

Diagnosis of genital endometriosis by ART

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In recent decades, the problem of endometriosis, in view of the increasing prevalence of this pathology, has become particularly relevant. So, at the last congress of obstetricians-gynecologists of the Republic of Belarus, an increase in the incidence of endometriosis over the past ten years by 2.8 times is stated [5]. During the same period in Russia, there was an increase in the incidence of endometriosis from 12% to 27% among operated gynecological patients. [one]. There is also a consistent trend towards an increase in the incidence of genital endometriosis worldwide. According to the chief specialist of the Ministry of Health of Belarus, the incidence of endometriosis in women of reproductive age reaches 50% [4]. It is now recognized that the actual incidence of endometriosis in the general population is unknown, it depends on the diagnostic methods used [7].

Verification of the diagnosis of endometriosis requires a comprehensive examination and is carried out using endoscopic methods, histological examination of biopsy specimens of endometrioid heterotopies, the use of light and scanning electron microscopy, echolocation, NMR and other complex techniques [4]. Laparoscopy and computed tomography are considered the "gold standard" in the diagnosis of endometriosis [6]. However, it seems unrealistic to carry out diagnostic laparoscopy or computed tomography for all women with suspected endometriosis, as the most informative methods today, due to the invasiveness of the first and the high cost of the second diagnostic tests. In addition, a number of authors believe that comprehensive visualization of endometriosis foci is practically impossible even during laparotomy [7].

Therefore, the search for other diagnostic methods, safer and less expensive, with high diagnostic efficiency, remains relevant.

When examining women who have applied for an appointment at the electro-puncture diagnostics room of the NPK "Biotest" and the diagnostic and treatment center of the Grodno Regional Clinical Hospital, the gynecological status is always examined. Noteworthy is the diagnosis a large number of patients with endometriosis. As a result of practical work with gynecological pathology (more than 800 women were examined), we came to conclusions about some patterns in the diagnosis of endometriosis, which are not known to us from the available literature data, which determined the relevance of the research.

To check the found patterns in July-December 2004 at the Department of Obstetrics and Gynecology of the Grodno State Medical University, on the basis of the gynecological department of the State Institution "4th City Clinical Hospital" in Grodno, a study was carried out to diagnose endometriosis by the method of electropunctural vegetative resonance test (ART) on a group of patients suffering from various diseases of the female genital area (endometriosis, ovarian cysts, myoma

uterus, infertility, etc.), for which they were subjected to surgery. Women in whom the volume of surgical interventions did not allow confirming or excluding the diagnosis of endometriosis - diagnostic curettage of the uterine cavity, removal of the cervical canal polyp, etc.

Purpose of the study: to determine the diagnostic effectiveness of the method of electropunctural diagnostics by ART by comparing the diagnoses of endometriosis, exposed by the ART method, with the diagnoses established as a result of surgery, i.e. by comparing electropunctural and clinical diagnoses. Patients with various gynecological pathologies were selected in advance according to the case histories, who then underwent laparoscopic or laparotomic operations. The clinical diagnosis was established by direct visualization of endometriotic lesions during surgery. In addition, in all women, the diagnosis of endometriosis was verified by histological examination of the material obtained during the operation.

The patients were examined by the ART method before the surgical operations, without acquaintance with the medical documentation and data of other survey methods. For ART, the SVN-1 apparatus, manufactured in Kiev, 1990 plant "Communist", g. was used. To determine the resonance on the nosodes and organ preparations used microresonant contours (MRK), proposed by the Ukrainian scientist VN Sarchuk, and diagnostic cassette production "IMEDIS", Moscow [2, 8].

In the process of diagnostics, the localization and nature of the pathological process were determined. During the examination, all patients were examined for their gynecological status, in most cases other organs and systems. According to the results of the examination, an electropunctural diagnosis was made, which, upon completion of the entire study, was verified by the history of the disease with the clinical diagnosis.

A total of 77 women were examined. Endometriosis was diagnosed by ART method in 27 out of 29 patients with a clinical diagnosis of endometriosis, which is 93.1%. False negative results were obtained in 2 patients.

Conclusion: "no endometriosis" by ART was done in 43 of 48 patients (89.6%) in whom the diagnosis of endometriosis was not revealed during surgery. The discrepancy was observed in 5 cases.

Thus, the use of the method of electropunctural diagnostics by vegetative resonance test for the diagnosis of endometriosis showed its high diagnostic sensitivity - 93.1%, specificity - 89.6% and efficiency - 90.9%.

It should also be noted that according to the results of the EPD study by ART, the diagnosis of genital endometriosis was made in 41.6% of cases (in 32 out of 77 patients), which is comparable with our preliminary data on the prevalence of genital endometriosis, which is 43–45% in the structure of the entire gynecological pathology of women [3].

It seems to us promising to continue further research on the diagnosis of endometriosis by EPD using ART.

Literature

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