



Профилактика Бесплодия У Женщин Репродуктивного Возраста С Ожирением И Недостаточностью Витамина Д.

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Relevance of the topic: Infertility is a severe pathology that negatively affects many factors, including divorce, stress, decreased productivity, which lead to significant economic losses caused by the treatment of infertile couples (Kulakov V.I., Leonov B.V., 2018).

In the conditions of Central Asia, where families with many children are widespread and this is traditionally encouraged, childlessness is considered a great misfortune and often leads to the breakup of a family. (Ikhtiyarova G.A., Kurbanova Z.Sh., 2020).

WHO data show that in specialized clinics in developed countries, 22% of cases of infertility are "male", 32% - female. In 21%, violations are combined, in 14% the causes are not established (Lokshin V.N., Dzhusubalieva T.M., 2019). Vasilevskaya L.N. (2018) and Podzolkova N.M. (2019) note that the frequency of infertility ranges from 10-20%, with female infertility occurring in 50% of cases, male infertility in 40% of cases, and mixed forms occurring in 10% of cases.

Purpose: to determine the state of women of reproductive age with impaired vitamin D metabolism with infertility on the background of obesity using a questionnaire method.

Materials and methods of research: From outpatient records, women of reproductive age with infertility and obesity were identified and invited to the appointment. A questionnaire was compiled, anthropometric studies were carried out to determine body weight: body mass index [BMI], waist circumference [WC], hip circumference [OB], the amount of fat mass. The measurement was carried out with standard medical scales; Ultrasound of the genital organs, psychological status, nutrition, laboratory research methods, as well as determination of 25 (OH) D in blood serum, consultation of related specialists (obstetrician - gynecologist).

Results and discussions: during an outpatient examination and a questionnaire survey of women of reproductive age in 150 infertile women of reproductive age with overweight and obesity, the following disorders were detected: general weakness - 30%, anxiety - 25%, sleep disturbance or insomnia - 35%, decrease sexual desire - 4%. In the study of BMI: overweight - 20%, obesity of the 1st degree - 42%, obesity of the 2nd degree - 28%, obesity of the 3rd degree - 10%. The leading factors for the occurrence of endocrine infertility in women of reproductive age in our observations were PCOS-24 (33.3%), hyperprolactinemia 19 (26.4%) and hyperandrogenism 18 (25%) cases.

The hormonal profile was studied in all women with the determination of the content of gonadotropic, steroid and thyroid hormones (FSH, LH, PRL, testosterone, estradiol, progesterone, TSH, T3, T4)

Data of laboratory diagnostics: FSH - 1 phase 25-30 mU/ml -7%, 2 phase 15-18 mU/ml-3%, LH - 1 phase 34-40 mU/ml - 4%, 2 phase 26-30 mU / ml -6%, PRL 35-40 ng / ml-5%, testosterone 4-8 nmol / l-5%, estradiol phase I - 20-50 pM / l - 11%, progesterone phase 1 0.2-0 .8 nmol / l - 9%, TSH - 8.0-14 mU / l-13%, TK - 0.8 -2 pmol / l - 7%, T4 - 0.1-0.5 ng / dl- 12%.

Conclusions: 1. the data will help to identify the leading factors of infertility in overweight and obese women of reproductive age, as well as to develop the principles of primary prevention in them.

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