

Improving the Diagnosis and Treatment of Chronic Endometritis in Women of Reproductive Age

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Abstract: Chronic endometritis is one of the most common inflammatory diseases of the female reproductive system. Timely treatment of the disease is insurance against serious complications, including oncology and infertility. After fertilization (or transfer during IVF procedure), the embryo is attached to the lining of the uterus. But the mucous membrane damaged by inflammation may not accept the attempts of the embryo. The main reason for the development of endometritis, as mentioned above, is inflammatory diseases.

If an inflammatory process develops in the vagina, often caused by sexually transmitted infections, these microorganisms enter the uterine cavity, then the fallopian tubes and the abdominal cavity, causing the inflammatory process. can cause.

Inflammation is a universal protective response of the body. Its results are the activation of the immune system aimed at suppressing and destroying the microbe. However, in the tissues, often after inflammation, a dense connective tissue is formed, which leads to a violation of the blood supply to the tissues.

One of the most unpleasant moments is that the inflammatory process can go from an acute stage to a chronic - "dormant" state. And it can worsen due to unfavorable environmental factors or general health, with the development of immunodeficiency conditions, including during the IVF program or pregnancy.

Keywords: fever and chills; vaginal discharge with blood; spasms in the lower abdomen and lumbar region; heavy menstruation.

Why is pathology dangerous?

The endometrium is the epithelium that covers the walls of the uterus. Acute endometritis develops when it becomes inflamed as a result of pathogenic bacteria. The chronic stage of the disease usually occurs as a result of lack of treatment.

Women of reproductive age are at risk - they account for about 97% of all detected cases of the disease. Many women later cannot conceive a child due to long-term inflammation in the uterus, and about 30% of patients with endometritis become infertile.

Women who have morphological and functional changes in the uterus as a result of endometritis often cannot get pregnant even as a result of IVF. This is due to the inability of tissues to perceive hormonal stimulation and maintain natural cyclical changes.

Features of acute endometritis

The acute stage of the disease develops like any infection - quickly, with a rapid increase in symptoms. Tissue inflammation develops immediately after infectious agents enter the

endometrium. The situation worsens and the localization of the pain syndrome indicates a gynecological disease. Some signs indicate acute inflammation:

increased body temperature and shivering;

vaginal discharge with blood;

spasms in the lower abdomen and lumbar region;

heavy menstruation.

The disease is characterized by symptoms of general weakness - weakness, loss of appetite, drowsiness, increased sweating. The acute form becomes chronic in about a month. If you consult a doctor in time, the acute process can be treated within a week and a half.

Causes of chronic endometritis

The chronicity of the disease occurs due to the timely treatment of the acute stage of the disease or premature completion of therapy. The penetration of pathogenic microflora into the uterine cavity occurs through the ascending route - from the vagina. Precipitating factors for the development of inflammation:

childbirth, abortion, gynecological operations;

diagnostic manipulations;

menstruation, intercourse during menstruation;

infectious processes developing in other organs;

weakening of the immune system.

From the moment of infection, the acute stage of the disease begins, which must be treated in a hospital. When the disease becomes chronic, outpatient treatment is possible.

Symptoms of chronic endometritis

When examined by a gynecologist for this disease, the expansion of the uterus and pain during palpation are detected. The patient also has the following symptoms:

pain in the suprapubic region;

heaviness and cramping in the lower abdomen;

lumbar pain syndrome;

brown vaginal discharge.

The inflammatory process occurs with periodic exacerbations and remissions. But during the clinical course, there are menstrual disorders, pain in the lower abdomen and mucous discharge. During the chronic process, changes in the structure of the endometrium occur. The functionality of the inner uterine layer can be restored only with systemic therapy.

Diagnosis of chronic endometritis

In the chronic stage of the disease, the symptoms are smooth, so it becomes difficult to diagnose. But the gynecologist's experience, modern equipment technologies and laboratory tests allow to make an accurate diagnosis.

Diagnosis of the disease is carried out in several stages:

Examination by a gynecologist to identify the provoking factors of pathology and analyze complaints.

Study of medical history, information about abortions, operations, methods of contraception.

Examination of the size of the uterus, appendages, detection of flow, pain when pressed with fingers.

The use of information diagnostic methods includes general and biochemical blood tests, general urinalysis, pelvic ultrasound, diagnostic curettage for bacteriological and pathomorphological examination. A smear and secretion analysis is carried out, the purpose of which is to determine the type of pathogen.

If the diagnosis is suspected, computer tomography, MRI, hysteroscopy are used and medical advice is prescribed. After the diagnosis, a complex treatment scheme is prescribed.

Treatment of chronic endometritis

The goal of treatment is to restore the endometrial tissue and the woman's ability to conceive. Antibiotics are needed to eliminate the infectious process caused by the introduction of bacterial pathogens. Products with a wide range of effects are used. Complex therapy of the disease includes the use of anti-inflammatory, antifungal agents and antispasmodics aimed at eliminating symptoms.

Medicines are prescribed only by a doctor, self-treatment is not acceptable, because wrongly selected medicines lead to complications; Even common remedies, such as antifungal suppositories, should be used after consulting a doctor. The specialist's prescriptions are based on the test results, so they bring the greatest benefit and speed up recovery.

The last measures in treatment are physiotherapy. Physiotherapy procedures used are aimed at accelerating tissue regeneration and strengthening the immune system:

Magnetotherapy - eliminates swelling, inflammation, restores blood microcirculation and helps to activate the immune system.

UHF therapy - used during exacerbations, designed to increase blood flow, which helps to saturate tissues with useful substances for regeneration.

Electrophoresis is performed using drugs. Anti-inflammatory, absorbable and pain-relieving drugs are used.

Ultrasound - ensures the transport of nutrients to damaged tissues and helps their recovery.

All stages of treatment must be completed completely, because untreated endometritis causes complications that affect a woman's health and quality of life.

Treatment of chronic endometritis is a complex and multi-step process. The main goal of treatment is to destroy microorganisms, reduce the activity of the process, and eliminate the negative effect of biologically active substances on the endometrium.

Treatment consists of several stages.

PHASE I: Antibacterial therapy

Broad-spectrum antibacterial drugs are used for treatment. Sometimes it is necessary to prescribe two antibiotics alternately during two menstrual periods.

II OTHER: Immunostimulating therapy

After the first stage of treatment, after the destruction of pathogens (microorganisms), the next stage is prescribed after antibacterial therapy. In the second stage, immunostimulating drugs are usually prescribed. Before prescribing immunostimulating therapy, it is better to determine the immunogram, interferon status and sensitivity to interferon inducers. After that, medicines are prescribed from the first day of the cycle.

Usually, immunomodulators are administered parenterally (intramuscular injection), but there are other forms of administration, for example, suppositories (rectal or vaginal). The main goal

of immunomodulatory therapy is to increase general and local immunity and create a favorable immune background that supports implantation.

Physiotherapy

Physiotherapy is probably the most important link in the complex treatment of chronic endometritis. Physical methods of exposure have several important positive effects:

tissue blood supply improves, which in turn improves tissue trophism ("nutrition");

stimulation of neoangiogenesis - the appearance of new vessels in the endometrium and the opening of anastomoses;

has a clearly absorbable (defibrosizing) effect;

increase local immunity.

Physiotherapy should be prescribed taking into account possible gynecological pathology: endometriosis, uterine fibroids, ovarian cyst formation, etc. Different methods are used: magnetic field, electrotherapy (supratonal frequency currents, Bernard currents, etc.), electrophoresis, laser therapy, etc. Physiotherapy always begins in the first phase of the menstrual cycle (no later than the 7th day of the menstrual cycle).

PHASE III: Hormonal therapy

The final stage of treatment includes the introduction of metabolic and hormone replacement therapy. Metabolic therapy includes prescribing drugs that improve the supply of tissues with nutrients (primarily oxygen and glucose), increase local immunity, and to some extent increase blood flow.

Treatment of endometritis lasts about 3-4 months,

after treatment, a woman can plan a pregnancy: naturally or with the help of ART programs. At the same time, it is necessary to continue to support the normal state of the body, the natural flora of the vagina and the woman's immunity. It is recommended to carry out this support in the first 3 months of pregnancy.

What is important to know

For women who are planning to become pregnant, endometritis should be fully treated, as an unhealthy lining of the uterus can lead to miscarriage. If the disease is the result of an infection acquired during childbirth or cesarean section, then the treatment should be as gentle as possible. You can only take medications that do not affect the composition of breast milk.

Antibacterial therapy should not last more than 10 days, because antibiotics affect the intestinal and vaginal microflora. Dysbiosis and candidiasis can develop as a result of an incorrect treatment scheme.

Competent therapy includes a combination of anti-inflammatory, antibacterial and antispasmodic drugs. Complex methods of exposure are also used - oral administration of drugs, vaginal suppositories, injections.

Preventive measures should not be neglected, because the disease may recur. To prevent this, you should carefully observe the hygiene of the genital organs, use contraceptives to avoid abortion, and avoid casual sex.

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