# A MODERN APPROACH TO DIAGNOSIS OF ENDOMETRIAL CANCER CLINICAL CHARACTERISTICS AND MANAGEMENT

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**Abstract:** Over the past two decades and in most countries of the world, there has been a clear trend toward an increase in the frequency of hormone-dependent tumors, and first of all, these are precancerous conditions and endometrial cancer. Questions of etiology, pathogenesis, and diagnosis of pathological processes of the endometrium remain open. The proposed algorithm for the diagnosis of patients with endometrial hyperplastic processes and endometrial cancer showed the high efficiency of hormone therapy in endometrial hyperplastic processes and endometrial cancer.

**Keywords:** Endometrial hyperplastic processes, endometrial cancer, diagnosis

## INTRODUCTION

In recent years, there has been an increased interest in the problem of EC, issues of morpho- and pathogenesis, tand here is a noticeable lag in the diagnosis, treatment ,and prevention of this disease. To date, a number of medical and organizational issues have not been resolved regarding the examination of women at high risk for the development of hyperplastic processes and endometrial cancer, the volume of diagnostic studies during preventive examinations and dispensary observation, the choice of effective screening methods for diagnosis and prevention [4,7,9].

Untimely or inaccurate diagnosis of intrauterine pathology does not always lead to the correct choice of treatment method, long-term drug therapy, an unjustified number of invasive interventions and a large number of radical traumatic operations [3]. With a significant number of studies devoted to certain aspects of RE, tno worksreflect the assessment of the state of this problem at the regional level and open up ways to solve it from a medical and organizational standpoint [11].

Further improvement of the system of diagnostic and therapeutic measures for hyperplastic processes and endometrial cancer will help reduce morbidity and mortality in this pathology, improve long-term results [4].

## MATERIALS AND METHODS

The risk factors for the development of hyperplastic processes and endometrial cancer in 1861 patients were studied on the basis of a comprehensive examination. Age, complaints of patients, obstetric and gynecological history, past extragenital diseases (diabetes mellitus, hypertension, obesity, dgastrointestinal tract diseases, concomitant gynecological pathology were studied using a specially designed map (uterine fibroids, endometriosis, reproductive disorders, infertility).

### Clinical and laboratory research methods

The clinical examination was carried out according to the generally accepted scheme: t patients' complaints and the time of their appearance were clarified and

evaluated, and he anamnesis was studied. At the same time, heredity, the course of pregnancy and childbirth in the mother, birth weight, living conditions at different age periods, the frequency and nature of infectious diseases, concomitant extragenital pathology, surgical interventions, injuries, and stressful situations were analyzed.Particular attention was paid to the analysis of the formation of the menstrual function, the nature of the menstrual cycle, its dynamics in the course of the disease. The possible causes of the onset and duration of the disease were clarified. An analysis was made of the generative function, previous hormonal therapy and its effectiveness. Gynecological diseases were recorded, in addition to the pathology of the endometrium, as well as previously performed gynecological operations.

A general examination of patients was carried out, during which the nature of the physique, the condition of the skin (the presence of hirsutism, striae, acne, hyperpigmentation), the measurement of the height and weight of the patients, followed by the calculation of the body mass index (BMI) or the Brey index according to the formula: BMI = body weight ( kg) / height (m). Values from 18 to 25 kg/m were regarded as an indicator of normal body weight, from 25 to 30 kg/m - as overweight, more than 30 kg/m - as obesity. The general clinical examination also included examination and palpation of the mammary glands, a gynecological examination, which assessed the nature of the development of the external genital organs, the condition of the cervix and the condition of the appendages, the presence or absence of adhesions in the pelvis.

**RESULTS AND DISCUSSIONS**

A comprehensive analysis of the problem of the significance of medical and social (socio-demographic and socio-hygienic characteristics of the family, occupation and working environment conditions, lifestyle and living conditions, medical activity of a woman in relation to reproductive health) was carried out on a large clinical material. ), clinical and morphological (obstetric and gynecological history, past gynecological and extragenital diseases, operations, histological structure of the tumor), genetic, endocrine factors in 1571 patients with EC.

By age, the patients were distributed as follows: up to 30 years - 9 (0.6%), 31-40 - 77 (4.9%), 41-50-288 (18.3%), 51-60-454 (28 .9%), 61-70 - 550 (35.0%), 71 and older - 193 (12.3%). The mean age was 62.4±3.2 years.

According to the social status, 751 (47.8%) women were classified as pensioners, 305 (19.4%) - employees, 194 (12.3%) - service workers, 134 (8.5%) - housewives, 108 (6.9%) - workers, 10 (0.6%) - students.

The main part of patients with RE had a rather high level of education - specialized secondary (53.7%) and higher (37.0%). Only every tenth (9.3%) woman had a primary or incomplete secondary education.A large percentage of the women we interviewed (38.2%) lived in complete, structurally complex families (married couple with children, grandparents or other relatives), and every third (33.1%) lived in a complete simple family (married couple with children). Quite high (26.2%) was the share of women living only with their spouse, which can be explained by the age of the respondents, when their children, forming their own family, live separately.

About 2/3 of the patients (62.0%) were married at the time of the survey, every third was either a widow (21.8%) or divorced (9.9%), the rest (6.3%) have never been married.

More than half (57.7%) of the patients with RE at the time of hospitalization were on an old-age pension. Only every third respondent (35.4%) worked, including every fifth was engaged in mental labor (19.6%), and every ninth (10.8%) was engaged in heavy physical labor. At the same time, only an insignificant part of women recognized the fact of the impact of occupational hazards on their health (8.9% - risk factors of physical and 2.5% of chemical etiology). In 84.8% of cases, the harmful effects lasted for 5 years or more. Among the unfavorable factors of a physical nature, low temperature or its fluctuations prevailed (in 37.9% of cases), high gas pollution or dustiness (24.8%), noise (24.1%), vibration (9.0%), etc..

In addition to the above factors, some patients identified the influence of unfavorable factors of a psycho-emotional nature, in particular, poor relationships in the family (72.2%) or the team (27.3%). About 3A respondents (71.9%) at the time of the survey lived in apartments with all amenities, 28.1% - in private houses with partial communal amenities. Only 39.6% of women named salary as the main source of income. The rest pointed to a combination of several sources, including retirement and disability pensions.

It is known that among the most important elements of a person's lifestyle, the presence of bad habits of a behavioral nature occupy a leading position. Negative attitudes towards psychoactive substances and refusal to use them are important components of self-preservation behavior that shape health. The survey showed that the most common of them is smoking, since only in 2/5 of the families of our respondents (42.7%) no one smokes. In 12.1% of cases, women themselves turned out to be smokers, and in other cases they turned out to be passive smokers. Of the women who smoke, every second (53.1%) smoked from 6 to 10 cigarettes a day, every fifth - up to 20 or more (21.5%). Alcohol abuse occurs in almost every third family (29.9%) of the women we surveyed. In % of cases, this was the spouse, in other cases, other family members. Among the respondents who abuse alcohol, only 7 (0.4%) women recognized themselves, and the main majority (74.3%) attributed themselves to the model of ritual alcohol consumption, i.e. only on holidays.

Describing the microclimate in the family, about 2/5 of the interviewed patients (42.9%) noted the predominance of good relationships between family members, and only about 1% of women gave an extremely negative assessment. The high level of the nature of the existing relationships in the family, apparently, should be explained by the illness of the respondents, when relatives begin to treat each other with particular attention.

In the generally accepted structure of the lifestyle, a special place is occupied by the medical activity of a person, which is a complex of medical factors associated with his attitudes towards his health, his actions aimed at improving health in general and especially during illness. This, in particular, includes the level of sanitary literacy, hygiene skills and habits, preventive activity, timely seeking medical help in case of illness or deterioration in health, the exact implementation of doctor's

prescriptions and recommendations, etc.

We found that women with endometrial cancer, for the most part, had a rather low medical activity in relation to their health. Thus, 63.9% of them have never undergone preventive medical examinations by an obstetrician-gynecologist.The rest were examined with a frequency of either 1 time (31.6%) or 2 times a year (3.2%), and 20 women (1.3%) indicated that they were examined more than 2 times during the year.

Of the respondents examined by an obstetrician-gynecologist, every third from the moment of examination to the diagnosis of a real disease passed from 6 to 12 months (34.9%) or more than 12 months (32.0%). At the same time, for every sixth-seventh woman, this period was only 3-6 months (15.9%) or even less than 3 months (14.3%).

Many of the women we examined (73.7%) have never been under dispensary observation by an obstetrician-gynecologist for gynecological diseases, in 15.4% of women the observation period was only one year or less, in 7.9% of the respondents the duration follow-up was over 1 year.

The low level of hygienic knowledge, low medical activity of women is also evidenced by the fact that the proportion of those who applied to an obstetrician-gynecologist within 2 months after the onset of the first signs of the disease was only 28.1%. As a result, almost 80.0% of patients with RE were admitted to the gynecological department of the oncologic dispensary only after 2 or more months from the moment the first signs of the disease appeared. As a result of the examination, only 2/3 of the respondents were diagnosed with stage I (48.1%) and II (19.0%) endometrial cancer.

In the majority of women (1145 - 72.9%), menstruation began at the age of 11-14 years. Early onset of menstrual function was noted by 31 (2.0%) patients, at the age of 15-16 years - 305 (19.4%), older than 17 years - 90 (5.7%).A regular menstrual cycle in history was noted in 1288 (82.0%) patients, irregular - 283 (18.0%). Hyperpolymenorrhea syndrome was noted in almost every fourth patient - 362 (23.0%).

Sexual life began: at the age of 18 years - 55 (3.5%) women, 18-20 - 816 (51.9%), 26-30-130 (8.3%), denied sexual life-5 (0 .3%) women.

Most patients had a history of childbirth - 1366 (87.0%), of which 1266 (92.7%) had one to three births, 100 (7.3%) had four or more births; nulliparous was 205 (13.0%). About a quarter of women - 377 (24.0%) had four or more induced abortions, 465 (29.6%) had no abortions. Almost every tenth patient had a history of spontaneous miscarriages - 147 (9.4%) (Table 1).

| Clinical signs | Total | Histological structure of the tumor | | | | |
|---|---|---|---|---|---|---|
| | | adenocarcinoma | acanthoma | Light-colored | light-coloured iron carcinoma | Non-differentiated tumor |
| Average age 6 age, years | 62,4 ±3,2 | 63,0 ±3,3 | 55,8 ±2,8 | .58,8 ±2,2 | 58,1 ±2,1 | 55,6 ±2,9 |
| Mean age at menarche, years | 13,5 ±0,4 | 13,5 ±0,4 | 13,6 ±0,2 | 14,1 ±0,5 | 13,3 ±0,3 | 13,0 ±0,4 |
| Duration of menstrual cycle (days) | 28,2 ±0,8 | 28,1 ±0,8 | 28,1 ±0,6 | 28,4 ±0,7 | 27,5 ±0,9 | 28,1 ±0,8 |
| Mean age of onset of puberty life, years | 21,3 ±0,6 | 21,3 ±0,6 | 22,7 ±0,7 | 21,3 ±0,3 | 20,7 ±0,4 | 21,1 ±0,6 |
| Number of pregnancies | 3,6 ±0,4 | 3,6 ±0,4 | 3,1 ±0,3 | 3,8 ±0,3 | 3,7 ±0,3 | 3,5 ±0,4 |
| Number of deliveries | 1,6 ±0,3 | 1,6 ±0,3 | 1,5 ±0,2 | 1,3 ±0,3 | 1,8 ±0,3 | 1,4 ±0,3 |
| Number of aborts | 2,0 ±0,3 | 2,0 ±0,3 | 1,6 ±0,3 | 2,5 ±0,4 | 1,9 ±0,3 | 2,1 ±0,3 |
| Total | 1571 | 1397 | 31 | 39 | 66 | 38 |

P>0,05

Data on previous gynecological diseases in the studied group of patients are presented in Table. 15. Most often in history there were diseases of an inflammatory nature - in 780 (49.6%), uterine fibroids - in 518 (33.0%), menstrual disorders - in 330 (21.0%), erosion cervix - in 267 (17.0%).

**CONCLUSION**

The proposed algorithm for the diagnosis and treatment of patients with hyperplastic processes of the endometrium and endometrial cancer showed a high efficiency of hormone therapy for endometrial glandular hyperplasia and uterus sizes up to 8-10 weeks of pregnancy in reproductive age in 70.5%, in perimenopause - in 68 .2%, as well as resection (ablation) of the endometrium - in 90.6%; hormone therapy for endometrial polyps and uterus sizes up to 8-10 weeks of pregnancy in reproductive and perimenopausal ages - in 80.0%, hysteroscopic polypectomy in postmenopause - in 85.7%; hormone therapy for atypical endometrial hyperplasia and

uterine size up to 8-10 weeks of pregnancy in reproductive and perimenopausal ages - in 70% - 90%.

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