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CHRONIC PELVIC PAIN SYNDROME IN WOMEN IN GYNECOLOGICAL PRACTICE

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ABSTRACT

Summary Chronic pain (CPP) is pain in the pelvic region that lasts for 6 months or more. Among localized pains, it is pelvic pain that reveals the maximum gender differences, which makes it possible to consider it as an exclusively female problem.

KEYWORDS

Pelvic pain, body functions, female problem, quality of life, social status.

INTRODUCTION

One of the most important modern problems is chronic pelvic pain syndrome (CPB), which is a multifactorial pathological condition, and its symptoms can be observed in different degrees of expression and in different combinations, creating significant differences in diagnosis. Chronic pelvic pain is a long-lasting disease (more than 6 months), difficult to treat, disorganizing central mechanism regulation, and changing the mental and behavioral functions of the

organism [1]. Chronic pelvic pain is a difficult invalidation clinical condition, which is observed in 26% of the entire female population and can be caused by degeneration, injury or dysfunction of the nervous system. Nowadays, from 4 up to 25% of women, regardless their age, ethnic and social status suffer from CPB. About 2% of patients are unable to find the objective cause of the development of the syndrome. Chronic pain causes the deterioration of life quality in

several spheres, causing functional disorders, psychosocial disturbances, and sexual dysfunction [2]. More than 60% of women visit Obstetrician-gynecologist with CPB. WHO says that chronic pelvic pain is observed in approximately 15% of women of reproductive age in the world, and is the cause of every tenth attendance to the gynecologist. The syndrome often diagnoses women of reproductive and premenopausal age and emotional women, prone to anxiety and hypochondria [3]. The cause for the development of disease is inflammatory processes in small pelvis. As the result, stable functional disorders develop in the peripheral nerve endings of the sympathetic nervous system, and in the central nervous system, a cross-sectional number of pathological impulses are sent. Disorders also take place in a spinal core, increases the sensitivity of structures. Even small impulses appear like pain [4].

Chronic pelvic pain is considerably often observed in gynecological pathologies (73.1%) or extragenital diseases (21.9%), rather than self-standing nozologic cases (1.5%), psychologic disorders (1.1%). Etiological and pathogenetic multifactoriality, resistance to treatment makes chronic pelvic pain a major current interdisciplinary problem. Provocators of chronic pelvic syndrome can be diseases of the genital organs of an inflammatory nature (especially when combined with varicose veins of the pelvic vein in 37-40% of cases and endometriosis and 20-25% of cases), pathology of the urinary system, intrauterine synechiae, primary dysmenorrhea, abnormal development and abnormal position of the female genital organs, genital prolapse, ovulatory pain, neoplasia and small pelvis, endometriosis, varicose disease of the small pelvis, trauma to the genital organs and relatives operations, pain of intestinal origin (pelvic bottom prolapse syndrome, anorectal spasm), pain in the spinal column, physical exertion, frequent sexual contact [5].

Pelvic pains are pains in lower parts of stomach, in suprapubic and suprailiac regions of pelvis, sacrum or small of the back, in groin, crotch. Discomfort and pain increase because of dynamic impacts, cold, increase of pain in inner organs usilivayutsya. It is necessary to use only the organs of the reproductive system. Peripheral nervous system, blood vessels, muscles and fascia, anterior abdominal wall and pelvic floor are also located in this area, and, therefore, includes a huge amount of pain on the side of the entire pelvic system.

Purpose of the study: Analysis of the causes of chronic pelvic pain syndrome in women and diagnostic methods for this pathology.

MATERIAL AND RESEARCH METHODS

Retrospective analysis of historical diseases of 190 patients aged 25 to 50 years in 2018-2021. In hospitalized women, along with gynecological diseases, symptoms of chronic pelvic pain of varying intensity were also observed. Of the surveyed 181 (95%) women were giving birth, 9 (5%) nulliparous, but who had pregnancies. In the obstetric and gynecological anamnesis of women, the following were revealed: in 49 (25.7%) women, a burdened obstetric and gynecological anamnesis was observed, i.e. childbirth with complications (trauma of the birth canal, weakness of labor, prolonged labor with stimulation, labor with a large fetus, postpartum septic complications) in 26 (13.6%), caesarean section in 39 (20.5%) - from 1 to 4 operations, miscarriages in 29 (15.2%), abortions in 31 (16.3%), acute and chronic inflammation of the uterus and appendages with exacerbations in 83 (43.6%), gynecological laparotomy operations in 21 (11%), adhesions of the pelvic organs in 7 (3.7%) of varying degrees, in 3 (1.5%), anomalies in the location of the genital organs in 8 (4.2%), anomalies in the development of the genital organs in 1 (0.5%). For the purpose of diagnosis, all women were used both

general clinical and special methods of examination in gynecology.

The causes that caused chronic pelvic pain were clarified on the basis of general and special clinical and instrumental methods of research, sometimes during operations, as well as related specialists took part in the diagnosis: urologist, surgeon, proctologist, neurologist, gastroenterologist, orthopedist, psychologist and other specialists.

RESULTS AND DISCUSSIONS

During the examination of this category of patients, the average age of women was 37.5 years. Of these, 131 (69%) are residents of rural areas and 59 (31%) are residents of the city. In women, among the reasons for going to the hospital were complaints of long-term pain in the pelvis, vagina, vulva, perineum, coccyx, in the groin, above the womb, violations of sexual life, vaginismus. According to the results of the observation, acute and chronic inflammatory processes and appendages (patients who represent the patient group of the patient who developed the inflammatory process and endometriosis) are 119 (62.6%), endometriosis is 20 (10.5%), uterine fibroids 18 (9.4%), anomalies in the location of the uterus (acquired) in 9 (4.7%), anomalies in the development of internal genital organs (saddle uterus) in 1 (0.5%), benign ovarian tumors in 10 (5.2%), adhesions in the small pelvis in 9 (4.7%), intrauterine device in 12 (6.2%), malignant neoplasms of the cervix in 1 (0.5%). In addition, female genital diseases were associated with pathological conditions related to adjacent organs: ureteral tract diseases: chronic pyelonephritis, hydronephrosis, nephroptosis were seen in 12 patients, chronic cystitis in 10 women, a temporary disease in 3, varicose veins in 21 internal organs, hemorrhoids in 13 women, 9 women suffered from intestinal problems, 5 women suffered from osteochondrosis and hernia of

the spinal column, 32 had psycho-emotional disorders. It should be emphasized that in the course of the study, several patients were found to have several diseases at once in 57 (30%), i.e. combined causes that led to pelvic pain. There is no universal algorithm for examining patients with CPPS. Diagnosis was planned individually, taking into account complaints, anamnesis of the woman, objective data, special and additional diagnostic methods. For the diagnosis of CPPS, the following methods of investigation are carried out: external and internal gynecological examination, the laboratory stage of the examination is carried out for the direct state of the organism and the functioning of the entire system, ultrasound examination of the organs of the body is performed in 190 women (100%), hysterosalpingography 7 (8.9%) , analysis urinary tract infections 54 (28.4%), urography 9 (4.7%), hysterosalpingography 10 (5.2%), hysteroscopy 5 (2.6%), cystoscopy 7 (3.6%), colonoscopy 11 (5.7%), diagnostic laparoscopy 5 (2.6%), MRT 4 (2.6%), MSKT 1 (0.5%). Allied specialists examined 84 patients for pelvic pain, as a result, chronic pelvic pain syndrome was established based on the sum of the signs. The patient received complex simultaneous treatment, which included standard therapy of the primary disease, further correction of the hormonal background, means, increasing microcirculation, immunocorrectors and physiotherapeutic procedures, physical therapy, introduction of anesthetic drugs, psychotherapy.

CONCLUSIONS

In this way, the syndrome of chronic pelvic pain (SCPP) is an actual multidisciplinary modern problem, the solution of which requires the participation of many specialists. Our studies showed that the causes of chronic pelvic pain were most often simultaneous causes, i.e. inflammatory processes of the pelvic

organs, endometriosis of the uterus, uterine fibroids, anomalies in the location of the uterus, adhesions of the pelvic organs, prolapse of the walls of the vagina and uterus, and others, were combined with such pathologies as varicose veins of the pelvic organs, chronic cystitis and urolithiasis, hemorrhoids, proctitis, enterocolitis, osteochondrosis of the lumbar region and sacrum, hernia of the spinal column.

REFERENCES

1. Gynecology. Textbook / under edition of V. E. Radzinsky, A. M. Fuksa. 2nd edition of Perer. and additionally M: GEOTAR-Media, 2019. Pages 1100-1104.
2. Diagnostics and treatment of pelvic pain. A.N. Barinov. Medicinsky Soviet. 2015 y. No. 10
3. Ziganshin A.M., Nazmutdinova R.R., Nurdinova I.G., Lando E.I. Chronic pelvic pain – Interdisciplinary problem // Modern problems of science and education– 2019. - №6.
4. National leadership. Edited by G. M. Saveleva, G. T. Sukhikh, V. N. Serov, V. E. Radzinsky, I. B. Manukhin, 2nd edition. and additional _ M.: GEOTAR-Media, 2020. 116-124 p.
5. Petros P. Jenskoe tazovoe dno. M: MEDpress-inform, 2016. 396 s.
6. Radzinsky V.E., Orazov M.R., Kostin I.N. Chronic pelvic pain in gynecological practice // Dr. RU. 2019. No. 7 (162). S. 30-35 DOI: 10.31550/1727-2378 2019-167-30-35
7. Chronicheskaya tazovaya bol – genskaya problema I.V. Kuznetsova. FGAOU VO MGMIU im. Sechenova Gynecology; 2017 g 19(3): 62-679.
8. Chronic pain syndrome. Etiopathogenesis, diagnostics and therapy. Clinical lecture / M.R. Orazov, H.Yu.Simonovskaya, T.S. Ryabinkina / editor in chief. V. E. Radzinsky. M: Journal Status Presents, 2016 p. 24 str.
9. Chronicheskaya nespecificheskaya tazovaya bol u genschin: multidisciplinarnaya problema (review). 2017 \ Esin R.G., Fedorenko A.I., Gorobets E.A.
10. Khronicheskaya tazovaya bol. Versii, contraversii, perspective. Leadership. Edited by V. E. Radzinskogo, M. R. Orazova M. Status Praesens. 2022
11. Yarotskaya E.L. Pelvic pain and gynecology: contemporary approaches to observation, treatment and rehabilitation of patients. Obstetrics and gynecology: novelty, mneniya, obuchenia. 2016; 2(12): 82-84.
12. Chichasova N.V., Alekseeva L.I., Badokin V.V., Shostak N.A. Opyt primeneniya neomylyaemyx soedineniy. Russian medical magazine. 2014. 22. 7: 524-531
13. DanielsJP, KhanKS; Chronikpelvicpaininwomen. BMJ/ 2010 Oct. 5; 341: 4834. Doi: 10/1136/bmj/c4834.
14. Graziottin A, Gambini D, Bertolasi L. Genital and sexual pain in women // HandbClin Neurol. 2015. Vol. 130. P. 395-412.