

## SPECIFICITY AND METHOD OF TREATMENT OF CERVICAL EROSION DISEASE

*Kaxxorova Feruza Maxmudovna*[kahhorova.feruza@bsmi.uz](mailto:kahhorova.feruza@bsmi.uz)<https://orcid.org/0009-0001-4264-3931>

**Abstract:** Cervical erosion can occur for many reasons. The main ones are: inflammatory processes of the female reproductive system, chemical or physical damage (difficult childbirth, abortion), effects on the cervical mucus, and hormonal imbalance.

**Keywords:** Pseudo-erosion, ectopia, colposcopy, chlamydia, trichomoniasis, endometriosis.

Cervical erosion is a term used by gynecologists to describe pseudo-erosion (ectopia), which occurs in approximately 20% of nulliparous women. True erosion is very rare and can quickly turn into ectopia.

The first gynecological examination determines whether there is cervical erosion. If it is found, an additional smear is taken and a colposcopy is performed, and treatment is determined based on the results. What is cervical erosion, its causes and treatment methods, we will consider in the following article.

Cervical erosion is a superficial lesion of the mucous membrane of the vaginal part of the cervix, which leads to changes in the cervical epithelium and is considered a pathological process. This is a very common gynecological disease, cervical erosion is treated only in cases of necessity according to the instructions of a gynecologist. Cervical erosion can occur for many reasons. The main ones are: inflammatory processes of the female reproductive system, chemical or physical damage (difficult childbirth, abortion), exposure to the cervical mucosa, and hormonal imbalance.

Sexually transmitted infections (chlamydia, trichomoniasis, endometriosis, etc.) can also cause cervical erosion. In gynecology, there is a concept of congenital erosion, which is associated with a slowdown in the process of moving the glandular layer of the epithelium from the outer to the inner part of the cervix (in newborns, the glandular layer is initially located on the outside, and as the baby grows, it should move inward).

Basically, cervical erosion is asymptomatic. Therefore, such a diagnosis is unexpected for most women. However, ectopia can manifest itself with symptoms such as mucous or purulent discharge, itching, pain in the lower abdomen. If you have any symptoms, you should immediately consult a gynecologist. Even if no symptoms bother you, women should undergo an annual gynecological examination. Remember - it is much easier to prevent the disease than to treat it, especially since the risk of developing tumors is high in the presence of erosion. As we have already mentioned, the presence of cervical erosion is detected during a gynecological examination - a qualified gynecologist can see the visual signs of ectopia even with the naked eye.

For a more detailed examination, a smear is taken and a colposcopy is performed. Colposcopy is a method of examining the cervix with a colposcope, an optical instrument that magnifies the image 20-30 times. The procedure is completely painless and allows for the most accurate diagnosis.

If necessary, a gynecologist may prescribe a biopsy of the cervix. Based on the results obtained, further treatment is determined. Treatment of cervical erosion. The gynecologist prescribes a completely individual treatment for each patient. Sometimes, treatment may consist in eliminating the cause of erosion with the help of medications. In this case, anti-inflammatory and hormonal drugs are prescribed. If necessary, antibacterial and antiviral drugs, as well as immunomodulatory drugs can be

used to increase the body's immunity and resistance to various viral diseases, since in the presence of cervical erosion, the likelihood of contracting genital infections increases significantly.

Clinical cases of cervical erosion require surgical intervention. Modern gynecology offers several methods of treating erosion:

Laser coagulation is one of the newest technologies, the advantage of which is the ability to treat erosion with high precision and the ability to change the depth of exposure. This allows you to treat both superficial and deep mucous tissues.

Radiofrequency ablation is an effective treatment for cervical erosion, which significantly reduces the treatment time. The advantage of this method is that there is no "electric burn", since the principle of action is not based on thermal treatment of the mucous membrane, but on "evaporation" of water molecules from damaged cells.

Colposcopy. With the help of colposcopy, with an image magnification of 7.5- 40 times, it is possible to study the cervix in more detail, detect background processes (dysplasia, leukoplakia) and the initial manifestations of cervical cancer. To study the epithelial transformation zone, a test with acetic acid and a Schiller test (iodine test) are used. Atypia in cervical cancer is revealed by the characteristic tortuosity of the vessels, less intense staining of pathological iodine-negative foci. If cervical cancer is suspected, a study of the tumor-associated antigen of squamous cell carcinomas - the cancer marker SCC (normally does not exceed 1.5 ng/ ml) is shown.

A biopsy of the cervix. Colposcopy makes it possible to identify the site of transformation and perform a targeted biopsy of the cervix for histological examination of the collected tissues. A knife biopsy of the cervix with curettage of the cervical canal is mandatory if cervical cancer is suspected. To determine the degree of cancer invasion, cervical conization is performed – a cone-shaped excision of a piece of tissue. The decisive and final method in the diagnosis of cervical cancer is the morphological interpretation of the biopsy results.

Additionally, for cervical cancer, a pelvic ultrasound is performed, which allows to stage the tumor process and plan the volume of intervention. To exclude tumor germination into adjacent organs and distant metastasis, ultrasound of the bladder and kidneys, cystoscopy, intravenous urography, ultrasound of the abdominal cavity, lung radiography, irrigoscopy, rectoscopy are resorted to. If necessary, patients with diagnosed cervical cancer should be consulted by a urologist, pulmonologist, proctologist.

Cryodestruction is treatment of the damaged surface with liquid nitrogen, which causes necrosis of the pathological part. Chemical exposure is the treatment of the eroded cervical area with solkovagin. This drug has a cauterizing effect. After this procedure, a crust forms on the treated surface, which disappears within 3-4 days. Several treatments can be performed.

Surgical intervention is recommended only in extreme cases, when the area of damage to the mucous membrane is very extensive and the test results indicate a high probability of developing an oncological process.

Organ-preserving tactics. In preinvasive cancer in young women planning childbirth, gentle interventions are performed with the removal of initially altered areas of the cervix within healthy tissues. Such operations include cone-shaped amputation (conization) of the cervix, electrosurgical loop excision, and high cervical amputation. Economical resections for cervical cancer make it possible to observe oncological radicality and preserve reproductive function.

A radical tactic. With more pronounced changes and the prevalence of the tumor process, removal of the uterus with ovarian transposition (removing them outside the pelvis) or with ovariectomy is indicated. In cervical cancer in stage I B1, the standard surgical procedure is a pangistectomy – extirpation of the uterus with adnexectomy and pelvic lymph node dissection.

When the tumor passes to the vagina, radical hysterectomy is indicated with the removal of part of the vagina, ovaries, fallopian tubes, altered lymph nodes, and paracervical tissue.

The surgical stage of cervical cancer treatment can be combined with radiation or chemotherapy, or a combination of both. Chemotherapy and radiotherapy can be performed at the preoperative stage to reduce the size of the tumor (neoadjuvant therapy) or after surgery to destroy possibly remaining tumor tissues (adjuvant therapy). In advanced forms of cervical cancer, palliative operations are performed – removal of cystostomy, colostomy, formation of bypass intestinal anastomoses.

Patients with cervical erosion should undergo an annual gynecological examination (at least 1-2 times a year) to exclude the development of cervical cancer. In non-critical cases, gynecologists do not recommend treating erosion in nulliparous patients. Because in any case, surgical intervention in the reproductive system of a woman leaves its mark, and for a healthy pregnancy and childbirth, elasticity and a natural environment of the cervical mucosa are necessary.

In addition, erosion may disappear due to changes in hormonal levels during pregnancy. However, in such cases, monitoring by a gynecologist is very important. It is worth noting that, thanks to annual examinations and a modern, careful attitude to women's health, over the past twenty years, it has been possible to significantly reduce the incidence of cervical cancer in women of reproductive age.

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