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БАЧАДОН БЎЙНИ ЭПИТЕЛИЙСИ ТРАНСФОРМАЦИЯСИ ВА УСМА ШАКЛЛАНИШ ХАВФИ ЮКОРИ СОХАСИ

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Аннотация

Патологиянинг келиб чиқиши ва ривожланишига бачадон тузилишининг ўзига хос хусусиятлари, эктоцервиксинг эпителий қаватларининг ҳолати ва муносабатлари (бачадон бўйни кинда жойлашган қисми) таъсир қилади. Трансформация зонаси (эктоцервиксинг куп қаватли ясси муғузланмайдиган эпителийсининг эндоцервиксинг цилиндрсимон эпителийсига (бачадон бўйни канали) ўтиш жойи) энг кўп ўзгаришларга учрайди. Репродуктив ёшдаги трансформация зонаси цервиксинг ташқи буйнида жойлашган. Бироқ, у ўзгариши мумкин, бунинг сабаблари гормонлар, шикастланишлар, яллиғланиш жараёнлари ва бошқалар. Менопауза ёшининг бошланиши билан қин атрофияси ва деформациялари пайдо бўлади, бу эса трансформация зонасини бачадон бўйни каналига кўтаришга олиб келади. Малигнизация, неоплазия ҳолатларининг аксарияти ясси эпителийда ва фақат кичик бир қисми (3-5% дан кўп бўлмаган) – бачадон бўйни каналининг цилиндрсимон эпителий ҳужайраларида қайд этилган.

Калит сузлар: бачадон бўйни, эпителий туқимаси, метаплазия, эктоцервикс, эндоцервикс

ЗОНА ТРАНСФОРМАЦИИ И РИСКА НОВООБРАЗОВАНИЙ В ЭПИТЕЛИАЛЬНОМ ПОКРОВЕ ШЕЙКИ МАТКИ

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На возникновение и развитие патологии влияют особенности строения матки, состояние и взаимосвязь эпителиальных слоев эктоцервикса (части шейки матки, расположенной во влагалище). Зона трансформации (место перехода плоского эпителия эктоцервикса в цилиндрический эпителий эндоцервикса (цервикального канала)) подвержена наиболее частым изменениям. Зона соединения в репродуктивном возрасте расположена в области наружного зева шейки матки. Однако она может смещаться, причинами чего являются воздействие гормонов, травмы, воспалительные процессы и т.д. С наступлением менопаузального возраста влагалище атрофируется и деформируется, что приводит к поднятию зоны стыковки в цервикальный канал. Подавляющее большинство случаев злокачественных новообразований было отмечено в плоском эпителии и лишь небольшая часть (не более 3-5%) – в цилиндрических эпителиальных клетках цервикального канала.

Ключевые слова: шейка матки, эпителиальная ткань, метаплазия, экзоцервикс

THE ZONE OF TRANSFORMATION AND RISK OF NEW FORMATIONS IN THE EPITHELIAL COVER OF THE CERVIX

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Abstract

The origin and development of pathology is influenced by the peculiarities of the structure of the uterus, the state and relationship of the epithelial layers of the ectocervix (the part of the cervix located in the vagina). The transformation zone (the place of transition of the squamous

epithelium of the ectocervix into the cylindrical epithelium of the endocervix (cervical canal)) is subject to the most frequent changes. The junction zone at the reproductive age is located in the area of the external throat of the cervix. However, it can shift, the reasons for which are the effects of hormones, injuries, inflammatory processes, etc. With the onset of menopausal age, the vagina atrophies and deforms, which leads to the lifting of the docking zone into the cervical canal. The vast majority of cases of malignant neoplasms were noted in the squamous epithelium and only a small part (no more than 3-5%) – in the cylindrical epithelial cells of the cervical canal.

Key words: cervix, epithelial tissue, metaplasia, exocervix

Introduction

Squamous cell metaplasia is the replacement of cells of one type of epithelial tissue with cells of another type. Thus, during the pathological process in the cervix, the cylindrical glandular epithelial tissue is replaced by a multilayer flat epithelium. This happens under the influence of many factors. For example, with infectious and inflammatory processes, human papillomavirus (HPV) and other bacterial and viral agents, with endocrine (hormonal) pathologies improper intake of hormonal drugs. Squamous cell metaplasia can also occur in the respiratory tract (bronchi, bronchioles). Smoking and chemicals entering the respiratory system in another way provoke a change in the ciliated epithelium to a multilayered flat one. Metaplasia does not require special treatment, but constant monitoring of tissue changes is necessary. First of all, it is necessary to get rid of the agent causing the change. That is, the treatment of bacterial infection HPV is a DNA-containing virus. The virus is related to epithelial cells. After entering the cells, the virus starts the synthesis of its own genetic material. Infected epithelial cells begin to actively divide. But due to violations, epithelial cells remain immature. The epithelial layer is not formed properly. Dysplasia occurs. In the cervix, in 90% of cases, the virus can be eliminated from the body due to the internal reserves of the woman's body. But prolonged presence of the virus in cells provokes cervical intraepithelial neoplasia (CIN) in 10% of cases. There are three histological classes of CIN: mild (CIN I), moderate (CIN II) and high (CIN III), with the transition of one to the other, the probability of cancer formation increases. Mild dysplasia (CIN I) in 90% of cases involute into normal tissue or remain unchanged, 10% progress to CIN II. CIN II is transformed into CIN III in 1 case out of 10. With HPV persistence for more than 3 years, cancer develops against the background of high-grade

dysplasia. This situation is observed in half of women diagnosed with invasive cancer. There are about 200 types of HPV, but not every type is able to cause cervical lesions. HPV types 16 and 18 are usually detected in cervical intraepithelial neoplasia CIN III and invasive cancer, therefore it is called a highly oncogenic type virus. HPV types 6 and 11 are often associated with CIN I and CIN II and have low oncogenic potential.[1] Infection with the human papillomavirus (HPV) of a high degree of oncogenic risk is considered to be the main etiological factor in the pathogenesis of breast cancer. HPV refers to highly contagious infections with an incubation period of 3-4 weeks to 8 months. To date, more than 300 new papillomaviruses have been identified. Fourteen well-studied HPV genotypes (HPV 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68) are considered pathogenic or "high risk" genotypes and cause the development of cervical cancer. Chronic persistence of HPV types 16 and 18 causes cervical cancer in 70-75% of cases.

In the etiology of RSM, HPV infection is isolated. For the first time, papillomavirus infection was described in the I century BC by doctors of ancient Greece.

Results and Discussion

The presence of dysplasia is detected during a cytological examination of Papanicolaou (PAP smear) During the analysis, the features of the structure of cells, their morphology, location are studied, after which a conclusion is issued on the presence or absence of cell atypia. To perform the analysis, the material must be obtained from three sites: the vaginal part of the cervix, the cervical canal and the transformation zone. The transformation zone is the transition zone of the multilayer flat epithelium of the cervix into the glandular epithelium of the cervical canal. Precancerous changes usually begin in the transformation zone. The resulting material is transferred to a slide and stained, after which a cytologist examines the sample under a microscope. If the smear does not contain a cylindrical epithelium, then the sample is considered uninformative and is not subject to examination.

The smear sampling process is not standardized, so false negative results may be obtained. In order to avoid false answers, you need to follow the rules of sampling. The responsibility lies with the medical staff, the result depends on the qualifications of the person.

Conclusions

In accordance with WHO recommendations, the first cytological examination for Pap is performed at the age of 21 or three years after the

onset of sexual activity. For the next three years in a row, it is recommended to undergo an examination once a year. If all three results are normal, then preventive examinations are carried out once every two to three years. After 40 years, the study must be taken at least once a year.

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ОСОБЕННОСТИ И ПАРАМЕТРЫ ПУЧКОВОГО СТРОЕНИЯ ЯЗЫКОГЛОТОЧНОГО НЕРВА В ВОЗРАСТНОМ АСПЕКТЕ

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Резюме: Целью настоящей работы явилось изучение пучкового строения языкоглоточного нерва в возрастном аспекте. С помощью методов Вейгерт-Паля и Крутсай были изучены языкоглоточные нервы взятые от трупов 15-ти плодов, 9 новорожденных, 11-ти детей различных возрастов и 17-ти взрослых, Для осуществление цели данной работы были изготовлены целлоидиновые блоки указанного нерва и сделаны срезы языкоглоточных нервов толщиной 10-15 мкм.

Были выявлены малопучковые (1-3) и многокучковые формы (до 14). Полученные результаты площадей пучков по сравнению с новорожденными повышаются у 8-ми месячных детей в 1,1 раз (0,8-1,3) у 4-х летних детей 1,7 раз (1,3-1,8), у 8-ми летних детей в 2,1 раз (2,0-2,2) и у взрослых в 2,4 раз (1,0-5,0)

Ключевые слова: языкоглоточный нерв, пучковое строение