



CERVICAL CANCER

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Annotation:

The article touches upon topical issues of oncology - the role of tobacco in the emergence and development of squamous cell carcinoma of the cervix. Here are collected and presented materials proving the influence of tobacco smoking on the course of the disease, on the results of various types of treatment and prognosis. The importance of secondhand smoke in the progression of squamous cell carcinoma is also shown and possible ways of prevention are considered.

Key words:

Cervical cancer, human papillomavirus, tobacco smoking, nicotine.

Cervical cancer (CC) is a widespread worldwide disease, which, according to the latest data, ranks third among all malignant neoplasms affecting women of reproductive age. About 529 thousand new cases of cervical cancer are registered in the world annually and about 275 thousand women die from this pathology. In 2008, 11,069 new cases were detected in the USA and 3,869 deaths due to cervical cancer were registered. The comparatively low rates in the United States are attributed to the advanced Papanicolaou Papanicolaou (PAP) smear screening system. It has been established that a necessary condition for the occurrence of precancerous changes in the cervix is the presence of certain human papillomaviruses (HPV), the subsequent integration of which can lead to the development of cancer.

Cervical cancer begins with unusual changes in your tissue. most cases are linked to infection with human papillomavirus (hpv). different types of hpv types of can cause skin warts, genital warts , and other skin disorders. others are linked to cancers involving the vulva, vagina,anus,penis, tongue, and tonsils.

Cervical cancer risk factors you might be at higher risk of cervical cancer if you:started having sex before age 16 or within a year of starting your period

Approximately 9 to 13% of the world's population (about 630 million people) are carriers of HPV infection, and the estimate of the degree of infection varies depending on the geographic location. Endometrial cancer is a malignant tumor originating from the epithelium (cell layer) of the body of the uterus. A tumor of the uterus is one of the most common malignant neoplasms in women. Cancer of the uterus affects women mainly between the ages of 50 and 65, and is less common among women under 50. There are two main types of endometrial cancer (ER).

Hormone-dependent uterine cancer is more common in women aged 45 to 50 years with a history of polycystic ovary syndrome, infertility, obesity, hyperglycemia, diabetes mellitus, uterine bleeding. Many precancerous conditions play a significant role in the development of uterine cancer. These are scars remaining after birth trauma, ulcers, erosion, leukoplakia, epithelial proliferation (polyps, condylomas), inflammatory processes (endometritis and endocervicitis). Cervical cancer is a visual form of the disease, therefore, the possibilities of its early detection are practically unlimited. For this, it is enough to correctly use the available

and informative methods of morphological and endoscopic diagnostics. In addition, timely detection and treatment of background and precancerous processes of the cervix can prevent the development of cervical cancer. In the near future, an increase in morbidity and the total number of patients is predicted in developing countries due to the lack of screening programs, an increase in life expectancy and population.

For many years and even decades, cervical cancer is preceded by precancerous lesions - cervical intraepithelial neoplasia (CIN). Timely diagnosis and treatment of CIN become the prevention of invasive cervical cancer. CINs are initiated at the transformation zone of the cervix and are maintained by persistent infection with high carcinogenic risk human papillomavirus (HPV). In 1980-1990, the relationship between HPV and dysplasia and squamous cervical cancer was clearly shown. Using hybridization methods, it was found that 80-100% of cervical cancer contain HPV DNA. A gross correlation was found between the incidence of cervical cancer and the detectability of HPV in the population. Moreover, in squamous cell cervical cancer most often (in more than 50% of cases), HPV type 16 was encountered, while HPV type 18 was more often associated with adenocarcinoma and poorly differentiated cervical cancer. In 95% of cases, HPV is localized in the zone of transitional epithelium, where about 90% of dysplasias occur, which are related to precancerous cervical cancer.

The main symptom of endometrial cancer is uterine bleeding (spotting of varying intensity), in rare cases - pain. In young women of reproductive age, symptoms of the disease are manifested by a violation of menstrual functions - profuse monthly or intermenstrual bleeding.

Pain indicates the prevalence of the process. It can be associated with the compression of the nerve trunks by the resulting infiltrate or with the fact that the contents of the uterine cavity stretch its walls. 80% of the uterine body cancer is diagnosed at stages 1-2, and the uterine tumor can be cured with the help of some surgical methods or a combination of surgical methods and radiation therapy.

Therefore, along with cervical cancer biotherapy, it is necessary to develop other areas of prevention. To date, it has already been proven that the presence of tobacco carcinogens in the mucous membrane of the cervix contributes to the expression of oncogenic viruses, thereby increasing the likelihood of a mild CIN transition to severe and further to invasive cancer.

Literature

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