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ABDOMINAL SEMIZLIK — BACHADON LEYOMIOMASI KLINIK KECHISHINI BELGILOVCHI OMIL SIFATIDA

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ANNOTATSIYA

Bachadon leyomiomasi reproduktiv yoshdagi har to’rtinchi-beshinchi ayolda uchraydi, biroq bemorlarning faqat bir qismida simptomli, hayot sifatini keskin pasaytiruvchi kechish kuzatiladi. Semizlik leyomiomaning tasdiqlangan xavf omili hisoblanadi: tana vazni indeksining har 5 kg/m² ga oshishi o’sma xavfini o’rtacha 21 % ga oshiradi. Shu bilan birga, yog’ to’qimasining taqsimot tipi — xususan, metabolik jihatdan eng faol bo’lgan visseral komponent — kasallikning klinik kechish xarakteri bilan qanday bog’liqligi deyarli o’rganilmagan.

ABSTRACT

Uterine leiomyomas occur in approximately one in every four to five women of reproductive age; however, only a proportion of patients experience a symptomatic course that significantly reduces their quality of life. Obesity is a well-established risk factor for uterine leiomyomas: every 5 kg/m² increase in body mass index (BMI) is associated with an approximately 21% increase in the risk of developing these tumors. Nevertheless, the relationship between fat distribution patterns, particularly the metabolically active visceral fat component, and the clinical course of the disease remains largely unexplored.

Kalit so‘zlar: bachadon leyomiomasi, abdominal semizlik, visseral yog‘ to‘qimasi, tana vazni indeksi, bel aylanasi, bel-son nisbati, insulin rezistentligi, HOMA-IR, simptomli kechish

Keywords: Uterine leiomyoma, abdominal obesity, visceral adipose tissue, body mass index (BMI), waist circumference, waist-to-hip ratio (WHR), insulin resistance, HOMA-IR, symptomatic course.

Material va usullar

Prospektiv qiyosiy tadqiqotga reproduktiv yoshdagi (18–45 yosh) 60 ayol kiritildi: I guruh — simptomli leyomioma va semizlik (TVI ≥ 30 kg/m²) bo’lgan 25 ayol; II guruh — simptomsiz leyomioma va semizlik bo’lgan 25 ayol; III guruh — normal vaznli 10 sog’lom ayol. Antropometriya bo’y, tana vazni, bel (BA) va son (SA) aylanalarini o’lchash hamda TVI va BA/SA nisbatini hisoblashni o’z ichiga oldi. Hayz qon yo’qotish PBAC shkalasi bo’yicha baholandi.

Natijalar

Klinik guruhlar yosh, paritet, kasallik davomiyligi va TVI bo’yicha qiyoslanuvchan edi (34,9±3,2 va 34,1±2,9 kg/m²; p>0,05). Simptomli kechishda hayz qon yo’qotish uch barobar katta (PBAC 186,4±58,2 va 64,3±21,6 ball; p<0,001), anamnezda anemiya (60,0 % va 12,0 %; p<0,001) va bepushtlik (24,0 % va 8,0 %; p=0,049) sezilarli ko’p uchradi. Umumiy semizlik darajasi teng bo’lishiga qaramay, abdominal taqsimot ko’rsatkichlari asosiy guruhda yuqori bo’ldi: bel aylanasi 104,8±7,6 va 100,9±7,2 sm (p=0,047), BA/SA 0,92±0,05 va 0,88±0,04 (p=0,014); abdominal tip semizlik 92,0 % va 76,0 % ayolda aniqlandi. HOMA-IR indeksi bel aylanasi bilan bevosita bog’langan (r=0,61; p<0,001) va bachadon hajmi bilan korrelyatsiya qildi (r=0,42; p=0,002).

Xulosa

Teng darajadagi umumiy semizlik sharoitida bachadon leyomiomasining simptomli kechishi yog’ to’qimasining abdominal (visseral) taqsimoti bilan assotsiatsiyalangan. Leyomiomali ayollarda birlamchi murojaatdayoq bel va son aylanalarini o’lchash va BA/SA nisbatini hisoblash o’tkazilishi, abdominal semizlik aniqlanganda esa bemor kengaytirilgan metabolik tekshiruv va faol kuzatuv guruhiga yo’naltirilishi maqsadga muvofiq.

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