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CHRONIC ENDOMETRITIS OLD ISSUES NEW POSSIBILITIES

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Annotation: Chronic endometritis is a persistent alteration of the uterine mucosa that alters receptivity and tissue regeneration; pathological abnormalities resulting in altered expression of the receptor apparatus in the uterus may be responsible for the disruption of normal endometrial function.
Keywords: chronic endometritis, pregnancy, women, gynaecological, oncological pathology;

Endometritis is a gynaecological pathology characterised by inflammation of the functional layer of the uterus (endometrium). The cause of endometritis is most often microorganisms that enter the uterus when local immunity is reduced.

Normally, the endometrium is cyclically renewed. Tissues are rejected during menses, and then grow again under the influence of hormones. If there is no attachment of a fertilised egg to the wall of the uterus, the cycle repeats again. The female reproductive organ is protected from infections, but under certain conditions pathogens can still infect it.

Infection becomes possible with significant damage to the epithelial layer, e.g. as a result of childbirth, abortion, scraping or after invasive diagnostic procedures. Acute inflammatory process, as a rule, develops on the 2nd-4th day after traumatisation of the membranes.

Endometritis can develop with violations of the composition of the vaginal biocenosis. Excessive multiplication of potentially dangerous microorganisms or infection with pathogenic bacteria or viruses contributes to a decrease in local immunity. Then pathogens can penetrate not only into the uterus, but also into the appendages. With untimely treatment of acute inflammation, the process becomes chronic. The spread of inflammatory changes to the submucosal layer of the uterine wall causes endomyometritis, and on all layers - pantometritis. Pathological process in the reproductive system provokes cycle failures, hormonal disorders, overgrowth of connective tissue with the formation of fusions (adhesions, synechiae). As a result, childbearing function suffers. Chronic endometritis often leads to the inability to carry a pregnancy or infertility.

It has long been undisputed by clinicians that chronic inflammatory pathology of the endometrium worsens reproductive prognosis in the form of impaired fertility [2,3,6]. Today, infertility is associated with an increase in gynaecological, oncological pathology, extragenital diseases and with a high frequency of pregnancy planning by women at an older age [2,7]. In the last decade, the incidence of sexually transmitted infections in women has been decreasing, but diseases of the reproductive system in the form of abnormal uterine bleeding (AMB), infertility, oncological pathology of the uterus and appendages, breast, and chronic pathology of extra-genital organs are increasing [5]. In these conditions, the main direction in the work of the maternal health care service is the need to develop a system of prevention of chronic, recurrent course of inflammatory diseases. Given the increasing number of women planning first and second births after the age of 35, the development of therapeutic and preventive measures aimed at preserving human health in general is required Today, pelvic inflammatory

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diseases (PID) are characterised by polymicrobial aetiology and are the main cause of chronic pathology of reproductive system organs [3,4]. The number of patients with pelvic inflammatory diseases in Russia varies, up to 60% are treated on an outpatient basis and up to 30% are treated in inpatient settings. According to WHO data, opportunistic pathogenic bacteria are increasingly becoming the etiological agent in TCDD, in particular, anaerobic and aerobic microorganisms are determined up to 60% [3,4]. The damaging agent in inflammation is the pathogens themselves, endo- and exotoxins (almost undetectable by objective diagnostic methods), causing alteration, sometimes cell death. Immune (cellular and humoral) reactions occurring in the macroorganism during the inflammatory process can cause additional tissue damage, blood vessel damage, and ischaemia. Almost any human microorganism can cause TCDD. The hypothesis that under certain conditions almost all members of the vaginal microbiota are capable of becoming an etiological agent of inflammation is now supported by many researchers. The ability of some species of lactobacilli not to form hydrogen peroxide or bacteriocins (factors that contribute to the protection of the lower genitourinary system from the overgrowth of pathogens), but on the contrary - to become the cause of inflammation has been revealed [47, 307Randomised controlled trials have shown that screening women for sexually transmitted infections (STIs) leads to a reduction in inflammatory disease, with only 27% of endometrial biopsy specimens from patients with TCDD showing evidence of subclinical inflammation of a specific aetiology [4,5].

Chronic endometritis leads to an increased number of women with unfavourable reproductive out come An analysis of 24 years of cases of TCDD proved that the case of infertility in patients doubles with each subsequent episode of exacerbation of the disease. After recurrent course of TCDD patients are 2 times more likely to suffer from infertility, 4 times more often they have chronic pelvic pain, after 3 years up to 14.5% of patients have 1 case of disease recurrence and more, 21% of women undergo surgical treatment for various complications. The issues of prevention and treatment of TCDD include several areas, including aspects that prevent recurrent disease. It has been proven that a patient after at least one episode of TCDD needs preventive measures for infertility, AMI, and dyspareunia [2,6,11].

The role of changes in the expression of estrogen receptors (ER) and progesterone receptors (PR), changes in cykines and growth factors interleukins IL-1, IL-6, vascular endothelial growth factor (VEGF), leukaemia-inhibitory factor (LIF), granulocyte-macrophage, insulin-like growth factor-1, etc. is being studied in the pathogenesis of CE [1,2]; the role of chronic endometritis in endometrial dysfunction leading to impaired fertility in women is actively investigated [2,3,4]. Despite a number of fundamental domestic and foreign scientific studies on CE, there are many unresolved issues in the diagnosis and therapy of this pathology. The study of endometrial health is widely studied in many areas of medicine, but more often many complications of CE are faced by obstetric and gynaecological health services in the form of increased number of patients with AMI, pelvic pain, fertility disorders. According to literature sources, in 75% of cases, CE is associated with various pathologies of reproductive system organs: with chronic salpingo-ophoritis, endometriosis, uterine myoma, endometrial hyperplastic process, with pregnancy failure; the most frequent complication of CE is menstrual dysfunction (MDF) - 84% [3,4,5]. Nowadays, it is impossible to imagine the diagnosis and therapy of chronic endometritis in isolation from many medical and social problems.

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Despite the growth of assisted reproductive technologies in treatment, CE remains a major cause of failure in assisted reproductive technologies (ART) [6,7,8,9]. Like all chronic inflammatory pathologies, CE can be asymptomatic for long periods of time.

Like all chronic inflammatory diseases, CE can be asymptomatic for a long time, diagnosed late, and complicated by the formation of AMI, pelvic pain, dyspareunia, and infertility [215, 418, 467]; therefore, the frequency of CE in women of reproductive age may depend on the nosology for which the patient seeks medical attention.

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