ОБЗОРЫ ЛИТЕРАТУРЫ

UDC 618.146-002.446
DOI 10.59598/ME-2305-6045-2024-113-4-8-16

S. S. Abieva[1], L. M. Stabayeva[1*], M. M. Tussupbekova[1], G. N. Imanbayeva[2], R. Zh. Nygyzbayeva[2], S. N. Zhuravlev[1], N .P. Shavnina[2], M. S. Serikova[3]

CLINICAL AND DIAGNOSTIC ASPECTS OF CERVICAL ECTOPIA ASSOCIATED WITH SEXUALLY TRANSMITTED INFECTIONS IN YOUNG UNBORN WOMEN

[1]Department of Morphology of NC JSC «Karaganda Medical University» (100008, Republic of Kazakhstan, Karaganda, Gogolya str., 40; e-mail: info@qmu.kz)
[2]MSE «Regional Clinical Hospital» (100012, Republic of Kazakhstan, Karaganda, Yerubayeva str., 15; e-mail: okb@okbkar.kz)
[3]Department of Family Medicine of NC JSC «Karaganda Medical University» (100008, Republic of Kazakhstan, Karaganda, Gogolya str., 40; e-mail: info@qmu.kz)

***Leila Medeubayevna Stabayeva** – Head of Department of Morphology of NC JSC «Karaganda Medical University»; NC JSC «Karaganda Medical University» (100008, Republic of Kazakhstan, Karaganda, Gogolya str., 40;e-mail Stabaeva@qmu.kz

Relevance. The prevalence of cervical ectopia varies from 17 to 59%. Cervical ectopia is diagnosed in 54.2% young women under 25 years of age. It is most often diagnosed during preventive examinations. Cervical ectopia is considered a variant of the normal histophysiological condition of the cervix. At the same time, it has been proven that in ectopia, the cylindrical epithelium with its crypts is the main and ideal place for the introduction of sexually transmitted infections. The complicated course of ectopia against the background of the inflammatory process is observed in 67.7-71.2% cases, contributes to the disruption of epithelial proliferation processes and can lead to the development of dysplasia and cellular atypism.

Aim. To analyze the literary sources devoted to cervical ectopia associated with sexually transmitted infections in young unborn women.

Materials and methods. The literary review and analysis of publications on the topic in sources indexed in e-Library, Google Academy, Pubmed databases. The keywords to search were cervical ectopia, human papillomavirus, and pathology of the uterus. The inclusion criteria were the reports on randomized and cohort studies conducted on large populations, meta-analyses and systematic reviews, original full-text articles in English and Russian, which are publicly available and contain statistically confirmed conclusions. The exclusion criteria were summary reports, newspaper articles and personal messages. The result of the relevant search was 1,200 articles, and 32 articles were selected for final analysis.

Results and discussion. The results showed that cervical ectopia associated with sexually transmitted infections, especially papillomavirus infection, occurs with high frequency among women of young reproductive age, which accordingly increases the risk of cervical cancer developing.

Conclusion. Thus, cervical ectopia is common among young women and adolescents, and is almost always associated with sexually transmitted infections.

Key words: cervical ectopia; human papillomavirus; histological examination; sexually transmitted infections; cervical pathology

INTRODUCTION

Cervical ectopia is the displacement of the cylindrical epithelium of the cervical canal onto the surface of the exocervix [2, 29]. Currently, the most detailed existing theories of the genesis of cervical ectopia are inflammatory, traumatic, dishormonal and immunological. The inflammatory theory of K. Meyer is one of the earliest theories of the development of cervical ectopia. This theory is based on a number of clinical and epidemiological studies indicating an increase in the frequency of background cervical diseases (in particular, ectopia) in unborn women of childbearing age who have suffered sexually transmitted diseases of the reproductive system. And it should be noted that such diseases occur in 55.9% cases in this pathology. The immunological theory of the development of cervical ectopia deserves attention. The relationship between the degree of morphological changes in the ectocervix and the indicators of regional immunity was revealed. Cervical pathology

develops against the background of a decrease in the functional activity of the T-lymphocytic system and irritation of the B-system, which is manifested by increased synthesis of immunoglobulins (IgM, IgG). The hormonal theory of pseudoerosion was developed in detail by I. A. Yakovleva and based on extensive clinical material. This theory is supported by the fact that a significant number of patients with ectopia show signs of hyperestrogenism, as well as the fact that the frequency of background processes of the cervix is 5 times higher in women with impaired menstrual function than in the population. There is also some interest in the data that independent epithelialization of cervical ectopia foci does not occur with an unchanged hormonal background. Taking into account the above, it can be concluded that hormonal theory does not fully explain why cervical ectopia occurs in women with undisturbed endocrine function of the ovaries [15].

Cervical ectopia is the most frequent process on the cervix, and its uncomplicated form is considered as a variant of the norm [1]. According to foreign researchers, the prevalence of cervical ectopia varies from 17 to 59% cases. Cervical ectopia is detected in 54.2% cases in a group of young women under 25 years of age [25], the incidence of cervical ectopia in women under 35 years of age is 89.3% [4, 22]. The cylindrical epithelium, located on the vaginal part of the cervix, is traumatized in the acidic environment of the vagina and is a place of long-term residence of pathogenic and opportunistic microorganisms. This process contributes to the disruption of physiological reparative processes in the epithelium and the development of dysplastic conditions. Chlamydia, mycoplasma and genital viral infection play a role in the genesis of cervical ectopia [3, 23]. Therefore, ectopia is quite often registered in the form of complicated forms in combination with sexually transmitted infections (STIs) [23, 30].

The aim of the study was to analyze the data of literary sources devoted to cervical ectopia associated with sexually transmitted infections in young unborn women.

MATERIALS AND METHODS

A literary review and analysis of publications on the research topic in sources indexed in the databases e-Library, Google Academy, Pubmed. The keywords to search in the PubMed database were as follows: cervicalectopia, human papillomavirus, pathology of the uterus. The inclusion criteria were: reports on randomized and cohort studies conducted on large populations, meta-analyses and systematic reviews, original full-text articles in English and Russian, which are publicly available and contain statistically confirmed conclusions. The exclusion criteria were as follows: summary reports, newspaper articles and personal messages. The result of the relevant search was 1,200 articles, and after initial study, 32 articles were selected for final analysis.

RESULTS AND DISCUSSION

Uncomplicated cervical ectopia is clinically asymptomatic. It is detected accidentally during gynecological examination and has no specific complaints. Complicated ectopia of the cervix may be manifested by the presence of whiteness, contact spotting, dyspareunia, itching [5, 28, 30]. One of the reasons for contacting a gynecologist is infertility and menstrual cycle disorders [15]. When collecting anamnesis in patients with cervical ectopia, it is necessary to identify risk factors that provoke the development of complicated ectopia. Special emphasis should be placed on clarifying hereditary predisposition to oncological pathology, lifestyle, bad habits, occupational hazards, sexual culture, obstetric history, somatic pathology, endocrine disorders, duration of cervical ectopia, the presence of recurrent course, surgical interventions (diathermocoagulation) and STIs [30].

The main diagnostic methods for cervical ectopia are colposcopy, cytological method (PAP test), PCR diagnosis of sexually transmitted infections (papillomavirus infection, chlamydia, trichomoniasis, gonorrhea, HIV) [28]. Examination of the cervix in mirrors allows you to differentiate women into two conditional groups – the first includes healthy women, the second includes women with various cervical changes that require additional examination. According to A. D. Atabiyeva, routine examination of the cervix in mirrors does not always reveal the presence of pathology. And colposcopy today remains the basic method that allows determining further diagnostic tactics and monitoring regimen [6]. The colposcopic picture is important in the diagnosis of cervical diseases, as it allows to reliably identify lesions, determine their localization and nature, as well as determine the site for taking a biopsy. In addition, extended colposcopy allows for tests (3% acetic acid solution and a Schiller sample by 3% Lugol solution) to determine the adequacy of the cervical epithelium.

There are several methods of colposcopic examination. Simple (overview) colposcopy is an indicative method in which the use of medications is not resorted to. The method of simple (overview) colposcopy is used to determine the shape and size of the cervix, the condition of its surface, the presence and nature of ruptures, the boundaries of the flat and cylindrical epithelium. Also, using simple (overview) colposcopy, the color and relief of the mucous membrane of the ectocervix, the features of the vascular pattern and the nature of secretions

are evaluated. Extended colposcopy is a method of examining the ectocervix using epithelial and vascular tests, in which the reaction of tissues in response to treatment with medicinal formulations (3% acetic acid solution and Lugol solution) is observed. Colpomicroscopy (magnification x 160-280) allows for a «lifetime» histological examination of the cervical epithelium using various stains.

Colposcopy through color filters is used for a more detailed study of the epithelium and vascular pattern. To identify the features of the vascular system, a green filter is used, which completely absorbs long-wave infrared radiation. Cervicoscopy is a method of examining the mucous membrane of the cervical canal using cervicoscope or hysteroscope, which determines the nature of mucosal folding, the presence of polyps, ulceration, transformation zones and areas of atypical epithelium [9]. Currently, there are 5 classes of colposcopic paintings according to the classification of International Federation of Cervical Pathology and Colposcopy (IFRC) (Rio de Janeiro, 2011). Ectopia of the cervix (atypical arrangement of a single-row cylindrical epithelium) belongs to the first class of colposcopic pictures (correct or normal colposcopic data) along with a benign transformation zone and multilayer squamous epithelium [15].When examining a group of women with cervical ectopia, the colposcopic picture was characterized by an increased amount of secretion, hyperemia of the outer cover of the cervix and the area of entry into the cervical canal, swelling of the mucous membrane with its uneven staining during the Schiller test, with characteristic mottling due to alternating small-point iodine-negative and iodine-positive sites. Studies on the effectiveness of the colposcopic method have revealed that the effectiveness of colposcopy itself is only 80.0% in detecting cervical pathology. Therefore, it is necessary to combine this method with cytological examination, the effectiveness of which is up to 85.0%, and the effectiveness increases to 93.0% when both methods are combined [30].

The cytological method is based on the study and evaluation of cellular material in order to identify the morphological features of cells characterizing specific pathological processes. PAP smear classification (papsmear, paptest): «Normal type of smear». Class 1 is characterized by a cytogram with a normal cellular composition: «Inflammatory type of smear». Class 2 smears of are characterized by the presence of epithelial cells with minor morphological changes (a small increase in the nucleus), as well as the appearance of cells of metaplastic epithelium: «Doubtful type of smear». Class 3 smears are distinguished by the appearance of cells with more pronounced morphological changes in the nuclei, designated as «discariasis»: «Suspicious type of smear». Class 4 smears show cells with atypical signs that are suspicious of a malignant process: «Obvious cancer». Class 5 smears are regarded as positive for cancer [9].

Molecular biological diagnostic methods: aimed at detecting the smallest DNA particles of the human papillomavirus (HPV) and microorganisms in the material (from the cervical canal and from the surface of the abnormal epithelium and exophytic condylomas). More than 120 types of HPV are known: 35 of them are found in the human anogenital tract. According to the oncogenicity potential, the following HPV subgroups are distinguished: HPV subgroups of high oncogenic risk (types 16, 18, 31, 33, 35, 39, 48, 51, 56, 58, 59, 66, 68, 73 and 82) and HPV subgroups of low oncogenic risk (types 6, 11, 42, 43, 44, 46, 47, 50) [9].

A histological examination is the final and most reliable diagnostic method that allows to establish morphological changes in the cervix. The material for it is obtained by targeted biopsy (under colposcopic control), cervical curettage, excision, conization of the cervix, as well as a result of other more extensive operations [28]. D. A. Nurgaliyeva notes that when using the cytological method and confirmed by histological examination, the detection of cervical pathology occurs in 92.2% of cases [8, 28, 30]. Thus, a histological examination of biopsies taken from the cervix of 317 women aged 20 to 82 years, conducted in the Karaganda region, demonstrates that the most frequently diagnosed pathology of the cervix was cervical ectopia (51%). The maximum frequency of occurrence is observed in the age group from 20 to 40 years (92.5%), which is associated with the intense influence of sex hormones (estrogens) in women of active reproductive age [5, 26].

There are progressive, stationary and healing ectopia of the cervix. Progressive ectopia of the cervix is characterized by cell proliferation with the formation of glandular structures, which indicates the dynamic development of the pathological process. Stationary ectopia of the cervix or simple is characterized by the absence of signs of increased proliferation in the cells of the cylindrical epithelium. Epidermizing or healing ectopia is characterized by the appearance of islands of multilayer flat epithelium in the zone of the cylindrical epithelium. A. E. Samigullina and K. A. Sarybayeva in their study identifies another (recurrent)type of cervical ectopia, since in the presence of adverse conditions, metaplasia can break off, causing early or late relapses, which requires increased attention of a doctor with dynamic monitoring of such women. Attention is drawn to the high percentage of progressive (47.8%) and recurrent (36.2%) ectopias, which indicates a more unfavorable course requiring

an integrated approach in the treatment of this type of ectopia. Stationary ectopia is only 3.2%, epidermizing ectopia is 12.8% [18].

According to the results of a retrospective study by I. N. Ogrizko and D. M. Semyonov, who analyzed the risk factors for cervical ectopia in women of reproductive age and studied their relationship with the clinical form of cervical ectopia, 1,805 out of 4,800 women were diagnosed with cervical ectopia. It was found that uncomplicated ectopia was observed only in 197 patients among women with this pathology, and ectopia was complicated by an inflammatory process in 1,608 patients. The average age of patients with cervical ectopia was 27 years. Analysis of data from outpatient charts of patients with cervical ectopia showed that cervical ectopia is most common (89.3%) in women of early reproductive age, namely in 19-34 years [14, 19]. Jose Eleutério Junior, Paulo César Giraldo et al. came to a similar conclusion that ectopia of the cervix is often associated with inflammatory changes and bacterial vaginosis, based on cytological research [32].

According to Elizabeth Kleppa, Sigve D. Holman et al., who studied the relationship between STIs and cervical ectopia in high school students in rural South Africa, the average age of cervical ectopia in high school girls was 19.1 years. Ectopia was found in 27.2% girls, HIV infection – in 27.8%, chlamydia – in25.3%, gonorrhea – in15.6%. It was found that age, parity, chlamydia and gonorrhea, years after menarche, years since the onset of sexual activity and the number of sexual partners were associated with ectopia [31]. So, L. V. Adamyan, Ye. V. Sibirskaya and S. A. Zhuravlyova studied the pathology of the cervix in sexually active adolescents and found that 12 (11.2%) girls had their first experience of sexual relations by the age of 14; 18 (16.8%) girls – by the age of 15; 96 (89.8%) girls – by the age of 16; 100% girls – by the age of 17. The following pathology prevailed in the structure of cervical pathology of the examined adolescent girls: cervical ectopia in 28 (26.2%) girls, cervicitis – in 16 (14.9%) girls, cervical papillomas – in19 (17.8%) girls [2]. Papillomavirus and chlamydia infections prevailed among sexually transmitted infections (25.2 and 17.8% of cases, respectively). Trichomoniasis was diagnosed in only 2 (1.9%) girls [7, 24]. According to the results of another study, positive results in the detection of HPV were obtained in 26 (57.8%) women of the main group and in 23 (56.1%) women of the comparison group. Chronic chlamydia was detected in 80% of the examined women, ureaplasmosis and herpes infection – in 100% of cases, chronic trichomoniasis – in more than 90% patients [3, 10]. Special attention should be paid to papillomavirus infection associated with cervical ectopia, which can lead to cervical cancer. Low awareness of HPV in adolescents and young people plays an important role [12]. The risk of CIN developing with HPV type 16 persistence is 40-50% [5, 13, 25]. A wide range of oncogenic types of human papillomavirus was identified, among which the highly aggressive type 16 was the leader [16]. Infection with several virus types was detected in 28.95% cases. Significant and increased viral load was detected in 74.93%cases [16]. According to the data provided by the National Register of Oncological Diseases of Kazakhstan for 2020, 1,952 new cases of cervical cancer were registered among women. It is 7.3% of the total number of new cases of cancer in women. Infection caused by the cervical papillomavirus (HPV) is diagnosed in more than 99.7% cases of cervical cancer and is considered the main risk factor for cervical intraepithelial neoplasia [17]. Morphological markers of papillomavirus infection and active proliferation are enlargement of the nucleus, hyperchromasia, and the most specific sign of coilocytosis or specific perinuclear cavitation [11]. Among gynecological diseases often combined with cervical ectopia, cervicitis (98.0%), vaginitis (93.3%), menstrual disorders (49.3%), miscarriage (22.3%), chronic endometritis (17.3%), abnormal uterine bleeding (12.3%), chronic salpingoophoritis (11.8%), uterine fibroids (5.5%), infertility (5.3%), ovarian cysts (3.3%), endometriosis (3.0%) and endometrial polyps (1,5%) were registered [20, 21, 24].

CONCLUSIONS

The study demonstrates certain clinical and diagnostic aspects of cervical ectopia in young women: in the vast majority of cases, complicated cervical ectopia associated with inflammatory and infectious agents is clinically diagnosed. Histologicalexamination of cervical biopsies, colposcopy, as well as bacteriological and serological methods of testing for sexually transmitted infections are preferablefor the diagnosis of cervical ectopia.

Based on the results of a literature review, it was revealed that cervical ectopia associated with sexually transmitted infections, especially papillomavirus infection, occurs with high frequency among women of young reproductive age, which accordingly increases the risk of developing cervical cancer in young women.

Authors' contributions:

S. S. Abieva, L. M. Stabayeva – significant contribution to the concept or design; collection, analysis or interpretation of the results.

S. S. Abieva, G. N. Imanbayeva, M. S. Serikova – writing the text and critically reviewing its content.

R. Zh. Nygyzbayeva, S. N. Zhuravlev, N. P. Shavnina – approval of the final version of the manuscript for publication.

M. M. Tussupbekova, N. P. Shavnina – consent to be responsible for all aspects of the work, proper study and resolution of issues related to the reliability of data or the integrity of all parts of the article.

Conflict of interest. No conflict of interest has been declared.

REFERENCES

1 Абрамашвили Ю. Г. Современные особенности хронического цервицита с наличием эктопированного цилиндрического эпителия на экзоцервиксе (зоной трансформации I типа) (аналитический обзор) /Ю. Г. Абрамашвили, Н. В. Мингалева //Репродуктивное здоровье детей и подростков. – 2014. – №4. – С. 15-27.

2 Адамян Л. В. Патология шейки матки у сексуально активных подростков /Л. В. Адамян, Е. В. Сибирская, С. А. Журавлева //Репродуктивное здоровье детей и подростков. – 2016. – №2. – С. 15.

3 Анализ причин рецидивирования эктопии шейки матки после коагуляции /Н. Ф. Хворостухина, Ю. В Михеева., Д. А. Новичков и др. //Фундаментальные исследования. – 2014. – №10 (3). – С. 562-566.

4 Андралойть Е. М. Особенности цервикальной эктопии у нерожавших женщин до 25 лет /Е. М. Андралойть, Д. Э. Станько //Сб. матер. конф. студентов и молодых ученых, посвящ. 60-летию учреждения образования Гродненского государственного медицинского университета. – Гродно, 2018. – С. 25-26.

5 Андреева Н. А. Эктопия шейки матки и папилломавирусная инфекция у женщин репродуктивного возраста /Н. А. Андреева, О. С. Козлова //Матер. науч. конф. «Огаревские чтения». – Саранск, 2017. – Ч. 2. – С. 218-222.

6 Атабиева А. Д. Заболевания шейки матки при беременности и современные методы их диагностики (обзор литературы) /А. Д. Атабиева, Т. В. Пикуза, Р. А. Чилова //Вестн. соврем. клинич. медицины. – 2016. – Том 9, №4. – С. 72-83.

7 Белорукова О. Г. Эктопия шейки матки и папилломавирусная инфекция у женщин разных возрастных групп. Врачебная тактика /О. Г. Белорукова, Е. Б. Рудакова //Омский научный вестник. – 2012. – №1. – С. 5-9.

8 Значение морфологических методов исследования в диагностике патологии шейки матки /В. А. Кулавский, С. Ф. Насырова, В. Н. Ткаченко и др. //Медицинский вестник Башкортостана. – 2014. – Т. 9, №5. – С. 76-70.

9 Кузнецова Л. Э. Доброкачественные, фоновые и предраковые заболевания шейки матки //Медицинские новости. – 2016. – №4. – С. 47-51.

10 Михеева Ю. В. Современный подход к лечению осложненной эктопии шейки матки / Ю. В. Михеева, Н. Ф. Хворостухина, Д. А. Новичков //Акушерство, гинекология и репродукция. – 2016. – №2. – С. 24-31.

11 Морфологические и иммунологические особенности осложненных эктопий шейки матки /И. Г. Конарева, Л. Д. Белоцерковцева, Л. В. Коваленко, В. А. Стародумова //Вестн. уральской медицинской академической науки. – 2014. – №1. – С. 56-58.

12 Невар А. С. ВПЧ-ассоциированные заболевания шейки матки //Сб. матер. конф. студентов и молодых ученых, посвященный 80-летию со дня рождения профессора С. И. Болтрукевича. – 2020. – С. 361-362.

13 Новые возможности ранней диагностики и профилактики ВПЧ-ассоциированных поражений шейки матки /В. Н. Прилепская, Г. Р. Байрамова, Е. А. Коган и др. //Медицинский совет. Гинекология. – 2015. – Т. XX. – С. 72-76.

14 Огризко И. Н. Распространенность и клинические формы эктопии шейки матки среди женщин репродуктивного возраста /И. Н. Огризко, Д. М Семенов //Вестник ВГМУ. – 2013. – №3 (12). – С. 72-77.

15 Огризко И. Н. Современные аспекты диагностики и лечения эктопии шейки матки / И. Н. Огризко, Д. М. Семенов //Мед. новости. – 2018. – №10. – С. 29-36.

16 Особенности инфекционного процесса у пациенток с ВПЧ-ассоциированной эктопией шейки матки /М. А. Зотова, К. В. Никушкина, Е. А. Мезенцева и др. //Рос. иммунол. журн. – 2018. – №3 (21). – С. 311-316.

17 Применение фотодинамической терапии у женщин с ВПЧ-ассоциированным предопухолевым заболеванием шейки матки /Н. А. Шаназаров, С. Д. Кисикова, Р. К. Албаев и др. //Наука и здравоохранение. – 2023. – №4 (25). – С. 231-240.

18 Самигуллина А. Э. Эктопии шейки матки: особенности морфофункциональной структуры /А. Э. Самигуллина, К. А. Сарыбаева //Известия вузов Кыргызстана. – 2019. – №7. – С. 52-59.

19 Самигуллина А. Э. Эктопия шейки матки: открытые вопросы /А. Э. Самигуллина, К. А. Сарыбаева //Известия вузов Кыргызстана. – 2019. – №6. – С. 64-71.

20 Самигуллина А. Э. Эктопия шейки матки: оценка факторов риска /А. Э. Самигуллина, К. А. Сарыбаева //Междунар. журн. прикладных и фундаментальных исследований. – 2019. – №7. – С. 60-67.

21 Современные диагностические методы для раннего выявления заболеваний шейки матки

/Н. О. Наврузова, Г. А. Ихтиярова, У. О. Наврузова и др. //Вестн. врача. – 2019. – №1 (4). – С. 78-83.

22 Таймазова А. С. Эктопия шейки матки. Современный взгляд на диагностику и лечение /А. С. Таймазова, З. Э. Икаев //Вестник науки. – 2020. – №2 (23). – С. 150-155.

23 Федоренко А. Р. Частота встречаемости ВПЧ при эрозии (эктопии) шейки матки //Бюллетень Северного государственного медицинского университета. – 2021. – С. 113-114.

24 Хворостухина Н. Ф. Значение хронических урогенитальных инфекций в генезе рецидива эктопии шейки матки /Н. Ф. Хворостухина, Ю. В. Михеева, Д. А. Новичков //Междунар. Журн. прикладных и фундаментальных исследований. – 2014. – № 5 (1). – С. 155-156.

25 Частота встречаемости фоновых и предраковых заболеваний шейки матки по результатам скрининга /М. М. Тусупбекова, Н. Б. Ким, О. А. Костылева и др. //Медицина и экология. – 2016. – №3. – С. 67-70.

26 Частота инфицирования вирусами папилломы человека высокого канцерогенного риска женщин с наличием эктопии цервикального эпителия /А. Г. Мельникова, В. Н. Беляковский, А. Н. Волченко и др. //Науч. стремления. – 2014. – №4 (12). – С. 57-61.

27 Шаргородская А. В. Цервициты, ассоциированные папилломавирусной инфекцией: прогнозирование и выбор тактики ведения пациенток /А. В. Шаргородская, Т. Н. Бебнева //РМЖ. Мать и дитя». – 2019. – №2 (2). – С. 143-147.

28 Шоонаева Н. Д. Диагностика патологии шейки матки: современный взгляд на проблему / Н. Д. Шоонаева, В. А. Выборных, А. М. Асанбекова //Современные проблемы науки и образования. – 2020. – №3. – С. 148.

29 Щербина Н. А. Современные клинико-патогенетические аспекты диагностики и лечения пациенток с эктопией шейки матки /Н. А. Щербина, Д. А. Говсеев //Междунар. мед. журн. – 2014. – №2. – С. 58-64.

30 Эктопия шейки матки: диагностические критерии (обзор литературы) /А. Э. Самигуллина, К. А. Сарыбаева //Известия вузов Кыргызстана. – 2018. – №7. – С. 8-12.

31 Cervical ectopy: associations with sexually transmitted infections and HIV. A cross-sectional study of high school students in rural South Africa / E. Kleppa, S. D Holmen, K. Lillebø et al. //Sex. Transm. Infect. – 2015. – V. 91 (2). – P. 124-129.

32 Uterine cervical ectopy during reproductive age: cytological and microbiological findings / J. E. Junior, P. C. Giraldo, A. K. S. Gonçalves et al. // Diagn. Cytopathol. – 2014. – V. 42 (5). – P. 401-404.

TRANSLITERATION

1 Abramashvili Ju. G. Sovremennye osobennosti hronicheskogo cervicita s nalichiem jektopirovannogo cilindricheskogo jepitelija na jekzocervikse (zonoj transformacii I tipa) (analiticheskij obzor) /Ju. G. Abramashvili, N. V. Mingaleva // Reproduktivnoe zdorov'e detej i podrostkov. – 2014. – №4. – S. 15-27.

2 Adamjan L. V. Patologija shejki matki u seksual'no aktivnyh podrostkov /L. V. Adamjan, E. V. Sibirskaja, S. A. Zhuravleva //Reproduktivnoe zdorov'e detej i podrostkov. – 2016. – №2. – S. 15.

3 Analiz prichin recidivirovanija jektopii shejki matki posle koaguljacii /N. F. Hvorostuhina, Ju. V Miheeva., D. A. Novichkov i dr. //Fundamental'nye issledovanija. – 2014. – №10 (3). – S. 562-566.

4 Andralojt' E. M. Osobennosti cervikal'noj jektopii u nerozhavshih zhenshhin do 25 let /E. M. Andralojt', D. Je. Stan'ko //Sb. mater. konf. studentov i molodyh uchenyh, posvjashh. 60-letiju uchrezhdenija obrazovanija Grodnenskogo gosudarstvennogo medicinskogo universiteta. – Grodno, 2018. – S. 25-26.

5 Andreeva N. A. Jektopija shejki matki i papillomavirusnaja infekcija u zhenshhin reproduktivnogo vozrasta /N. A. Andreeva, O. S. Kozlova //Mater. nauch. konf. «Ogarevskie chtenija». – Saransk, 2017. – Ch. 2. – S. 218-222.

6 Atabieva A. D. Zabolevanija shejki matki pri beremennosti i sovremennye metody ih diagnostiki (obzor literatury) /A. D. Atabieva, T. V. Pikuza, R. A. Chilova //Vestn. sovrem. klinich. mediciny. – 2016. – Tom 9, №4. – S. 72-83.

7 Belorukova O. G. Jektopija shejki matki i papillomavirusnaja infekcija u zhenshhin raznyh vozrastnyh grupp. Vrachebnaja taktika / O. G. Belorukova, E. B. Rudakova //Omskij nauchnyj vestnik. – 2012. – №1. – S. 5-9.

8 Znachenie morfologicheskih metodov issledovanija v diagnostike patologii shejki matki / V. A. Kulavskij, S. F. Nasyrova, V. N. Tkachenko i dr. //Medicinskij vestnik Bashkortostana. – 2014. – T. 9, №5. – S. 76-70.

9 Kuznecova L. Je. Dobrokachestvennye, fonovye i predrakovye zabolevanija shejki matki // Medicinskie novosti. – 2016. – №4. – S. 47-51.

10 Miheeva Ju. V. Sovremennyj podhod k lecheniju oslozhnennoj jektopii shejki matki / Ju. V. Miheeva, N. F. Hvorostuhina, D. A. Novichkov //Akusherstvo, ginekologija i reprodukcija. – 2016. – №2. – S. 24-31.

11 Morfologicheskie i immunologicheskie osobennosti oslozhnennyh jektopij shejki matki / I. G. Konareva, L. D. Belocerkovceva, L. V. Kovalenko, V. A. Starodumova //Vestn. ural'skoj medicinskoj akademicheskoj nauki. – 2014. – №1. – S. 56-58.

12 Nevar A. S. VPCh-associirovannye zabolevanija shejki matki //Sb. mater. konf. studentov i molodyh uchenyh, posvjashhennyj 80-letiju so dnja rozhdenija professora S. I. Boltrukevicha. – 2020. – S. 361-362.

13 Novye vozmozhnosti rannej diagnostiki i profilaktiki VPCh-associirovannyh porazhenij shejki matki /V. N. Prilepskaja, G. R. Bajramova, E. A. Kogan i dr. //Medicinskij sovet. Ginekologija. – 2015. – T. XX. – S. 72-76.

14 Ogrizko I. N. Rasprostranennost' i klinicheskie formy jektopii shejki matki sredi zhenshhin reproduktivnogo vozrasta /I. N. Ogrizko, D. M Semenov //Vestnik VGMU. – 2013. – №3 (12). – S. 72-77.

15 Ogrizko I. N. Sovremennye aspekty diagnostiki i lechenija jektopii shejki matki / I. N. Ogrizko, D. M. Semenov //Med. novosti. – 2018. – №10. – S. 29-36.

16 Osobennosti infekcionnogo processa u pacientok s VPCh-associirovannoj jektopiej shejki matki /M. A. Zotova, K. V. Nikushkina, E. A. Mezenceva i dr. //Ros. immunol. zhurn. – 2018. – №3 (21). – S. 311-316.

17 Primenenie fotodinamicheskoj terapii u zhenshhin s VPCh-associirovannym predopuholevym zabolevaniem shejki matki /N. A. Shanazarov, S. D. Kisikova, R. K. Albaev i dr. //Nauka i zdravoohranenie. – 2023. – №4 (25). – S. 231-240.

18 Samigullina A. Je. Jektopii shejki matki: osobennosti morfofunkcional'noj struktury / A. Je. Samigullina, K. A. Sarybaeva //Izvestija vuzov Kyrgyzstana. – 2019. – №7. – S. 52-59.

19 Samigullina A. Je. Jektopija shejki matki: otkrytye voprosy /A. Je. Samigullina, K. A. Sarybaeva //Izvestija vuzov Kyrgyzstana. – 2019. – №6. – S. 64-71.

20 Samigullina A. Je. Jektopija shejki matki: ocenka faktorov riska /A. Je. Samigullina, K. A. Sarybaeva //Mezhdunar. zhurn. prikladnyh i fundamental'nyh issledovanij. – 2019. – №7. – S. 60-67.

21 Sovremennye diagnosticheskie metody dlja rannego vyjavlenija zabolevanij shejki matki / N. O. Navruzova, G. A. Ihtijarova, U. O. Navruzova i dr. //Vestn. vracha. – 2019. – №1 (4). – S. 78-83.

22 Tajmazova A. S. Jektopija shejki matki. Sovremennyj vzgljad na diagnostiku i lechenie / A. S. Tajmazova, Z. Je. Ikaev //Vestnik nauki. – 2020. – №2 (23). – S. 150-155.

23 Fedorenko A. R. Chastota vstrechaemosti VPCh pri jerozii (jektopii) shejki matki //Bjulleten' Severnogo gosudarstvennogo medicinskogo universiteta. – 2021. – S. 113-114.

24 Hvorostuhina N. F. Znachenie hronicheskih urogenital'nyh infekcij v geneze recidiva jektopii shejki matki /N. F. Hvorostuhina, Ju. V. Miheeva, D. A. Novichkov //Mezhdunar. Zhurn. prikladnyh i fundamental'nyh issledovanij. – 2014. – № 5 (1). – S. 155-156.

25 Chastota vstrechaemosti fonovyh i predrakovyh zabolevanij shejki matki po rezul'tatam skrininga /M. M. Tusupbekova, N. B. Kim, O. A. Kostyleva i dr. //Medicina i jekologija. – 2016. – №3. – S. 67-70.

26 Chastota inficirovanija virusami papillomy cheloveka vysokogo kancerogennogo riska zhenshhin s nalichiem jektopii cervikal'nogo jepitelija / A. G. Mel'nikova, V. N. Beljakovskij, A. N. Volchenko i dr. //Nauch. stremlenija. – 2014. – №4 (12). – S. 57-61.

27 Shargorodskaja A. V. Cervicity, associiro-vannye papillomavirusnoj infekciej: prognozirovanie i vybor taktiki vedenija pacientok /A. V. Shargorodskaja, T. N. Bebneva //RMZh. Mat' i ditja». – 2019. – №2 (2). – S. 143-147.

28 Shoonaeva N. D. Diagnostika patologii shejki matki: sovremennyj vzgljad na problemu / N. D. Shoonaeva, V. A. Vybornyh, A. M. Asanbekova //Sovremennye problemy nauki i obrazovanija. – 2020. – №3. – S. 148.

29 Shherbina N. A. Sovremennye kliniko-patogeneticheskie aspekty diagnostiki i lechenija pacientok s jektopiej shejki matki /N. A. Shherbina, D. A. Govseev //Mezhdunar. med. zhurn. – 2014. – №2. – S. 58-64.

30 Jektopija shejki matki: diagnosticheskie kriterii (obzor literatury) /A. Je. Samigullina, K. A. Sarybaeva //Izvestija vuzov Kyrgyzstana. – 2018. – №7. – S. 8-12.

31 Cervical ectopy: associations with sexually transmitted infections and HIV. A cross-sectional study of high school students in rural South Africa / E. Kleppa, S. D Holmen, K. Lillebø et al. //Sex. Transm. Infect. – 2015. – V. 91 (2). – P. 124-129.

32 Uterine cervical ectopy during reproductive age: cytological and microbiological findings / J. E. Junior, P. C. Giraldo, A. K. S. Gonçalves et al. // Diagn. Cytopathol. – 2014. – V. 42 (5). – P. 401-404.

Received 23.03.2024
Sent for revision 24.04.2024, 06.06.2024
Accepted 22.09.2024
Published online 27.12.2024

С. С. Абиева[1], Л. М. Стабаева[1], М. М. Тусупбекова[1], Г. Н. Иманбаева[2], Р. Ж. Ныгызбаева[2], С. Н. Журавлев[1], Н. П. Шавнина[2], М. С. Серикова[3]*

КЛИНИКО-ДИАГНОСТИЧЕСКИЕ АСПЕКТЫ ЭКТОПИИ ШЕЙКИ МАТКИ, АССОЦИИРОВАННОЙ С ИНФЕКЦИЯМИ, ПЕРЕДАВАЕМЫМИ ПОЛОВЫМ ПУТЕМ, У МОЛОДЫХ НЕРОЖАВШИХ ЖЕНЩИН

[1]Кафедра морфологии НАО «Медицинский университет Караганды» (100008, Республика Казахстан, г. Караганда, ул. Гоголя, 40; e-mail: info@qmu.kz)
[2]КГП «Областная клиническая больница»(100012, Республика Казахстан, г. Караганда, ул. Ерубаева, 15; e-mail: okb@okbkar.kz)
[3]Кафедра семейной медицины НАО «Медицинский университет Караганды» (100008, Республика Казахстан, г. Караганда, ул. Гоголя, 40; e-mail: info@qmu.kz)

***Лейла Медеубаевна Стабаева** – заведующая кафедрой морфологии НАО «Медицинский университет Караганды»; 100008, Республика Казахстан, г. Караганда, ул. Гоголя, 40; e-mail: Stabaeva@qmu.kz

Актуальность. По данным зарубежных исследователей, распространенность эктопии шейки матки варьируется от 17 до 59%. В 54,2% случаев эктопия шейки матки выявляется в группе молодых женщин до 25 лет. Чаще всего эктопия шейки матки диагностируется при профилактических осмотрах (до 70%) и продолжает считаться вариантом нормального гистофизиологического состояния шейки матки. В то же время доказано, что при эктопии цилиндрический эпителий шейки матки с его криптами является основным и идеальным местом для внедрения инфекций, передаваемыми половым путем. Осложненное течение эктопии на фоне воспалительного процесса, которое наблюдается в 67,7-71,2% наблюдений, способствует нарушению процессов пролиферации эпителия и может привести к развитию дисплазии и клеточного атипизма.

Цель. Анализ данных литературы, посвященной цервикальной эктопии шейки матки, ассоциированной с инфекциями, передаваемыми половым путем, у молодых нерожавших женщин.

Материалы и методы. Проведен литературный обзор и анализ публикаций по теме исследования в источниках, индексируемых в базах данных e-Library, Google Академия, Pubmed. Ключевыми словами для поиска были: cervical ectopia, human papillomavirus, pathology of the uterus. Критериями включения являлись отчеты о рандомизированных и когортных исследованиях, проведенных на больших популяциях, мета-анализы и систематические обзоры, оригинальные полнотекстовые статьи на английском и русском языках, находящиеся в открытом доступе и содержащие статистически подтвержденные выводы. Критерии исключения: краткие отчеты, газетные статьи и личные сообщения. Релевантный поиск выдал 1 200 статей, после первичного изучения для итогового анализа были отобраны 32 статьи.

Результаты и обсуждение. Цервикальная эктопия, ассоциированная с инфекциями, передаваемыми половым путем, в особенности папилломавирусной инфекцией, с высокой частотой встречается среди женщин молодого репродуктивного возраста, что соответственно повышает у них риск развития рака шейки матки.

Заключение. Цервикальная эктопия часто встречается среди молодых женщин и подростков, и почти всегда имеет связь с инфекциями, передающимися половым путем.

Ключевые слова: цервикальная эктопия; вирус папилломы человека; гистологическое исследование; инфекции; передающиеся половым путем; патология шейки матки

Обзоры литературы

С. С. Абиева[1], Л. М. Стабаева[1], М. М. Тусупбекова[1], Г. Н. Иманбаева[2], Р. Ж. Ныгызбаева[2], С. Н. Журавлев[1], Н. П. Шавнина[2], М. С. Серикова[3]*

ЖАС, ТУЫЛМАҒАН ӘЙЕЛДЕРДЕГІ ЖЫНЫСТЫҚ ЖОЛМЕН БЕРІЛЕТІН ИНФЕКЦИЯЛАРМЕН БАЙЛАНЫСТЫ ЖАТЫР МОЙНЫ ЭКТОПИЯСЫНЫҢ КЛИНИКАЛЫҚ-ДИАГНОСТИКАЛЫҚ АСПЕКТІЛЕРІ

[1]«Қарағанды медицина университеті» КеАҚ морфология кафедрасы (100008, Қазақстан Республикасы, Қарағанды қ., Гоголь к-сі, 40; e-mail: info@qmu.kz)
[2]«Облыстық Клиникалық Ауруханa» ШЖҚ (100012, Қазақстан Республикасы, Қарағанды Қ., Ерубаева, 15; e-mail: okb@okbkar.kz)
[3]«Қарағанды медицина университеті» КеАҚ отбасылық медицина кафедрасы (100008, Қазақстан Республикасы, Қарағанды қ., Гоголь к-сі, 40; e-mail: info@qmu.kz)

***Лейла Медеубаевна Стабаева** – «Қарағанды медицина университеті» КЕАҚ морфология кафедрасының меңгерушісі; 100008, Қазақстан Республикасы, Қарағанды қ., Гоголь к-сі, 40; e-mail: Stabaeva@qmu.kz

Өзектілігі. Шетелдік зерттеушілердің айтуынша, жатыр мойны эктопиясының таралуы 17%-дан 59%-ға дейін өзгереді. Жатыр мойнының эктопиясы 54,2% жағдайда 25 жасқа дейінгі жас әйелдер тобында анықталады. Көбінесе жатыр мойнының эктопиясы профилактикалық тексерулер кезінде диагноз қойылады (70% дейін) және жатыр мойнының қалыпты гистофизиологиялық күйінің нұсқасы ретінде қарастырылуда. Сонымен қатар, эктопия кезінде жатыр мойнының бағаналы эпителийі оның криптterімен жыныстық жолмен берілетін инфекцияларды енгізу үшін негізгі және тамаша орын болатыны дәлелденді. 67,7-71,2% жағдайда байқалатын қабыну процесінің фонындағы эктопияның асқынған ағымы эпителий пролиферациясының бұзылуына ықпал етеді және дисплазия мен жасушалық атипияның дамуына әкелуі мүмкін зерттеу: жас туылған әйелдерде жыныстық жолмен берілетін инфекциялармен байланысты жатыр мойны эктопиясы туралы әдебиет деректерін талдау.

Материалдар және тәсілдер. Электрондық кітапхана деректер базасында индекстелген дерекқөздердегі зерттеу тақырыбы бойынша әдебиеттерге шолу және жарияланымдарға талдау жүргізілді e-Library, Google Scholar, Pubmed. PubMed дерекқорында іздеуге арналған негізгі сөздер: жатыр мойны эктопиясы, адам папилломавирусы, жатырдың патологиясы Қосылу критерийлері: үлкен популяциялар бойынша жүргізілген рандомизацияланған және когорттық зерттеулердің есептері, мета-талдаулар және жүйелі шолулар, ағылшын тіліндегі түпнұсқалық толық мәтінді мақалалар және. Қоғамдық доменде және статистикалық расталған қорытындыларды қамтитын орыс. Алып тастау критерийлері: қысқаша есептер, газет мақалалары және жеке хабарламалар. Тиісті іздеу нәтижесінде 1 200 мақала табылды, ал алғашқы шолудан кейін қорытынды талдауға 32 мақала таңдалды.

Нәтижелер және талқылау. Әдебиеттерді шолу негізінде, зерттеу нәтижелері жыныстық жолмен берілетін инфекциялармен, әсіресе адам папилломавирустық инфекциясымен байланысты жатыр мойнының эктопиясы жас ұрпақты болу жасындағы әйелдерде жиі кездесетінін көрсетеді, бұл сәйкесінше әйелдерде жатыр мойны обырының даму қаупін арттырады. жас әйелдер.

Қорытынды. Осылайша, жатыр мойнының эктопиясы жас әйелдер мен жасөспірімдер арасында жиі кездеседі және әрқашан дерлік жыныстық жолмен берілетін инфекциялармен байланысты деген қорытындыға келдік.

Кілт сөздер: жатыр мойны эктопиясы; адам папилломавирусы; гистологиялық зерттеу; жыныстық жолмен берілетін инфекциялар; жатыр мойны патологиясы