MODERN APPROACHES TO THE DIAGNOSIS AND RISK STRATIFICATION OF ENDOMETRIAL HYPERPLASTIC PROCESSES IN REPRODUCTIVE AND PERIMENOPAUSAL WOMEN

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Introduction. Endometrial hyperplastic processes (HPE) remain one of the most pressing problems in modern gynecology and reproductive medicine due to their high prevalence, clinical significance, and potential association with the development of endometrial cancer. According to epidemiological studies, the proportion of GPE in the structure of gynecological pathology varies from 15 to 40%, with the highest frequency found in women of reproductive and perimenopausal age. In the context of the global growth of metabolic disorders, obesity, diabetes mellitus and endocrine dysfunctions, there is a steady trend towards an increase in the frequency of endometrial hyperplastic changes.

The clinical significance of GPE is due not only to its high prevalence, but also to its adverse effect on reproductive function, quality of life, and cancer risks. Abnormal uterine bleeding, anemia, infertility, and miscarriage are common clinical manifestations of hyperplastic processes. Of particular concern are forms of hyperplasia with cellular atypia, which are considered as precancerous conditions with a high risk of malignancy. Despite the availability of modern classifications and diagnostic algorithms, the diagnosis of GPE remains a difficult task in practice. This is due to the heterogeneity of

morphological forms, the variability of the clinical picture and the limited sensitivity of individual examination methods.

Transvaginal ultrasound, which is widely used in clinical practice, does not always reliably differentiate between simple and complex forms of hyperplasia, as well as identify early signs of atypia. Histological examination of the endometrium remains the "gold standard", however, its informative value largely depends on the quality of the sampling and the experience of the morphologist. Modern scientific research is increasingly focusing on the problem of risk stratification in patients with endometrial hyperplastic processes. Identifying high-risk cancer groups is crucial for choosing management tactics, from conservative hormone therapy to surgical treatment. In this context, the role of an integrated approach is increasing, including clinical and anamnestic data, morphological characteristics of the endometrium, hormonal status and concomitant somatic pathology.

Additional relevance to the problem is given by the need for individualization of therapeutic and diagnostic algorithms. Standardized treatment regimens do not always provide optimal results, especially for women of reproductive age who are interested in maintaining fertility. Errors in assessing the degree of risk can lead either to excessive surgical interventions or to insufficient monitoring of patients with potentially dangerous forms of hyperplasia. The purpose of the study.

The purpose of this study was to comprehensively study the clinical and morphological features of endometrial hyperplastic processes in women of reproductive and perimenopausal age in order to optimize the diagnosis and stratification of the risk of disease progression, as well as to determine the most informative criteria for choosing rational management tactics and prevention of adverse clinical and oncological outcomes.

Materials and methods of research. The study included patients with clinical and ultrasound signs of endometrial hyperplastic processes who were

examined and treated in a specialized gynecological hospital. The inclusion criteria were the presence of abnormal uterine bleeding, thickening of the endometrium according to transvaginal ultrasound examination and a confirmed diagnosis of endometrial hyperplasia according to the results of morphological examination. The exclusion criteria were malignant neoplasms of the endometrium, acute inflammatory diseases of the pelvic organs and severe somatic pathology in the decompensation stage. All patients underwent a comprehensive clinical and anamnestic examination with an assessment of age, reproductive status, concomitant endocrine and metabolic disorders. Instrumental diagnostics included transvaginal ultrasound examination with measurement of endometrial thickness and assessment of its echostructure. Morphological verification of the diagnosis was carried out on the basis of histological examination of endometrial biopsies obtained by pipel biopsy or diagnostic curettage. Statistical data processing was carried out using descriptive statistics methods.

The frequency of various forms of endometrial hyperplasia and their association with clinical manifestations and risk factors were analyzed. The significance of the differences was assessed at a significance level of $p<0.05$.

The results of the study. The study found that endometrial hyperplastic processes were most often detected in patients aged 35-50 years, which emphasizes the importance of hormonal changes and age-related endocrine changes in the pathogenesis of this pathology. Most of the examined women complained of abnormal uterine bleeding of varying intensity and duration, often accompanied by the development of iron deficiency anemia. According to ultrasound examination, endometrial thickening exceeding the age standards was detected in all patients, however, the echostructure of the endometrium was characterized by significant variability. Some of the women had a homogeneous structure, while others had heterogeneity, cystic inclusions and

blurred borders, which indirectly indicated different morphological variants of hyperplasia.

Histological analysis showed the predominance of simple forms of endometrial hyperplasia without atypia, however, a significant proportion of patients had complex forms, as well as hyperplasia with signs of cellular atypia. It was found that atypical variants were more common in women of perimenopausal age and were combined with the presence of obesity, diabetes mellitus and prolonged hyperestrogenism.

The analysis of clinical and morphological comparisons showed that the severity of clinical manifestations did not always correlate with the severity of morphological changes in the endometrium. In some cases, minimal subjective complaints were combined with the detection of prognostically unfavorable forms of hyperplasia, which emphasizes the need for mandatory morphological verification of the diagnosis. The assessment of risk factors made it possible to identify a group of patients with an increased likelihood of progression of hyperplastic processes.

The key factors included age over 45 years, the presence of metabolic syndrome, chronic anovulatory cycles and the recurrent nature of the disease. These patients were more likely to have complex and atypical forms of endometrial hyperplasia. The results obtained indicate the high diagnostic importance of an integrated approach, including clinical assessment, ultrasound examination and mandatory histological confirmation. The isolated use of individual methods does not provide sufficient diagnostic accuracy and may lead to underestimation of the degree of risk. The revealed patterns emphasize the need for individualized management tactics for patients with endometrial hyperplastic processes, taking into account a combination of clinical and morphological factors.

Conclusion. The study showed that endometrial hyperplastic processes represent a clinically and morphologically heterogeneous group of conditions

that are most common in women of reproductive and perimenopausal age and are closely related to hormonal and metabolic disorders. It has been established that the severity of clinical manifestations does not always reflect the degree of morphological changes in the endometrium, which underlines the limitations of clinical assessment as an independent diagnostic criterion.

The most prognostically unfavorable forms of hyperplasia are more often detected in patients of older age groups with obesity, diabetes mellitus and anovulatory cycles. The data obtained confirm the need for a comprehensive diagnostic approach with mandatory morphological verification and risk stratification, which makes it possible to justify individualized management tactics, timely identify patients at high cancer risk and increase the effectiveness of preventing disease progression and the development of endometrial cancer.