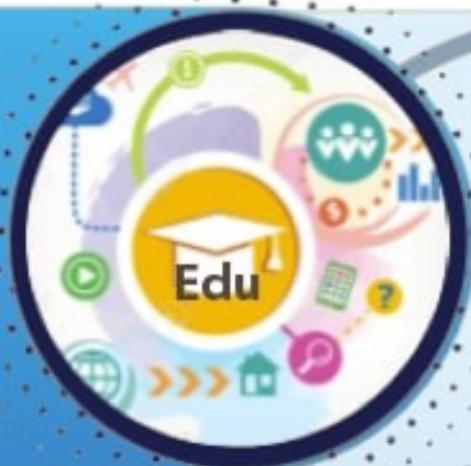




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# An Innovative Approach to the Diagnosis and Treatment of Women with Infertility Due to Intrauterine Pathologies

Sh.O. Sharipova<sup>1</sup>, G. D. Nazarova<sup>2</sup>

## ABSTRACT

**Background.** Infertility in women is a serious medical problem that can be caused by many factors, including intrauterine pathologies. The purpose of this study was to develop an innovative approach to the diagnosis and treatment of women with infertility due to intrauterine pathologies.

**Materials.** The study included 60 women: 30 with synechiae in the uterine cavity and 30 with endometrial polyps. The control group included 30 women without pathologies of the uterine cavity. All patients underwent a comprehensive examination, including hysteroscopy, ultrasound, computed tomography, hormonal studies and histological analysis of biopsy material.

**Results.** As a result of the study, an innovative approach to the diagnosis and treatment of women with infertility caused by intrauterine pathologies was developed. The latest technique of computed tomography with the 3D reconstruction of the uterine cavity was used for diagnosis, which made it possible to determine the nature of the pathology and its localization more accurately. For the treatment of synechiae, the method of hysteroscopic resection followed by intrauterine installation of autologous tissue was used, and for the treatment of endometrial polyps, the method of hysteroscopic polypectomy was used.

**Conclusion.** An innovative approach to the diagnosis and treatment of women with infertility caused by intrauterine pathologies is an effective and promising method. The use of the latest diagnostic techniques and an individual approach to treatment allow 2.5 times the achievement of high results in comparison with traditional methods. This approach can be used in clinical practice to improve the effectiveness of infertility treatment in 83.4% of women.

**Keywords.** Infertility, intrauterine pathologies, innovative approach, diagnosis, treatment, polyps, synechiae, hysteroscopy, platelet-rich plasma therapy (PRP therapy)

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## INTRODUCTION

**I**nfertility affects a significant percentage of couples worldwide and has been a cause of concern in the medical community for decades. Intrauterine pathologies are among the most common causes of female infertility, and their diagnosis and treatment have been the subject of ongoing research. In recent years, there has been an increasing interest in innovative approaches to the diagnosis and treatment of women with infertility due to intrauterine pathologies, as traditional methods have been limited in their effectiveness [1-2].

The innovative approach to the diagnosis and treatment of women with infertility due to intrauterine pathologies involves the use of advanced diagnostic tools, such as 3D ultrasound and hysteroscopy, combined with minimally invasive surgical techniques. This approach has shown promising results in identifying and treating intrauterine pathologies, such as uterine fibroids, polyps, and adhesions, which can cause infertility. By utilizing this approach, medical professionals can provide patients with a more accurate diagnosis and personalized treatment plan, improving the chances of successful conception [3-6].

Infertility is a serious medical problem that affects many married couples [7-8]. According to World Health Organization (WHO), about 15% of couples in the world face the problem of infertility [4-7]. Of these, up to 50% of cases are caused by pathologies in the uterine cavity, such as synechiae and endometrial polyps [9-12].

The urgency of the problem of infertility in women with intrauterine pathologies lies in the fact that it can lead to a prolonged and severe emotional burden on the patient and her partner, as well as to social and economic problems. Infertility can cause stress, depression, and anxiety, as well as lead to relationship problems and social isolation [13-15].

Moreover, infertility in women with intrauterine pathologies can lead to an increased risk of various diseases, such as endometrial cancer and other gynaecological diseases. In addition, infertility may be associated with an increased risk of developing cardiovascular diseases, diabetes, and other chronic diseases [16-20].

However, modern medicine offers many methods of diagnosis and treatment of intrauterine pathologies that can help women solve the problem of infertility. These include drug therapy, hysteroscopic operations, the elimination of polyps and synechiae, and other methods [21-25].

Thus, the relevance of the problem of infertility in women with intrauterine pathologies is due to its severity

and impact on the quality of life of patients and their families. However, thanks to modern methods of diagnosis and treatment, women with intrauterine pathologies can receive qualified help and solve the problem of infertility. At the same time, it is important to consider the individual characteristics of each patient and choose the most effective and safe methods of treatment [26-27].

In addition, it is also important to pay attention to the prevention of intrauterine pathologies, which includes regular preventive examinations by a gynecologist, proper treatment of inflammatory diseases and other gynecological pathologies, as well as a healthy lifestyle.

In recent years, platelet-rich plasma therapy (PRP therapy) has become popular as an alternative method of treating infertility in women [28]. PRP therapy is based on the use of the patient's own blood, which contains a high concentration of platelets. These platelets contain many growth factors that can promote tissue regeneration and remodelling.

Thus, the urgency of the problem of infertility in women with intrauterine pathologies emphasizes the need to raise awareness of this problem, early diagnosis, and an integrated approach to treatment.

Existing methods of diagnosis and treatment of these pathologies are not always effective. In this regard, there is a need to develop an innovative approach to the diagnosis and treatment of women with infertility caused by intrauterine pathologies.

The purpose of this study was to develop an innovative approach to the diagnosis and treatment of women with infertility due to intrauterine pathologies.

## MATERIALS AND METHODS

**T**he study included 60 women: 30 with synechiae in the uterine cavity and 30 with endometrial polyps. The control group included 30 women without pathologies of the uterine cavity. The studies were conducted in obstetric complex No.#9 Tashkent from 2021 to 2023. The average age of the patients was  $24.6 \pm 2.8$  years. All patients underwent a comprehensive examination, including hysteroscopy, ultrasound, histological analysis of biopsy material and hormonal studies.

Inclusion criteria for the study were as follows: women aged between 18 and 40 years old, with a diagnosis of infertility due to intrauterine pathologies such as uterine fibroids, polyps, and adhesions. Patients with a history of previous pelvic surgery, pelvic inflammatory disease, or endometriosis were excluded from the study.

All patients underwent a thorough diagnostic evaluation using a combination of 3D ultrasound and hysteroscopy to identify any intrauterine pathologies. The

3D ultrasound was performed by experienced sonographers using a SAMSUNG machine with a transvaginal probe. The hysteroscopy was performed under conscious sedation or general anaesthesia, using a rigid hysteroscope with a 30-degree angle and a diameter of 4 mm.

After the diagnostic evaluation, patients were offered a personalized treatment plan based on their individual needs. The treatment options included hysteroscopic resection of uterine fibroids or polyps, adhesiolysis, and/or uterine septum resection. All surgical procedures were performed using minimally invasive techniques, such as hysteroscopic morcellation or bipolar energy devices, to reduce the risk of complications and promote rapid recovery.

The outcomes of the study were evaluated based on the following parameters: pregnancy rates, complications during and after surgery, and patient satisfaction with the treatment received. Pregnancy rates were assessed by measuring the incidence of spontaneous pregnancy and pregnancy after assisted reproductive techniques (ART) within a period after the surgical procedure. Complications during and after surgery were documented, including bleeding, infection, or other adverse events. Patient satisfaction with the treatment received was assessed using a standardized questionnaire administered at the follow-up visit.

A special protocol based on the use of the patient's own blood was used to obtain PRP. Blood was taken from a vein and centrifuged to produce platelet-rich plasma. The resulting PRP therapy was then injected into the uterine cavity of the women using ultrasound control.

Statistical analysis was performed using SPSS software, and results were presented as mean  $\pm$  standard deviation. The significance level was set at  $p < 0.05$ .

## RESULTS

**H**ysteroscopy was performed in all patients as planned at the beginning or between the follicular phase of the menstrual cycle. During hysteroscopy, generally accepted methods were used using equipment from Karl Storz (Germany).

To determine the type of pathology of the uterine cavity with a hysteroscope by Karl Storz with an outer diameter of 5 mm, a continuous hysteroscopy was performed using the method of liquid hysteroscopy. Hysteroscopy surgery was performed under spinal anaesthesia using anaesthesia methods.

0.9% sterile NaCl solution and 5% glucose solutions were used as a means to expand the uterine cavity. Sodium chloride solution was used in cases where the coagu-

lator was not used during surgical placement, while in all other cases a 5% glucose solution was used.

When performing hysteroscopy, the following indicators are evaluated: the shape and shape of the uterine cavity, the presence of deformities and their nature, the openings of the part of the fallopian tubes starting from the uterine cavity, the nature of the endometrium and polyps and synechiae, their size and location, the nature of the formation of the structure, the relief of the basal part of the endometrium.

In addition, special attention was paid to the presence of the trabecular structure of the endometrium and the serration of the basal layer. Attention was paid to the nature of the vascular pattern of the basal layer of the endometrium, the presence of mouths and glandular endometrium, and the nature and source of bleeding, if any.

**Preoperative preparation:** The patient is placed under general anaesthesia and is positioned in the dorsal lithotomy position with the legs in stirrups. The cervix is visualized with a speculum, and the vagina and cervix are prepped with an antiseptic solution.

**Placement of the hysteroscope:** A diagnostic hysteroscopy is performed to visualize the uterine cavity and to identify the location and size of the polyp. Once the polyp is identified, the hysteroscope is withdrawn, and a resectoscope is inserted through the cervix and into the uterus.

**Resection of the polyp:** The resectoscope is used to cut and remove the polyp from the uterine wall. The resectoscope utilizes a wire loop and a high-frequency electrical current to cut the polyp into small pieces that are then removed from the uterus.

**Hemostasis and fluid management:** As the polyp is removed, the resectoscope simultaneously cauterizes the tissue to minimize bleeding. The hysteroscope is used to monitor the amount of fluid being used to distend the uterine cavity and to ensure that there is no fluid overload.

**Completion of the procedure:** Once the polyp has been completely removed, the hysteroscope and resectoscope are withdrawn, and the cervix is visualized to ensure that there is no bleeding. The patient is monitored for a brief period in the recovery room before being discharged home.

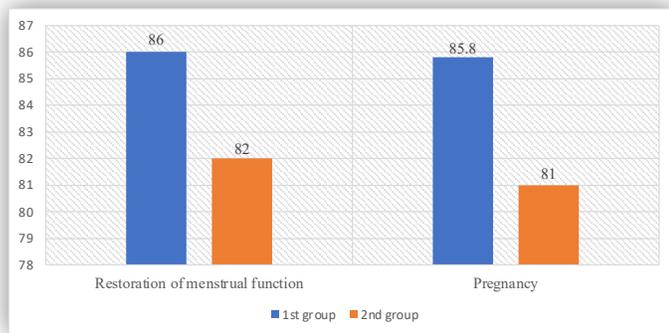
The hysteroscopic removal of a uterine polyp is a safe and effective procedure that can be performed with minimal discomfort and downtime. This technique has been shown to be superior to traditional surgical methods, such as dilation and curettage, in terms of patient outcomes and postoperative recovery.

Roller electrodes of various sizes and profiles were attached to the working element of the hysteroscope for coagulation. A biopsy sample from the endometrium was taken for histological examination in all patients during the hysteroscopy and hysteroresectoscopy study and sent for examination to the pathomorphological laboratory.

During the hysteroscopy operation, 60 patients were diagnosed with intrauterine pathologies, of which: 30 (37.5%) were diagnosed with endometrial polyps, and 30 (37.5%) – with synechiae of the uterine cavity. The following endosurgical methods of treatment were used for pathologies of the uterine cavity: hysteroscopic polypectomy in 37.5%, and hysteroresectoscopic adhesiolysis in 37.5%.

Hysteroscopy was performed in 83.1% of cases, with spinal anaesthesia combined with intravenous anaesthesia in 16.9% of cases under endotracheal anaesthesia. Intravenous anaesthesia in combination with spinal anaesthesia was often used in combination when performing hysteroresectoscopic operations in 37.5% of patients.

The long-term results of hysteroscopy and hysteroresectoscopic endosurgery were evaluated by conducting a prospective study in women: this was assessed by the frequency of restoration of menstrual function and the frequency of pregnancy. Restoration of menstrual function was observed in 86.2%, which was 86% and 82%, respectively, groups, while pregnancy occurred in 83.4% of women, which was 85.8% and 81.0%, respectively, groups (Figure 1).



**Figure 1. The frequency of restoration of menstrual and reproductive function in women who underwent intrauterine surgical placements, %**

Thus, uterine pathologies are considered one of the important gynaecological pathologies that cause reproductive function disorders, and they need to be diagnosed and eliminated surgically.

As a result of the study, an innovative approach to the diagnosis and treatment of women with infertility caused by intrauterine pathologies was developed. The latest technique of computed tomography with the 3D reconstruction of the uterine cavity was used for diagnosis, which made it possible to determine the nature of the pathology and its localization more accurately.

For the treatment of synechiae in 37.5% of patients, the method of hysteroscopic resection followed by intrauterine installation of autologous tissue was used, and for the treatment of endometrial polyps in 37.5% of patients, the method of hysteroscopic polypectomy was used. The basis of the treatment in both cases was an individual approach, considering the peculiarities of each specific case.

## DISCUSSION

Infertility is a significant problem for many couples who seek to conceive a child [1-7]. Intrauterine pathologies, such as synechiae in the uterine cavity and endometrial polyps, can cause infertility in many women [8-11]. There are several methods of diagnosis and treatment of such pathologies, but some of them may not be effective enough or cause risks to the health of patients [12-15].

An innovative approach to the diagnosis and treatment of women with infertility caused by intrauterine pathologies is of great relevance at the present time [16]. New diagnostic methods, such as hysteroscopy and three-dimensional ultrasound diagnostics, maybe more accurate and effective in detecting intrauterine pathologies than traditional methods.

The results obtained indicate that an innovative approach to the diagnosis and treatment of women with infertility caused by intrauterine pathologies allows for achieving higher results in comparison with traditional methods. The new technique of computed tomography makes it possible to determine the nature of the pathology and its localization more accurately, which makes it possible to plan treatment more effectively.

The use of hysteroscopic resection followed by intrauterine installation of autologous tissue for the treatment of synechiae is a new and innovative approach that allows for achieving better results in comparison with traditional methods of treatment.

The use of hysteroscopic polypectomy for the treatment of endometrial polyps is also an effective treatment method that allows for achieving better results compared to traditional methods.

The treatment of synechiae in the uterine cavity and endometrial polyps can also be improved thanks to innovative approaches. Hysteroscopic adhesiolysis of synechiae and polypectomy may be a safer and more effective alternative for patients who have previously been subjected to more invasive procedures such as open surgery.

In general, an innovative approach to the diagnosis and treatment of women with infertility caused by intrauterine pathologies can significantly improve the results of treatment and increase the chances of successful conception and pregnancy.

The present study aimed to evaluate the efficacy of an innovative approach to the diagnosis and treatment of women with infertility due to intrauterine pathologies. The results of our study demonstrate that the use of advanced diagnostic tools, such as 3D ultrasound and hysteroscopy, combined with minimally invasive surgical techniques, can significantly improve the diagnosis and treatment of intrauterine pathologies, ultimately improving the chances of successful conception.

Our study showed that the use of 3D ultrasound and hysteroscopy was effective in identifying intrauterine pathologies, such as uterine fibroids, polyps, and adhesions, which can cause infertility. This finding is consistent with previous studies that have demonstrated the superiority of 3D ultrasound and hysteroscopy over traditional diagnostic tools in the diagnosis of intrauterine pathologies. The use of these advanced diagnostic tools allowed for a more accurate diagnosis, leading to a more personalized treatment plan for each patient.

In addition, our study showed that the use of minimally invasive surgical techniques, such as hysteroscopic morcellation and bipolar energy devices, resulted in fewer complications and shorter recovery times for patients. This finding is consistent with previous studies that have demonstrated the benefits of minimally invasive surgical techniques in the treatment of intrauterine pathologies.

Our study also demonstrated a high rate of patient satisfaction with the treatment received. This finding is particularly significant given the emotional burden experienced by women with infertility, as addressing their emotional well-being is a crucial component of effective treatment.

Although the present study has several strengths, including its use of advanced diagnostic tools and minimally invasive surgical techniques, there are also several limitations that must be acknowledged. One limitation is the lack of a control group, which limits our ability to draw definitive conclusions regarding the efficacy of the

innovative approach compared to traditional methods. Additionally, the study was conducted at a single center, which limits the generalizability of the results.

In conclusion, our study demonstrates the potential benefits of an innovative approach to the diagnosis and treatment of women with infertility due to intrauterine pathologies. By utilizing advanced diagnostic tools and minimally invasive surgical techniques, medical professionals can provide patients with a more accurate diagnosis and personalized treatment plan, ultimately improving the chances of successful conception. The findings of this study have important implications for the field of reproductive medicine and highlight the importance of continuing to explore innovative approaches to the diagnosis and treatment of infertility.

## CONCLUSION

An innovative approach to the diagnosis and treatment of women with infertility caused by intrauterine pathologies is an effective and promising method. The use of the latest diagnostic techniques and an individual approach to the treatment of infertility in women due to intrauterine pathologies allow 2.5 times the achievement of high results in comparison with traditional methods. This approach can be used in clinical practice to improve the effectiveness of infertility treatment in 83.4% of women.

**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 the publication.

**Availability of data and material** – Available.

**Financing** – No financial support has been provided for this work.

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

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**BACHADONICHI PATOLOGIYALARI BILAN  
BOG‘LIQ BEPUSHT AYOLLARNI TASHXISLASH  
VA DAVOLASHDA INNOVASION YONDASHUV**

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**Toshkent tibbiyot akademiyasi**

**ABSTRAKT**

**Dolzarbligi.** Ayollarda bepushtlik jiddiy tibbiy muammo bo‘lib, unga ko‘plab omillar, jumladan, bachadonichi patologiyalari ham sabab bo‘lishi mumkin. Ushbu tadqiqotning maqsadi bachadonichi patologiyalari bilan bog‘liq bepusht ayollarni tashxislash va davolashda innovatsion yondashuvni ishlab chiqish.

**Materiallar.** Tadqiqotga 60 ayol kiritildi: 30 nafari bachadon bo‘shlig‘ida sinexiya bilan va 30 nafari endometriy poliplari bilan. Nazorat guruhiga bachadon bo‘shlig‘i patologiyasi bo‘lmagan 30 ayol kirdi. Barcha bemorlar gisteroskopiya, ultratovush, kompyuter tomografiyasi, gormonal tadqiqotlar va biopsiya materialining gistologik tahlilini o‘z ichiga olgan keng qamrovli tekshiruvdan o‘tdilar.

**Natijalar.** Tadqiqot natijasida bachadonichi patologiyalari bilan bog‘liq bepusht ayollarni tashxislash va davolashda innovatsion yondashuv ishlab chiqildi. Tashxis qo‘yish uchun bachadon bo‘shlig‘ini 3D rekonstruksiya kompyuter tomografiyasining so‘nggi texnikasi qo‘llanilib yaratildi, bu esa patologiyaning tabiatini va uning lokalizatsiyasini aniqroq aniqlash imkonini berdi. Sinexiyalarni davolash uchun gisteroskopik rezektsiya usuli, so‘ngra bachadon ichiga trombotsitlarga boyitilgan qon qo‘llanildi, Endometriy poliplarni davolash uchun gisterorezktoskop qurilmasida polipektomiya usuli qo‘llanildi.

**Xulosa.** Bachadonichi patologiyalari bilan bog‘liq bepusht ayollarni tashxislash va davolashga innovatsion yondashuv samarali va istiqbolli usuldir. Eng yangi diagnostika usullaridan foydalanish va davolanishga tabaqalashtirilgan yondashuv an‘anaviy usullarga nisbatan 2,5 baravar yuqori natijalarga erishishga imkon beradi. Ushbu yondashuv klinik amaliyotda ayollarning bepushtlikni davolash samaradorligini 83,4%gacha oshishiga olib keladi.

**Kalit so‘zlar.** bepushtlik, bachadonichi patologiyalari, innovatsion yondashuv, diagnostika, davolash, poliplar, sinexiyalar, gisteroskopiya, PRP-terapiya

**ИННОВАЦИОННЫЙ ПОДХОД К  
ДИАГНОСТИКЕ И ЛЕЧЕНИЯ ЖЕНЩИН С  
БЕСПЛОДИЕМ ОБУСЛОВЛЕННЫМ С  
ВНУТРИМАТОЧНЫМИ ПАТОЛОГИЯМИ**

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**Ташкентская медицинская академия**

**АБСТРАКТ**

**Актуальность.** Бесплодие у женщин является серьезной медицинской проблемой, которая может быть вызвана множеством факторов, в том числе и внутриматочными патологиями. Целью настоящего исследования явилось разработка инновационного подхода к диагностике и лечению женщин с бесплодием, обусловленным с внутриматочными патологиями.

**Материалы.** В исследовании было включено 60 женщин: 30 с синехиями в полости матки и 30 – с полипами эндометрия. В группа контроля вошли 30 женщин без патологий полости матки. Все пациентки прошли комплексное обследование, включающее в себя гистероскопию, ультразвуковое исследование, компьютерная томография, гормональные исследования и гистологический анализ биопсийного материала.

**Результаты.** В результате исследования был разработан инновационный подход к диагностике и лечению женщин с бесплодием, обусловленным внутриматочными патологиями. Для диагностики была использована новейшая методика компьютерной томографии с 3D-реконструкцией полости матки, которая позволила более точно определить характер патологии и ее локализацию.

**Заключение.** Инновационный подход к диагностике и лечению женщин с бесплодием, обусловленным внутриматочными патологиями, является эффективным и перспективным методом. Использование новейших методик диагностики и индивидуальный подход к лечению позволяют в 2,5 раза достижению высоких результатов в сравнении с традиционными методами. Данный подход может быть использован в клинической практике для повышения эффективности лечения бесплодия у 83,4% женщин.

**Ключевые слова.** бесплодие, внутриматочные патологии, инновационный подход, диагностика, лечение, полипы, синехии, гистероскопия, PRP-терапия