

AGE-RELATED CLINICAL, ANATOMICAL AND MORPHOLOGICAL FEATURES OF MALIGNANT TUMORS OF THE CERVIX

Makhmudova G.F.

Bukhara State Medical Institute, Department of oncology and medical radiology

Abstract: *The aim of the study is to study the clinical, anatomical and morphological features of malignant neoplasms of the cervix uteri in fertile and elderly women. The study is based on retrospective and prospective data from 60 patients with malignant cervical cancer. The disease is more common in 52.2-year-old women than in 35-39-year-olds and 60-64-year-olds. We can say that in 83.3% of cases, women develop squamous cell carcinoma. It is in older women that this type of cancer develops into an endophyte, which complicates treatment and worsens the prognosis.*

Key words: *endophyte, retrospective, prospect, squamous cell carcinoma.*

Introduction

Relevance: Malignant tumors of the cervix are one of the most important problems of oncogynecology, ranking 3rd after malignant tumors of the breast and uterine body [1,7]. Cervical cancer morbidity and mortality are highest in Central-East Asia, Africa, and Latin America [4,9]. Each year, 500,000 women worldwide are diagnosed with cervical cancer for the first time, and nearly half of patients die [3,4,11]. In Uzbekistan, this figure is 5.8 per 100,000 population, and 3.9% of deaths after oncopathology [7]. This type of cancer is becoming one of the medical and social problems of developing countries [26,30]. Studies show that squamous cell carcinoma of the cervix is more common at the age of 34-36 years, and adenocarcinoma type at the age of 60-62 years [9]. The origin of the disease depends on several factors: age, reproductive status, menstrual and sexual function, social and political status, and others. Statistical data show that cervical tumors occur in 30% of cases in the perimenopausal period, 25% in 30-40 years of age, and 20% in 60-70 years of age. Recently, the incidence of cervical cancer and precancerous lesions has increased significantly by the age of 30 years. [2,4]. Morbidity and mortality rates in developed countries are declining slightly as a result of preventive measures, but in socio-economically underdeveloped and developing countries, the rate remains high. [6,9]. In recent years, the disease has been on the rise among women of childbearing age. Therefore, European countries pay special attention to screening. Thus, the study of the age-specific clinical course of the disease in patients with cervical cancer, the definition of prognostic results and improving the effectiveness of treatment is a topical issue of clinical oncogynecology from a scientific and practical point of view [4,8,11].

Aim of the study: The purpose of this study is to study the clinical and morphological types, characteristics, convenient diagnostic methods, principles of adequate treatment and prognosis of malignant tumors of the cervix in women of different ages.

Materials and methods: For primary histological verification of malignant cervical tumors in women of different ages, data were collected on the basis of retrospective and prospective data in 60 patients. 22 (36.7%) patients with cervical cancer were women of childbearing age and 38 (63.3%) of which were older patients. The research was conducted on the basis of clinical indications and cyto-histological examinations. All patients are under control at the Bukhara Regional Oncology Center.

Results: Studies have shown that malignant tumors of the cervix increase with age in women. It is characterized by extragenital diseases and systemic changes in the body with age. Another characteristic feature we have studied is that one in four women is diagnosed with a malignant tumor of the cervix due

to early marriage. It can be said that 83.3% of women develop squamous cell carcinoma. This is the morphological specificity of the sexual pathways. It is in older women that this type of cancer grows into an endophytic form, making treatment difficult and the prognosis poor.

cervical pathology was indicated in all 60 patients in the two groups and in 10 (40%) patients in the control group (the data are fully reflected in the following material). In an objective gynecological study, the external genitalia were properly developed in all patients. The urethra, paraurethral tract, and large vaginal tract passed without pathological changes. The uterine size of all patients in the control group was correct and only 3 patients (12%) had a history of a slightly larger uterine size due to the greater weight of the newborn. According to UTT data, there was no pathology in the uterus. Residual manifestations of the inflammatory process were noted in 6 (24%) patients in the control group.

As mentioned earlier, 37 (61.7%) patients in groups 1 and 2 had a history of cervical erosion and destructive treatment was used: electrocoagulation of the pathological part of the cervix in 27 (73%) patients and cryodestruction in 10 (27%) patients. The study also examined the main indicators such as the nature and duration of menstruation, age of onset of sexual activity, first pregnancy, number of births and births, abortions, genital and extragenital diseases, with an emphasis on menstruation and reproductive activity in patients. The anamnesis findings of the examined women showed that they had experienced many diseases and surgeries in childhood, adolescence and middle age, and the examination of 38 women in group II revealed that 33 (86.8%) of them had infectious diseases in their teens. In group 1, 13 patients (59.1%) experienced infectious diseases. Of the 25 patients in the control group, 12 (48%) were infected in childhood infected with diseases. With extragenital diseases in the first place patients were shown to all study groups: 22 in 1 group 19 patients (86.3%);

Of the 38 patients in group 2, 34 (89.5%) had a history of extragenital pathology; in the control group, this figure was seen in 9 (36%) of 25 patients.

the examination revealed that 28 patients (46.7%) from groups 1 and 2 had genital pathology, half of which was a chronic inflammatory process of the genitals. More specifically, they had inflammatory diseases of the genitals diagnosed before the underlying disease was identified. Information on infectious-inflammatory diseases experienced by patients is given in Table 1.

Table №1

Infectious inflammation experienced by patients diseases

diseases	I group (n=22)		II group (n=38)	
	relative	%	relative	%
endocervicitis	1	4,5%	7	18,4%
cervical erosion	2	9%	4	10,5%
chronic endometritis	-	-	3	7,8%
chronic salpingo-oophoritis	1	4,5%	2	5,2%
Candidiasis	1	4,5%	2	5,2%
trichomoniasis	-	-	1	2,6%

bacterial vaginosis	1	4,5%	1	2,6%
---------------------	---	------	---	------

26 patients (43.3%) in both groups had a history of pre-existing cervical pathology. Analysis of menstrual function showed that the mean age of menarche in the examined women was 15.5 ± 3.5 years, ranging from 12 to 16 years. Menarche at the age of 12-14 years was observed in 35 patients (58.3%), 18 (30%) patients at the age of 15 years and older, and early menstruation in 7 patients (11.7%). Thus, in 45% of the examined patients, changes in menstrual function were observed, which led to disorders of the hypothalamus - pituitary - ovarian - uterine system during puberty. In 36 patients (60%) menstruation was observed with moderate bleeding during sexual development, in 12 patients (20%) was observed heavy bleeding, in 6 patients (10%) was observed minor bleeding, and in 6 patients (10%) was painful menstrual bleeding. condition was observed. During the life of a woman, especially in reproductive age, the nature of menstrual bleeding changed, in 42 (70%) patients menstruation was observed with excessive bleeding and blood clots, which lasted more than ten days, ie hypermenstrual syndrome. again, it is interesting to note that in 21 (35%) women, irregular and heavy blood loss menstruation was observed on average 2.2 years before the onset of the average gynecological pathology. Once gynecological pathology was identified, this pathological process became more pronounced in 58% of patients. The majority of those examined were related to the gynecological pathology in which the nature of menstruation occurred. Menstruation was accompanied by heavy bleeding, acyclic and painful.

analysis of reproductive function showed that in the first group, primary infertility was detected in 2 (9%) and secondary infertility in 3 (13.6%) patients. In the anamnesis of 5 (22.7%) patients, 1 to 6 abortions were observed. 4 patients (18.2%) and 5 women (22.7%) with a history of more than 3 births under observation performed 1 to 5 abortions. Thus, the anamnesis of women who did not require operative practice had a high number of artificial and spontaneous abortions. In the second group, there were 11 (28.9%) women with primary and secondary infertility.

Table №2

Background diseases of CC in both groups

bBO background diseases	young				all	
	18-49		>49		Relative	%
	Relative	%	Relative	%		
No	2	9,1%	5	13,2%	7	11,7%
no card	2	9,1%	2	5,2%	4	6,7%
real erosion	5	22,7%	9	23,7%	14	23,3%
pseudoerosion	2	9,1%	3	7,9%	5	8,3%
endocervicitis	7	31,8%	11	28,9%	18	30%
leukoplakia	3	13,6%	5	13,1%	8	13,3%
cervical polyp	1	4,5%	3	7,9%	4	6,7%

the table shows that the incidence of cervical inflammatory diseases in postmenopausal women was

28.9% and in women of reproductive age 31.8%. The incidence of endocervicitis in older women is associated with thinning of the endocervical epithelium, a decrease in the number of glands. At this age, the thin epithelium is easily injured. All this is due to the low production of ovarian hormones in older women, a violation of the self-cleansing process of the vagina due to low levels of glycogen in the epithelium. Leukoplakia and cervical polyps are about 2 times more common in older women than in women of childbearing age. In women of reproductive age, erosions are the main background honey.

Table 3 describes gynecological surgeries performed in both groups of women.

Table №3

Anamnestic data on gynecological operations

gynecological operations	Young				All	
	18-49		>49		Relative	%
	Relative	%	Relative	%		
No	2	9,1%	5	13,2%	7	11,7%
operations on uterine excess	1	4,5%	2	5,2%	3	5%
Cervical coagulation	15	68,2%	22	57,9%	37	61,7%
Cervical congestion	4	18,2%	9	23,7%	13	21,6%
Total	22	100%	38	100%	60	100%

cervical surgeries were performed less frequently in adults of childbearing age. The main complaints of patients before surgery: bleeding (64%), of which 33 (55%) periodic, 27 (45%) non-periodic bleeding, pain (35-35%), signs of constriction of neighboring organs (32%). In 8 (8%) patients with cervical cancer, the disease passed without clinical signs, only because of the size of the tumor they underwent surgery.

The results of the analysis showed that the clinical, colposcopic and morphological features used in the detection of cervical pathology in 2 groups of patients helped to identify the symptoms of a specific nosological form of the disease. Chronic cervicitis and cervical retention cysts were found to be mainly due to disruption of the epithelialization process. In some cases, cervical leukoplakia (group 1 - 60%, group 2 - 40%, control group - 33.3%) was also detected. It has been found that this leukoplakia is mainly due to the fact that cervical pathology has been treated extensively before. It is also noteworthy that CIN I-II was detected in 5 (27.8%) patients and cervical cancer in 1 (5.5%) patients. It should be noted that every second patient has cervical pathology with another disease. For example, leukoplakia is associated with ectropion disease, cervical deformity, chronic cervicitis, endometriosis.

the study showed that the tumor was localized in the cervical canal in only 7 (11.7%) patients, and that the tumor covered the cervical ectocervix in 53 (88.3%) patients. As a result, the majority of patients presented with complaints specific to cervical cancer (contact bleeding or bleeding from a ruptured cervical tumor). It should be noted that in patients over 60 years of age, 83% of the tumor is located in the ectocervix and 17% in the cervical canal. In patients under 45 years of age, cervical canal cancer was found to be 2 times less common (8.8%) and more common (91.2%) in the ectocervix. In all patients, the clinical diagnosis was confirmed by histological examination.

Table № 4

Histological structure of CCs

histological structure	Young				Total	
	18-49 young		49 older than			
smooth-celled branched	12	54,5%	17	44,7%	29	48,3%
smooth cell unbranched	5	22,7%	7	18,4%	12	20%
low differentiated	1	4,5%	4	10,5%	5	8,3%
adenocarcinoma	4	18,2%	9	23,7%	13	21,7%
glandular smooth cell	-	-	1	2,6%	1	1,7%
Total	22	100%	38	100%	60	100%

Table 4 shows the proportion of histological types of tumors in the study groups. Overall, 70% of the tumors in both study groups were smooth-cell carcinomas, of which 69% were smooth-celled carcinomas, 28.6% were smooth-celled carcinomas, and 2.4% were glandular smooth-cell carcinomas. In 30% of cases, low-differentiated and adenocarcinoma cell tumors were formed. Table 5 shows the degree of differentiation of CCs in women of different ages.

Table №5

Level of differentiation of CCs

degree	Young				Total	
	18-49 young		49 older than			
high	13	59%	21	55,3%	34	56,7%
middle	6	27,4%	11	28,9%	17	28,3%
Low	3	13,6%	6	15,8%	9	15%
Total	22	100%	38	100%	60	100%

it can be said that the majority of patients with cervical cancer had a high rate (56.7%) of cancer in both the primary and comparative groups. In both groups, low-grade cancer was less common, but it was almost twice as common in patients over 60 years of age.

Conclusion

When analyzing the literature, we see that the cervix is a hormone-requiring organ, just like the uterus itself, and that pathological changes indicate a common pathogenetic mechanism based on development. But from an anatomical and functional point of view, the cervix is an autonomous organ, so the pathology that develops in them, especially gynecological pathologies, has not been fully studied to date. In particular, the structure of cervical disease in patients with cervical problems after subtotal hysterectomy has not been fully studied in patients with cervical disease who have not been treated surgically with dispensary control. The efficacy of cervical treatments and the principles of post-treatment rehabilitation have also not been established. The above method of research with its high qualities is considered to be one of the advanced methods with diagnostics. However, the method of morphological study of cervical biopsy is the decisive method, if indicated in the diagnosis.

studies have shown that cervical tumors increase with age, averaging + -52.2 years. Concentrations of 35-39 are less common in women aged 60-64. From the characteristic factors we studied, it became clear that every woman who got married early was more likely to develop this type of tumor. 53.5% of all women in the test had a highly differentiated type of sarcoma.

In older women, cervical cancer is more common and complicated, and post-treatment side effects include deep invasion of the cervix 1 cm or more, complete damage to the vaginal part of the cervix, anatomical growth of the tumor, and more metastasis to regional lymph nodes. Therefore, it is necessary to introduce early clinical and diagnostic examinations of women in age groups in primary care institutions and screening examinations in family clinics.

References:

1. Аксель Е.М., Т.И. Ушакова. Статистика злокачественных новообразований у пожилых. //Материалы Европейской школы по онкологии "Рак у пожилых: достижения и перспективы"- Москва, 19-20 ноября, 2001 г.
2. Аксель Е.М. Статистика злокачественных новообразований женской половой сферы. Онкогинекология 2012; 1: 18—23.
3. Анализ результатов хирургического лечения рака шейки матки пациенток фертильного возраста -В.С. Наврузова Республиканский онкологический научный центр Министерства здравоохранения Республики Узбекистан.2015й
4. Горобцова В.В., Ковалев А.А. Рак шейки матки: актуальность проблемы, принципы лечения. // Главный врач Юга России. 2016; 1 (48): 63–66.
5. Джемал А., Винеис П., Брей Ф., Торре Л., Форман Д. (редакция) Атлас по онкологии. Издание второе. – Атланта, штат Джорджия: Американское онкологическое общество, 2014 г.
6. Левшин В.Ф., Завельская А.Я. Факторы риска и профилактика рака шейки матки. // Вопр. онкологии. 2017; 63 (3): 506–16.
7. Н.Ш. Юлдашева, В.С. Наврузова Рак шейки матки.(монография). Тошкент-2014;8-64.
8. Новик В.И. Эпидемиология рака шейки матки, факторы риска, скрининг // Практическая онкогинекология: Избранные лекции / Под редакцией У.Ф. Урманчеевой, С.А. Тюляндина, В.М. Моисеенко. – Санкт-Петербург: Центр ТОММ, 2008. – С. 101-115.
9. Саидов Г.Н., Абдукаримов У.Г., Махмудова Г.Ф.// Эпидемиологические показатели первично-множественных опухолей// Биология и интегративная медицина// Бухара.-№11-(39)11.2019.-С31-42.
10. Cibas ES, Ducatman BS. Cervical and vaginal cytology. Cytology. Diagnostic principles and clinical correlations. Saunders Elsevier 2009.
11. Elliott P., Coppleson M., Russell P. et al. Early invasive (FIGO stage IA) carcinoma of the cervix: a clinico-pathologic study of 476 cases. // Int J Gynecol Cancer. – 2000. –V. 10, N 1. – P. 42–52.
12. Kurman RJ., Carcangiu ML., Harrington CS., Young RH, eds. WHO Classification of Tumors of the Female Reproductive Organs. Geneva, Switzerland: WHO Press; 2014. World Health Organization Classification of Tumors. 4th edition.
13. Marlow LA, Waller J, Wardle J. Barriers to cervical cancer screening among ethnic minority women: a qualitative study. J Fam Plann Reprod Health Care 2015; 41 (4): 248–54.