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PhD по медицинским наукам, Самаркандского
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ООО Tadqiqot город Ташкент,
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Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

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Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

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КЛИНИЧЕСКИЙ СЛУЧАЙ ВРОЖДЁННОГО ПОРОКА РАЗВИТИЯ ПОЛОВЫХ ОРГАНОВ У ДЕВОЧКИ: ПОЛНОЕ УДВОЕНИЕ МАТКИ И ВЛАГАЛИЩА С ЧАСТИЧНОЙ АПЛАЗИЕЙ ОДНОГО ВЛАГАЛИЩА/A CLINICAL CASE OF CONGENITAL MALFORMATION OF THE GENITAL ORGANS IN A GIRL: COMPLETE DOUBLING OF THE UTERUS AND VAGINA WITH PARTIAL APLASIA OF ONE VAGINA/QIZDA JINSIY A'ZOLARNING TUG'MA MALFORMATSIYASINING KLINIK HOLATI: BACHADON VA QINNING TO'LIQ IKKI BARAVAR KO'PAYISHI, BITTA QINNING CHA-STIK APLAZIYASI BILAN.....86




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ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

Khamidova Shakhlo MusinovnaAssistant of the Department of Obstetrics and Gynecology N1
Samarkand State Medical University
Samarkand, Uzbekistan**Khakimova Rukhshona**Samarkand State Medical University
Samarkand, Uzbekistan**CONSERVATIVE MYOMECTOMY: EFFECTIVENESS, ADVANTAGES, AND COMPLICATION ANALYSIS****For citation:** Khamidova Shakhlo Musinovna, Khakimova Rukhshona, Conservative myomectomy: effectiveness, advantages, and complication analysis, Journal of reproductive health and uro-nephrology research 2025 vol 6 issue 3.
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ABSTRACT

The article evaluates conservative myomectomy as a fibroid treatment while examining its treatment success and benefits with associated surgical complications. Uterine fibroids known as leiomyomas manifest as benign tumors mostly affecting women between reproductive years and these growths commonly result in abnormal bleeding combined with pelvic pain and infertility problems. Women who seek to maintain their reproductive ability and prevent uterus removal through surgical operations rely strongly on the non-invasive surgical procedure named conservative myomectomy. Laparoscopy and hysteroscopy have revolutionized conservative myomectomy since their rise to popularity because they provide patients with faster recovery times and reduced blood loss during surgery and enhanced post-operative appearances. The surgical procedure entails several risks like haemorrhage and adhesions and infections together with fibroid recurrence. This article examines clinical study data to determine postoperative results and fertility rates together with complication risks of conservative myomectomy. The procedure demonstrates both safety and effectiveness when decided surgeons perform it on appropriately chosen patients. The performance of conservative myomectomy depends highly on the fibroid characteristics such as their quantity and dimensions together with their position while surgical methods used make an important difference. Patient-specific approach to treatment planning stands as an essential factor for best result delivery together with risk control. Women seeking uterine preservation benefit greatly from conservative myomectomy as a fundamental gynecologic surgical approach, and the perpetual development of surgical techniques and technology proves beneficial to both safety and outcome efficiency in this procedure thereby strengthening its relevance in contemporary reproductive healthcare practice.

Keywords: Conservative myomectomy, uterine fibroids, fertility preservation, laparoscopic surgery, open surgery, surgical outcomes, postoperative complications, intramural fibroid, subserosal fibroid, recurrence rate, reproductive health

Xamidova Shaxlo MusinovnaAkusherlik va ginekologiya kafedrası assistenti № 1
Samarqand davlat tibbiyot universiteti
Samarqand, O'zbekiston**Hakimova Ruxshon**Samarqand davlat tibbiyot universiteti
Samarqand, O'zbekiston**KONSERVATIV MIYOMEKTOMIYA: SAMARADORLIK, AFZALLIKLAR VA ASORATLARNI TAHLIL QILISH****ANNOTATSIYA**

Maqolada miomani davolash usuli sifatida konservativ miyomektomiya baholanadi, shuningdek, davolanishning muvaffaqiyati va uning foydalari, u bilan bog'liq jarrohlik asoratlarni hisobga olgan holda ko'rib chiqiladi. Leyomioma deb nomlanuvchi bachadon miomasi asosan reproduktiv yoshdagi ayollarga ta'sir qiluvchi yaxshi xulqli o'smalar sifatida namoyon bo'ladi va bu o'smalar ko'pincha tos a'zolarining og'rig'i va bepushtlik muammolari bilan birgalikda g'ayritabiiy qon ketishiga olib keladi. Reprodukativ qobiliyatini saqlab qolishga va jarrohlik yo'li bilan bachadonni olib tashlashdan qochishga intiladigan ayollar asosan konservativ miyomektomiya deb ataladigan invaziv bo'lmagan jarrohlik amaliyotiga tayanadilar. Laparoskopiya va histeroskopiya konservativ miyomektomiya paydo bo'lganidan beri inqilob qildi, chunki ular bemorlarning tezroq tiklanishini ta'minlaydi, jarrohlik paytida qon yo'qotilishini kamaytiradi va operatsiyadan keyingi ko'rinishini yaxshilaydi. Jarrohlik qon ketish, yopishqoqlik va infeksiyalar, shuningdek, miomaning qaytalanishi kabi bir qator xavflarni o'z ichiga oladi. Ushbu maqolada operatsiyadan keyingi natijalar va tug'ilish ko'rsatkichlarini, shuningdek, konservativ miyomektomiya asoratlari xavfini aniqlash uchun klinik tadqiqotlar ma'lumotlari muhokama qilinadi. Jarayon tajribali jarrohlar tomonidan to'g'ri tanlangan bemorlarda amalga oshirilganda ham xavfsizlik, ham samaradorlikni ko'rsatadi. Konservativ miyomektomiyaning samaradorligi ko'p jihatdan miomaning miqdori va hajmi, shuningdek, joylashuvi

kabi xususiyatlariga bog'liq bo'lib, qo'llaniladigan jarrohlik usullari muhim rol o'ynaydi. Davolashni rejalashtirishga individual yondashuv eng yaxshi natijalarga erishish va xavflarni nazorat qilishda muhim omil hisoblanadi. Bachadonni saqlamoqchi bo'lgan ayollar asosiy ginekologik jarrohlik usuli sifatida konservativ miyomektomiyadan katta foyda ko'radilar va jarrohlik texnikasi va texnologiyalarining doimiy rivojlanishi ushbu protsedura natijalarining xavfsizligi va samaradorligiga foydali ta'sir ko'rsatadi, uning dolzarbligini oshiradi. zamonaviy reproduktiv salomatlik amaliyoti.

Kalit so'zlar: konservativ miyomektomiya, bachadon miomasi, tug'ilishni saqlash, laparoskopik jarrohlik, ochiq jarrohlik, jarrohlik davolash natijalari, operatsiyadan keyingi asoratlari, intramural mioma, subseroz mioma, relaps chastotasi, reproduktiv salomatlik.

Хамидова Шахло Мусинова

Ассистент кафедры акушерства и гинекологии № 1
Самаркандский государственный медицинский университет
Самарканд, Узбекистан
Хакимова Рухшона
Самаркандский государственный медицинский университет
Самарканд, Узбекистан

КОНСЕРВАТИВНАЯ МИОМЭКТОМИЯ: ЭФФЕКТИВНОСТЬ, ПРЕИМУЩЕСТВА И АНАЛИЗ ОСЛОЖНЕНИЙ

АННОТАЦИЯ

В статье дается оценка консервативной миомэктомии как метода лечения миомы, а также рассматриваются успешность лечения и его преимущества с учетом связанных с ним хирургических осложнений. Миома матки, известная как лейомиома, проявляется в виде доброкачественных опухолей, поражающих в основном женщин репродуктивного возраста, и эти новообразования часто приводят к аномальным кровотечениям в сочетании с тазовыми болями и проблемами бесплодия. Женщины, которые стремятся сохранить свою репродуктивную способность и избежать удаления матки посредством хирургического вмешательства, в значительной степени полагаются на неинвазивную хирургическую процедуру, называемую консервативной миомэктомией. Лапароскопия и гистероскопия произвели революцию в консервативной миомэктомии с момента их появления, поскольку они обеспечивают пациенткам более быстрое восстановление, уменьшают кровопотерю во время операции и улучшают послеоперационный внешний вид. Хирургическая процедура сопряжена с рядом рисков, таких как кровотечение, спайки и инфекции, а также рецидив миомы. В данной статье рассматриваются данные клинических исследований с целью определения послеоперационных результатов и показателей фертильности, а также рисков осложнений консервативной миомэктомии. Процедура демонстрирует как безопасность, так и эффективность, когда ее выполняют опытные хирурги на правильно подобранных пациентках. Эффективность консервативной миомэктомии в значительной степени зависит от характеристик миомы, таких как ее количество и размеры, а также расположение, при этом используемые хирургические методы играют важную роль. Индивидуальный подход к планированию лечения является важным фактором для достижения наилучших результатов и контроля рисков. Женщины, желающие сохранить матку, получают большую пользу от консервативной миомэктомии как основного гинекологического хирургического метода, а постоянное развитие хирургических техник и технологий благотворно сказывается как на безопасности, так и на эффективности результатов этой процедуры, укрепляя ее актуальность в современной практике репродуктивного здравоохранения.

Ключевые слова: консервативная миомэктомия, миома матки, сохранение фертильности, лапароскопическая хирургия, открытая хирургия, результаты хирургического лечения, послеоперационные осложнения, интрамуральная миома, субсерозная миома, частота рецидивов, репродуктивное здоровье.

Introduction

The benign muscle growths known as uterine fibroids or leiomyomas often develop inside women between menstrual age ranges. Several factors determine the size and distribution of these tumors inside the uterus; fibroids can be asymptomatic but heavy bleeding and pelvic pressure together with pain and infertility challenge affected women. The choices for managing uterine fibroids depend on separate considerations between symptom seriousness the nature of fibroids how old the patient is and what their reproductive intentions are. Conservative myomectomy functions as a surgical technique that retrieves fibroids without removing the uterus and remains the preferred selection for women trying to preserve fertility or needing to maintain their uterus for different medical and personal considerations. The complete removal of the uterus during hysterectomy does not occur with conservative myomectomy because this procedure allows women to preserve their ability to bear children and maintain hormonal balance. The surgical team chooses between abdominal (open), laparoscopic and hysteroscopic approaches for performing this procedure based on each clinical condition. Minimally invasive surgical technology advancements have boosted the success of conservative myomectomy surgeries because they decrease recovery durations while limiting blood loss and decreasing complications, the medical proceedings encounter ongoing problems including intraoperative bleeding together with adhesion development and possible fibroid regrowth. Outstanding results from conservative myomectomy depend heavily on selecting appropriate patients while maintaining high surgical skill levels and providing excellent postoperative care. The purpose of this article is to evaluate conservative myomectomy as an operative intervention through a research-based assessment of its operational success along

with its risk factors as well as benefits supported by recent clinical research data.

Literature Review

The procedure of conservative myomectomy provides managing solutions for uterine fibroids because it ensures fertility preservation for women who plan to continue getting pregnant. Family planning and childbearing hold great value for the population of Uzbekistan because of their cultural preferences and demographic characteristics. The availability of minimally invasive surgical methods has brought symptomatic fibroid treatment with intact uterus preservation into reach while certain healthcare locations still face challenges in providing such treatment. Several studies of international scope prove that preservation myomectomy produces clear therapeutic benefits, especially through hysteroscopic or laparoscopic surgical approaches. The research by Pritts et al. proved that laparoscopic myomectomy produces lower blood loss and offers patients quicker healing and less discomfort than traditional open myomectomy approaches [1]. These findings matter in Uzbek healthcare centres that have restricted resources for postoperative care because they enable efficient patient handling. According to the study both surgical sophistication and expertise as well as necessary medical infrastructure increase in direct proportion to fibroid dimensions and quantity because skilled surgeons and sophisticated facilities might not exist globally throughout Uzbekistan.

Reproductive outcomes function as the key factor which drives patients toward choosing conservative surgery as their treatment option. The study by Oliveira et al. indicates conservative myomectomy leads to pregnancy for sixty-five percent of women within eighteen months, especially among patients with intramural or subserosal fibroids [2]. The research data supports immediate surgical treatment because

Uzbekistani women repeatedly want to get pregnant following marriage thus necessitating fibroid detection during their infertility assessments. Fibroids frequently destroy reproductive potential through surgical complications and poor healing of the uterus if healthcare providers fail to implement thorough surgical plans and postoperative monitoring. The main concern of fibroid recurrence presents itself to patients after they undergo conservative myomectomy procedures. Kim et al. studied that "fibroid recurrence developed in 27% of patients during five years following surgery specifically affecting individuals who had numerous fibroids or underwent procedures on enlarged uterine volumes" [3]. The need exists for prolonged gynaecological medical care which presently shows inadequacy in Uzbekistan's rural regions. The study published by Sabry and Al-Hendy establishes that after surgery hormonal treatment might help delay recurrence in individuals who face high risk [4]. Current standard postoperative care practices will benefit from the addition of these effective strategies to achieve improved long-term patient results.

After surgery, pelvic adhesions develop which harms fertility potential while the surgical method determines the strength of this risk factor. The research data showed that pelvic adhesions developed less frequently in laparoscopic myomectomy patients when compared to open surgical procedures according to Tinelli et al. [5]. The prevention of adhesion development matters most for women in their reproductive years and advances the use of less invasive surgical procedures when possible, and the planning of effective surgery relies heavily on precise diagnostic imaging obtained before the procedure. When visualizing fibroids by using MRI it allows a better assessment of the fibroid's blood vessels to select an appropriate surgical approach According to Dueholm [6]. Furthermore the adoption of MRI techniques across Uzbekistan would improve both surgical accuracy and cut down adverse effects. The study conducted by Nezhat et al. found that minimally invasive myomectomy results in both lower complication rates and shorter hospitalization duration while maintaining similar long-term health effects [7]. This confirms the worldwide movement to preserve the uterus through minimally invasive procedures which Uzbekistan must adopt.

Materials and Methods

The present study performed at the Multidisciplinary Clinic of Samarkand State Medical University reviewed the outcomes and complication rates as well as the effectiveness of conservative myomectomy treatment for reproductive-aged women dealing with uterine fibroids. Medical records of 89 women who underwent conservative myomectomy were studied at the Multidisciplinary Clinic of Samarkand State Medical University from January 2022 to December 2024. All selected patients fell within an age range of 20 to 45 years and wanted to preserve their childbearing abilities. Uterine fibroids required confirmation through preoperative imaging before a patient could qualify for the surgery along with the need for performing uterus-conserving procedures. The final analysis omitted patients with malignancies and severe systemic diseases and incomplete medical documentation. Hospital authorities granted their internal ethics review board approval to conduct the research while implementing a method to de-identify all patient data for protection of confidentiality. A systematic process retrieved demographic and clinical information from both electronic and printed patient records that featured age, parity, reproductive data together with symptomatic measures and their persistent durations. The investigators reviewed diagnostic imaging results primarily composed of pelvic ultrasonography together with additional MRI when necessary to determine the characteristics of

fibroids including number, size, type and anatomical placement. Operative reports provided the details needed to analyze surgical procedures including the surgical method selection (between open abdominal or laparoscopic) together with recorded duration and findings and estimated blood loss, and information regarding uterotonics or hemostatic agents and blood transfusions and additional procedures like adhesiolysis. The surgical procedure selection process considered both the complexity of fibroids and patient condition in addition to available medical instruments and equipment. The procedure option of laparoscopic myomectomy was favored for patients with limited or reachable fibroids but open surgery became prevalent because laparoscopic instruments and qualified personnel were hard to find specifically in the beginning years of the study.

Postoperative variables including duration of hospitalisation, use for analgesics, occurrence of postoperative fever, wound healing status, indications of infection, and any problems observed within the initial week following surgery. Follow-up data were collected from outpatient records and telephone interviews, encompassing a monitoring duration of up to 18 months. Particular emphasis was placed on postoperative menstrual normalisation, symptom recurrence, and attempts at spontaneous pregnancy. Of the 89 women participating in the study, 56 had made active attempts to conceive after the operation. Their reproductive results were monitored, encompassing time to conception, gestational development, delivery method, and any pregnancy-related problems.

All gathered data were input into Microsoft Excel and analysed utilising SPSS software version 25.0. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were employed to encapsulate patient characteristics and outcomes. Comparative assessments were conducted between surgical procedures using chi-square or t-tests to examine differences in recovery and complication rates where relevant. This analytical approach mirrors actual clinical practice in Uzbekistan's public healthcare system and seeks to offer significant insights for enhancing surgical decision-making and fertility preservation techniques in patients receiving treatment for uterine fibroids.

Results and Discussion

This study assessed 89 women who received conservative myomectomy at the Multidisciplinary Clinic of Samarkand State Medical University from January 2022 to December 2024. The average age of participants was 33.2 years, with most being nulliparous and aiming to maintain reproductive function. Symptoms exhibited included abnormal uterine haemorrhage (71%), pelvic pain or pressure (52%), and infertility (38%). Imaging revealed that the majority of fibroids were intramural (61%) or subserosal (28%), with an average size of 5.6 cm. The surgical technique was chosen according to the size and location of the fibroid, as well as the available surgical resources. Open abdominal myomectomy was conducted in 60 patients (67.4%), whereas 29 patients (32.6%) received laparoscopic myomectomy.

Surgical outcomes indicated that the average duration of conventional surgery was 85 minutes, while laparoscopic procedures averaged 112 minutes. Laparoscopic procedures resulted in markedly reduced blood loss (190 ml compared to 370 ml) and abbreviated hospital stays (3.2 days versus 6.1 days). Minor postoperative problems were observed in 12.3% of cases, with a marginally greater incidence in open procedures (13.3%) compared to laparoscopic procedures (10.3%). These encompassed mild fever, wound infection, and pelvic discomfort. All were administered with caution.

The data are summarized in Table 1.

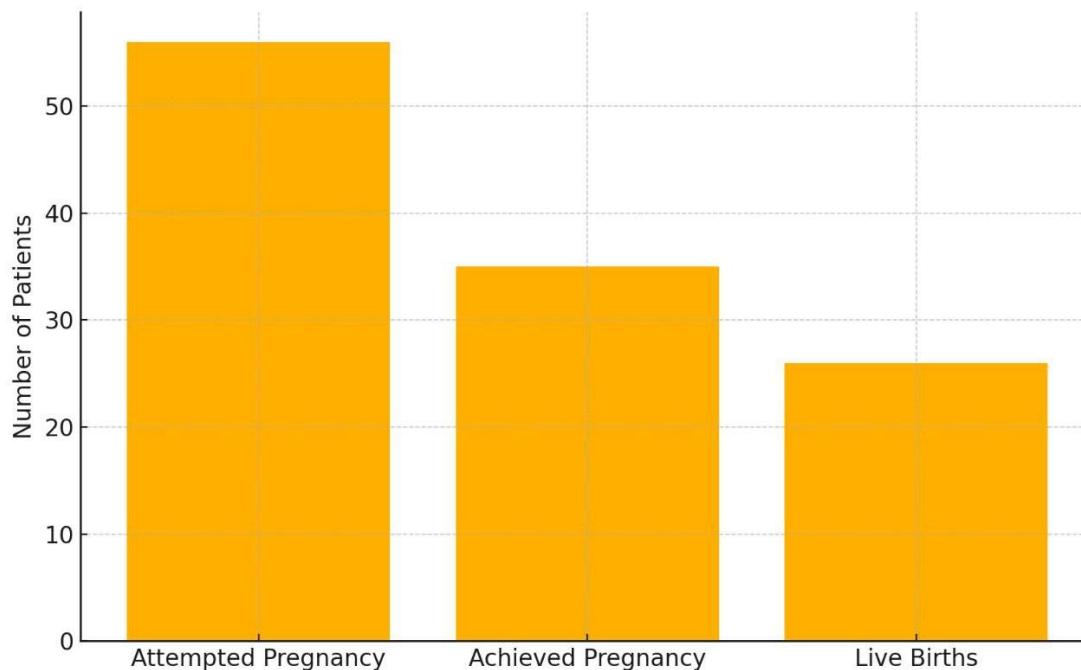
Table 1. Surgical Outcomes by Approach

Surgical Approach	Number of Patients	Mean Surgery Time (min)	Mean Blood Loss (ml)	Hospital Stay (days)	Complication Rate (%)
Open Myomectomy	60	85	370	6.1	13.3
Laparoscopic Myomectomy	29	112	190	3.2	10.3

Of the 89 patients, 56 women made active attempts to conceive within 18 months post-surgery. Among these, 35 women (62.5%) attained spontaneous pregnancies, resulting in 26 live births. The bulk of pregnancies transpired within 6 to 12 months following the operation.

Caesarean delivery occurred in 69% of births, mostly attributable to surgical history and usual obstetric indications. Significantly, there were no instances of uterine rupture or serious maternal problems, demonstrating the safety of myomectomy in subsequent pregnancies.

Figure 1. Pregnancy Outcomes After Myomectomy



A bar chart depicts the number of patients who tried conception (56), those who successfully conceived (35), and those who gave birth to living infants (26).

This visual representation illustrates a gradual decrease from the number of women who tried conception to those who attained successful live births. Of those trying conception, 62.5% achieved pregnancy, while around 74.3% of those pregnancies culminated in live births. These results indicate that conservative myomectomy not only reinstates uterine anatomy but also produces significant reproductive outcomes during a reasonably short follow-up duration. This is especially important in Uzbekistan, where early family formation is culturally prioritised and access to assisted reproductive technology may be restricted. Fibroid recurrence was identified in 8 patients (9.0%) during the follow-up period, primarily using ultrasonography. All were asymptomatic and measured less than 4 cm, with no requirement for surgical reintervention. Menstrual periods were normalised in 87% of women within three months, corroborating the procedure's efficacy in reinstating normal uterine function. In conclusion, the findings validate that conservative myomectomy is an effective, fertility-preserving surgical intervention for symptomatic fibroids. The laparoscopic technique provided significant benefits in recuperation, but both approaches were safe and successful. The positive reproductive outcomes and minimal complication rates indicate that, with suitable case selection, conservative myomectomy should be more extensively employed in clinical practice throughout Uzbekistan.

Conclusion

Conservative myomectomy is an effective and clinically significant surgical procedure for women with symptomatic uterine fibroids seeking to retain fertility and avoid hysterectomy. This research, involving 89 patients treated at the Multidisciplinary Clinic of Samarkand State Medical University from 2022 to 2024, revealed that both open and laparoscopic techniques yield favourable clinical outcomes, characterised by relatively low rates of complications and recurrences. Laparoscopic operations, despite necessitating increased surgical time, resulted in less intraoperative blood loss, shorter hospital stays, and expedited recovery, thereby affirming their superiority in patient-centred care where resources permit. Significantly, reproductive prospects post-surgery were promising, with more than 62% of women attempting conception successfully achieving pregnancy within 18 months, and 74% of those pregnancies culminating in live babies. These findings underscore the significance of conservative myomectomy not only as a remedy for fibroid-associated symptoms but also as a method to enhance reproductive potential in women of childbearing age. The 9% recurrence rate observed in the short-term follow-up indicates that, with meticulous surgical technique and suitable postoperative surveillance, long-term outcomes may continue to be positive. These findings are especially pertinent to clinical practice in Uzbekistan, where the preservation of the uterus is frequently sought and access to expensive reproductive therapies is constrained. Future research should focus on extending follow-up durations and enhancing regional representation to better inform policy and therapeutic decisions. In summary, conservative myomectomy is a safe, successful, and fertility-preserving approach for the treatment of uterine fibroids.

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