

TUBAL-PERITONEAL INFERTILITY. TREATMENT. (REVIEW) PART 2

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Abstract

Today, in the age of modern technologies, despite advances in reproductology and improvements in methods of assisted reproductive technologies(ART), the frequency of infertile marriage has not only not stabilized, but also increases from year to year, reaching 25-30% in the population. Tubal-peritoneal infertility is one of the leading places in the frequency of occurrence of various factors leading to the absence of pregnancy.

The female factor in infertile marriage is 40%, the share of the male factor is determined in 40% of cases, and in other cases of infertility there is a combined factor, both female and male. In this regard, the search for new methods and their improvement, as well as reducing the cost of infertility treatment, seem very relevant.

Inflammatory lesions of the fallopian tubes are the leading cause of infertility. As a result of the chronic inflammatory process that occurs with the defeat of the fallopian tubes, the risk of developing tubal-peritoneal infertility is high. Every fifth woman with a history of chronic inflammation of the appendages suffers from infertility, while 70% of them have a fourth degree of adhesion in the pelvis, in which the damage to the fallopian tubes is irreversible even with the help of surgical treatment.

Keywords

infertility, tubal-peritoneal factor, proxy obstruction of the fallopian tubes, selective hysterosalpingography, transcatheter recanalization of the fallopian tubes.

Түтікті-перитонеальды бедеулік. Емі. (Әдебиет шолуы) 2 Бөлім

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Аңдатпа

Бүгінгі таңда, заманауи технологиялар ғасырында репродуктологиядағы жетістіктерге және қосалқы репродуктивтік технологиялар (ҚРТ) әдістерінің жетілдірілуіне қарамастан, бедеулік некенің жиілігі тұрақтанып қана қоймай, популяцияда 25-30%-ға жетіп, жылдан жылға ұлғаяуда. Түтікті-перитонеальды бедеулік жүктіліктің болмауына әкелетін түрлі факторлардың пайда болу жиілігі бойынша жетекші орындардың бірінде орналасқан.

Бедеулік кезіндегі әйел факторы 40%-ды құрайды, еркек факторының үлесі 40% жағдайға байланысты, ал басқа жағдайлардағы бедеулік кезінде әйелде де, еркекте де аралас фактор бар. Осыған байланысты жаңа әдістерді іздеу және оларды жетілдіру, сондай-ақ бедеулікті емдеу құнын төмендету өте өзекті мәселе деп саналады.

Фаллопиялық түтіктердің қабыну зақымдануы - бедеуліктің негізгі себебі. Фаллопиялық түтіктердің зақымдалуымен жүретін созылмалы қабыну процесінің нәтижесінде түтікті-перитонеальды бедеуліктің даму қаупі жоғары. Созылмалы қабынуы бар әрбір бесінші әйел бедеуліктен зардап шегеді, ал олардың 70%-ының жамбас аймағында адгезия процесінің төртінші дәрежесі бар, мұндай жағдайда фаллопиялық түтіктердің зақымдануы тіпті хирургиялық емдеу арқылы да қалпына келмейді.

Түйін сөздер

бедеулік, түтікті-перитонеальды фактор, жатыр түтіктерінің проксимальді кедергісі, селективті гистеросальпингография, жатыр түтіктердің транскатетерді реканализациясы

Трубно-перитонеальное бесплодие. Лечение. (Обзор литературы) Часть 2

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Аннотация

На сегодняшний день, в век современных технологий, несмотря на успехи в репродуктологии и усовершенствований методов вспомогательных репродуктивных технологий (ВРТ), частота бесплодного брака, не только не стабилизировалась, но и увеличивается из года в год, достигнув показателей 25-30% в популяции. Трубно-перитонеальное бесплодие находится на одном из ведущих мест по частоте встречаемости различных факторов, приводящих к отсутствию наступления беременности.

Женский фактор при бесплодном браке составляет 40%, доля мужского фактора обусловлено в 40% случаев, а в остальных случаях при бесплодии встречается сочетанный фактор, как женский, так и мужской. В этой связи поиск новых методик и их совершенствование, а также снижение стоимости лечения бесплодия представляются весьма актуальными.

Воспалительное поражение маточных труб – ведущая причина бесплодия. В результате хронического воспалительного процесса, протекающего с поражением маточных труб, высок риск развития трубно-перитонеального бесплодия. Каждая пятая женщина с хроническим воспалением придатков в анамнезе страдает бесплодием, при этом у 70% из них имеет место четвертая степень спаечного процесса в малом тазу, при котором поражение маточных труб является необратимым даже с помощью хирургического лечения.

The prognosis of therapy for tubal-peritoneal infertility depends both on the timeliness of diagnosis and on the usefulness of etiopathogenetic therapy for chronic salpingoophoritis.

Despite the high percentage of 92% recovery of patency of the fallopian tubes when using endovideosurgery, the frequency of pregnancy on average is about 50%. [13]

The results of the restoration of reproductive function after reconstructive plastic surgery indicate that the problem of endovideoscopic correction of tubal-peritoneal factor of infertility requires further study in terms of determining the maximum therapeutic potential of endoscopic surgery in various manifestations of tubal-peritoneal infertility.

Before the development of endoscopic (laparoscopy and hysteroscopy) and X-ray endovascular technologies, microsurgery and IVF (in vitro fertilization) were the main types of treatment for proximal obstruction. Given the effectiveness of IVF (30-45%), the high frequency (66.3%) of the development of adhesions in the pelvis, as well as the frequent reobstruction (30%) after microsurgical operations, the question arose about the need to find new ways to treat proximal obstruction, given that in 45-47% it is functional, which can be overcome by selective salpingography and transcatheter recanalization of the fallopian tubes. [1, 18].

Surgical treatment of women with tubal infertility is advisable only once. The futility of repeated reconstructive plastic surgery is due to the progres-

sion of the adhesive process in the pelvis and the reocclusion of the fallopian tubes. [24]

Functional obstruction of the fallopian tubes - spasm of the interstitial part or obstruction of the lumen by amorphous mucous plugs. According to the results of HSG (hysterosalpingography), functional occlusion of the fallopian tubes may occur in 45-47% (false-positive result). [2]

Proximal obstruction of the fallopian tubes - obstruction of the interstitial and / or isthmic part of the fallopian tubes. It occurs in 10-25% of women with TPI (tubal peritoneal infertility).

The morphological basis of this condition is most often nodular isthmic salpingitis, chronic salpingitis, tubal endometriosis, "plugs" of amorphous matter or spasm of the intramural part of the tube. [2, 11].

Traditional methods of correction of this condition remain interventions with the use of microsurgical techniques to restore the patency of the proximal parts of the fallopian tubes, as well as the method of in vitro fertilization (IVF). In addition to their invasiveness and high cost, these methods have limited effectiveness [11]

Transcatheter recanalization of the fallopian tubes with their proximal obstruction seems to be a more technological and effective method of treatment, since it is performed on an outpatient basis and in the vast majority of cases does not require anesthesia at all [2, 11]. Catheterization of the fallopian tube, which is an integral compo-

Ключевые слова

бесплодие, трубно-перитонеальный фактор, проксиальная непроходимость маточных труб, селективная гистеросальпингография, чрескатетерная реканализация маточных труб

ment of the intervention, allows to perform selective salpingography and get information about changes of the epithelium of the distal fallopian tube that allows to build a forecast for the onset of spontaneous pregnancy.

Despite the fact that the methodology was proposed in the late 1970s, many aspects of it are not fully covered. Thus, the clinical possibilities of selective salpingography and transcatheter recanalization of the proximal parts of the fallopian tubes with their proximal obstruction have not been determined.

There are no studies comparing different methods of transcatheter recanalization of pipes, in particular, using a coaxial system consisting of a microconduc-

tor and a microcatheter, as well as using a standard hydrophilic conductor. The influence of the state of the distal parts of the fallopian tubes on the probability of spontaneous pregnancy in patients after the restoration of the proximal patency of the fallopian tubes remains virtually unexplored. The question of the influence of the age factor on the effectiveness of the recanalization procedure and the probability of spontaneous pregnancy after the successful restoration of proximal patency is not sufficiently covered. To date, there is no detailed analysis of the side effects and complications that occur during selective salpingography and transcatheter recanalization of the proximal segments of the fallopian tubes. The study of these issues is very relevant.

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