30 женщин раннего репродуктивного возраста, а II группу - 20 женщин позднего репродуктивного возраста. Контрольную группу составили 20 женщины репродуктивного возраста, с анологичной патологией но отказавшиеся вызывать овуляцию в возрасте 20 лет. Всем женщинам было рекомендовано принимать препарат, содержащий цитрат кломифена, для стимуляции овуляции. При диагностике процесса ановуляции в яичниках у всех женщин были проведены гормональные и ультразвуковые исследования.

Результаты. Овуляция была достигнута у 23 (76,7%) женщин в I-ой группы. У 2 (8,6%) из них овуляция наступила когда доза кломифен цитрат содержащего препарата увеличили до 100 мг. У 5 (21,7%), овуляция произошла когда доза данного препарата увеличили до 150 мг. Беременность наступила у 20 (87,0%) из этих женщин. Во II группе овуляция была достигнута у 13 (65,0%) женщин. У трех (23,9%) из овуляция приозошла при увеличении дозы кломифен цитрат содержащего препарата до 100 мг. Это произошло, когда доза 150 мг была увеличена до у 2 (15,3%) овуляция достигнута при увеличении доза препарата до 150мг. Беременность наступила у 11 (55,0%) женщин в этой группе.

Заключение. Применение кломифен цитрат содержащего препарата для стимуляции овуляции у женщин с ановуляторным бесплодием доказало свою эффективность, вызывая овуляцию в группах 76,7% и 65,0% соответственно и вызывая беременность в группах 87,0% и 55,0% женщин соответственно.

Ключевые слова: ановуляторное бесплодие, репродуктивный возраст, стимуляция овуляции, Дуинум®