MODERN MEDICINE AND PRACTICE
https://inovatus.es/index.php/ejmmp

EUROPEAN JOURNAL OF MODERNMEDICINEAND PRACTICE
Vol. 4 No. 6 (Jun - 2024) EJMMP ISSN: 2795-921X

ENHANCING PATIENT AWARENESS: SIGNIFICANCE OF PRIMARY SYMPTOMS IN PREDICTING TUMOR PROCESSES WITHIN PELVIC CYSTS AMONG WOMEN OF REPRODUCTIVE AGE

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Abstract: Pelvic cysts pose a significant health challenge among women of reproductive age, with their potential to develop into tumors underscoring the importance of early detection and precise diagnosis. This study at the Bukhara branch of the Republican Research Center for Emergency Medicine examined the medical histories, clinical records, and histological diagnoses of 65 women aged 25 to 45 from 2020 to 2023. It aimed to raise awareness of pelvic cyst symptoms and improve the prediction of tumor risks in pelvic organs. Findings indicated that while most adnexal masses were benign, a significant minority required surgical intervention due to malignancies. The study underscores the importance of detailed symptom analysis and a personalized medical approach to effectively manage and prevent tumor diseases in women of reproductive age. It advocates for a multidisciplinary approach to healthcare to enhance patient outcomes and manage the risks associated with pelvic cysts.

Keywords: Cysts, cystic formations, tumor risks, diagnosis, prognosis.

INTRODUCTION

Pelvic cysts represent a significant health concern among women of reproductive age, often presenting with a spectrum of symptoms that can vary widely in severity and clinical manifestation. While these cystic formations may originate from various sources, including the ovaries and the uterus, the potential for underlying tumor processes within these cysts underscores the critical importance of early detection and accurate diagnosis. According to statistics, more than 30% of women of reproductive age with regular menstruation and about 50% of women with irregular menstruation experience cystic ovarian formations throughout their lives [1,2]. Ovarian cancer ranks as the sixth most prevalent cancer in women globally and stands as the seventh highest contributor to cancer-related mortality among women worldwide [3]. In the reproductive age group, the majority of adnexal masses are benign tumors, with serous cystadenoma and mature teratoma being the most common, along with functional cysts. Approximately 5-10% of women undergo surgical intervention for ovarian tumors, with malignancies detected in 13-21% of operated cases [4,5]. This emphasizes the need for an in-depth study of first clinical signs and symptoms of cystic formations within the pelvic area for timely identification of the risk of tumor development and prevention. Effective prediction strategies may help to more accurately identify subgroups at increased risk, which in turn will provide the basis for the development of individualized approaches to the prevention and treatment of tumor diseases in this specific group of patients.

STUDY OBJECTIVES

The aim of this scientific research is to increase patient awareness of the primary symptoms of cystic formations in the pelvic area, as well as to enable timely prediction of the risk of tumor development within pelvic organs in women of reproductive age.

MATERIALS AND METHODS

A secondary comparative analysis was conducted on case histories, clinical records, and histological diagnoses of 65 women aged 25 to 45-year-old who were referred to the pathological bureau of the Bukhara branch of the Republican Research Center for Emergency Medicine over the period of 2020-2023. The research objects were systematically categorized based on the following criteria:

1. Medical History

The medical histories of the participants were reviewed, focusing on documented instances of prolonged pelvic pain, irregular menstruation persisting for more than 6 months postpartum, and incidents of abnormal uterine bleeding.

2. Clinical Diagnoses

Clinical diagnoses were further subdivided into distinct subgroups corresponding to identified pathologies. These included ovarian cysts, endometrioid cysts, ovarian cystomas, and polycystic disease, among others.

3. Histological Materials

Histological specimens obtained from the participants were categorized according to the types of pathological findings. This classification encompassed conditions such as cystic endometrial hyperplasia, infiltrative cervical cancer, and ovarian cystadenoma.

The analysis involved a comprehensive review and comparison of these three key elements—case histories, clinical diagnoses, and histological findings—in order to elucidate any discrepancies or correlations across the dataset.

Statistical methods were employed to analyze the data and draw meaningful conclusions regarding the diagnostic challenges and patterns.

RESULTS AND DISCUSSION

The mean age of the study population was 36.8 ± 0.74 years, with a distribution of 40% of patients between 30 to 35 years, 41% between 36 and 45 years, and 22.2% 25 to 30 years old.

Histological analysis findings proved ovarian cysts existence in 35 out of 65 patients, whereas endometrioid cysts were present in 4 women. Notably, one patient was diagnosed with infiltrative cervical cancer following postpartum complications. All patients with clinical diagnoses of ovarian or endometrioid cysts reported experiencing abnormal uterine bleeding outside of their menstrual cycle.

Analysis of the association of symptoms with histological diagnoses showed that among patients with ovarian cystadenoma identified through histological examination, 7 reported irregular menstruation within 6 months postpartum. Additionally, 4 women with multiple cysts and serous cysts complained of persistent ovarian pain for a month. Two patients initially diagnosed with ovarian cysts were histologically confirmed to have glandular cystic hyperplasia. These patients had presented with complaints of abnormal uterine bleeding and persistent ovarian pain for a month.

Clinical diagnoses aligned with histological findings in 55 out of 65 patients. Notably, clinical diagnosis confirmed the presence of ovarian cysts in 18 women who had reported persistent ovarian pain for a month.

The findings of this study underscore the importance of a systematic approach to diagnosing and managing pelvic cysts among women of reproductive age. The observed correlations between clinical symptoms and histological diagnoses highlight the significance of meticulous medical history collection and symptom analysis in identifying individuals at risk of tumor processes within cystic formations.

The prevalence of ovarian cysts and endometrioid cysts in the study population underscores the need for heightened vigilance in monitoring patients presenting with symptoms such as abnormal uterine bleeding and persistent ovarian pain. Furthermore, the identification of infiltrative cervical cancer in one patient emphasizes the potential for serious underlying pathologies within pelvic cysts, necessitating timely intervention and comprehensive management strategies.

The association between specific symptoms and histological diagnoses, such as irregular menstruation and ovarian cystadenoma, elucidates potential predictive indicators for tumor processes within pelvic cysts. Similarly, the confirmation of glandular cystic hyperplasia in patients with persistent ovarian pain underscores the diagnostic challenges posed by overlapping symptomatology and the necessity of histological confirmation for accurate diagnosis.

The high concordance between clinical and histological diagnoses in the majority of cases underscores the utility of clinical assessment in guiding subsequent histopathological investigations. However, the discrepancies observed in a subset of patients highlight the complexity of diagnosing pelvic cyst-related pathologies and underscore the importance of a multidisciplinary approach involving clinicians, radiologists, and pathologists.

CONCLUSIONS

In conclusion, the systematic analysis of medical records undertaken in this study has yielded valuable insights into the diverse etiologies and clinical manifestations of cystic formations among patients, as well as their potential progression into tumorous conditions. The findings underscore the critical importance of heightened clinical vigilance, particularly when patients present with persistent pelvic pain or abnormal uterine bleeding, as these primary symptoms may serve as early indicators of underlying pathological processes.

Furthermore, the study highlights the necessity of adopting an individualized approach to patient care. By adjusting medical management strategies to the unique needs and characteristics of each patient, healthcare providers can ensure the thorough collection of medical histories and mitigate the risk of overlooking contributory factors leading to cystic transformation into tumors.

This personalized approach not only enhances diagnostic accuracy but also facilitates timely intervention, thereby optimizing patient outcomes and minimizing the associated morbidity and mortality risks.

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