TAKRORIY KESARCHA KESISHDAN KEYINGI YIRINGLI-YALLIG'LANISH ASORATLARIDA MIOMETRIYNING PATOMORFOLOGIK O'ZGARISHLARI

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Annotatsiya. Takroriy kesarchadan keyin yiringli-yallig'lanish asoratlari bo'lgan va bo'lmagan ayollar miometriyining morfometrik ko'rsatkichlarini taqqoslash uslubini ko'rsatish. Usullar: 56 bemor (asoratli guruh n = 28, nazorat n = 28); Welch t-test, Mann–Whitney, Fisher testi, ta'sir kattaligi va 95% ishonch oralig'i (IO). Natijalar: fibroz maydoni asoratli va nazorat guruhlarida mos ravishda 37,2±7,6% va 28,5±7,0% ($p = 4{,}7\times10^{-5}$; Hedges g = 1,17), nekroz o'choqlari 15/28 va 1/28 ($p = 5{,}2\times10^{-5}$).

Kalit so'zlar: takroriy kesarcha kesish, miometriy, fibroz, yiringli-yallig'lanish asoratlari, Hedges g

Kirish

Kesarcha kesishdan keyingi jarrohlik joy infeksiyalari 3–15 foiz holatda qayd etiladi va organ yoki bo'shliq infeksiyalari, jumladan tug'ruqdan keyingi endometritni o'z ichiga oladi (Hayasaka va boshq., 2026). Norvegiyadagi kogortda endometrit yoki puerperal sepsis 1,15% (5942/516 874) holatda aniqlangan, shoshilinch kesarcha kesish xavfni oshirgan (moslashtirilgan nisbiy xavf 2,8; 95% IO 2,6–3,0) (Røe va boshq., 2026). Bu ma'lumotlar takroriy kesarcha kesishga xos emas.

Bachadon chandig'ida silliq mushaklarning tartibsizligi va kollagen tolali fibroz tasvirlangan (Debras va boshq., 2024); chandiqdagi kollagen miqdori o'zgarmagan miometriydan yuqori bo'lgan (Paping va boshq., 2023). Har bir keyingi kesarcha kesish fibroz to'qima miqdorini oshirishi mumkinligi ilgari surilgan (Milovanov va boshq., 2025). Yiringli-yallig'lanish asoratlari bilan birga baholangan morfometrik ishlar esa ko'rib chiqilgan manbalarda kam uchraydi.

Materiallar va usullar

Dizayn. Jami 56 ta sun'iy bemor: A guruh — takroriy kesarcha kesishdan keyin yiringli-yallig'lanish asorati bor (n = 28), B guruh — asoratsiz nazorat (n = 28).

O'zgaruvchilar: yosh; kesarchalar soni (2–4); fibroz to'qima maydoni (%); silliq mushak ulushi (%); yallig'lanish infiltrati bali (0–3); nekroz o'choqlari va perivaskulyar fibroz (bor/yo'q).

Statistika. Normallik Shapiro–Wilk testi bilan baholandi. Uzluksiz o'zgaruvchilar M±SD ko'rinishida, Welch t-testi bilan taqqoslandi; o'rtacha farq 95% IO va Hedges g bilan berildi. Tartibli o'zgaruvchilar Me (Q1–Q3) ko'rinishida, Mann–Whitney U testi va rank-biserial korrelyatsiya (bootstrap 95% IO) bilan, ikkilik o'zgaruvchilar n/N ko'rinishida, Fisher aniq testi va nisbatlar nisbati (OR, Woolf 95% IO) bilan tahlil qilindi. Yetti taqqoslash uchun Benjamini–Hochberg tuzatishi (q) qo'llandi; ikki tomonlama $\alpha = 0{,}05$. Hisob-kitoblar SciPy bilan bajarildi; asosiy testlar (Welch t, Fisher) qo'lda qayta tekshirildi.

Natijalar

Guruhlar yoshi bo'yicha farq qilmadi: A guruhda 29,6±5,2 yosh, B guruhda 28,4±4,9 (Welch $t(53{,}8) = 0{,}95$; $p = 0{,}3467$); o'rtacha farq 1,3 yil (95% IO −1,4; 4,0), $g = 0{,}25$ (−0,27; 0,77). Kesarchalar soni

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medianasi A guruhda 3 (2–3), B guruhda 2,5 (2–3) bo'ldi (U = 488,0; p = 0,0890; r_rb = 0,24; 95% IO −0,03; 0,50).

Fibroz to'qima maydoni A guruhda yuqori edi: 37,2±7,6% va 28,5±7,0% (t(53,6) = 4,43; p = $4{,}7\times10^{-5}$; farq 8,7 foiz punkti, 95% IO 4,8; 12,6; g = 1,17, 95% IO 0,61; 1,73). Silliq mushak ulushi A guruhda past edi: 53,7±8,2% va 62,3±7,2% (t(53,2) = −4,17; p = 0,00011; farq −8,6, 95% IO −12,7; −4,5; g = −1,10, 95% IO −1,66; −0,54).

Yallig'lanish infiltrati bali medianasi A guruhda 2,5 (2–3), B guruhda 1 (1–1,25) (U = 647,5; p = $1{,}4\times10^{-5}$; r_rb = 0,65, 95% IO 0,42; 0,85). Nekroz o'choqlari A guruhda 15/28 (53,6%), B guruhda 1/28 (3,6%) holatda topildi (Fisher p = $5{,}2\times10^{-5}$; OR = 31,2, 95% IO 3,7; 262,1). Perivaskulyar fibroz 17/28 (60,7%) va 10/28 (35,7%) holatda kuzatildi (p = 0,1078; OR = 2,78, 95% IO 0,94; 8,22).

Benjamini–Hochberg tuzatishidan keyin fibroz, silliq mushak, infiltrat va nekroz bo'yicha farqlar saqlanib qoldi ($q \le 0{,}0002$); yosh (q = 0,3467), kesarchalar soni (q = 0,1245) va perivaskulyar fibroz (q = 0,1258) bo'yicha farq aniqlanmadi.

Muhokama

Simulyatsiya parametrlari adabiyotdagi yo'nalishga mos qilib tanlanganligi sababli, asoratli guruhda fibrozning ko'p va silliq mushakning kam bo'lishi Debras va boshq. (2024) hamda Paping va boshq. (2023) topilmalariga «mos keladi», ammo bu ularni tasdiqlamaydi. Wang va boshq. (2025) chandiq sohasidagi nuqsonlarni surunkali endometrit belgilari bilan bog'lagan; bu simulyatsiyadagi infiltrat ko'rsatkichi uchun mazmuniy asos bo'ladi.

O'quv nuqtayi nazaridan uch jihat muhim. Birinchidan, p-qiymati bilan birga ta'sir kattaligi va IO berilishi farq hajmini ko'rsatadi: nekroz uchun OR = 31,2, ammo IO juda keng (3,7–262,1), ya'ni baho noaniq, chunki B guruhda faqat 1 holat bor. Ikkinchidan, kesarchalar soni va perivaskulyar fibroz bo'yicha farq topilmaganligi «farq yo'q» degani emas; n = 28 bo'lganda quvvat past, IO esa nolni qamrab oladi. Uchinchidan, morfologik o'zgarish funksiyani isbotlamaydi: Debras va boshq. (2024) sharhida kollagenli chandiq bilan biomexanik xususiyatlar o'rtasida bog'liqlik topilmagan, shuning uchun bu maqolada «disfunksiya» haqida xulosa yo'q.

Xulosa

Simulyatsiya modelida asoratli guruhda fibroz maydoni, yallig'lanish infiltrati va nekroz o'choqlari yuqori, silliq mushak ulushi past bo'ldi; yosh, kesarchalar soni va perivaskulyar fibroz bo'yicha farq aniqlanmadi.

Bu natijalar sun'iy ma'lumotlarga tegishli bo'lib, klinik dalil sifatida ishlatilishi mumkin emas; ular faqat qisqa maqola tuzilishi va statistik hisobot uslubini o'rganish uchun mo'ljallangan.

Adabiyotlar

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