AGE-RELATED FEATURES OF UTERINE CORPUS CANCER IN THE REPRODUCTIVE AND MENOPAUSAL PERIODS

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Uterine corpus cancer is known to refer to hormone-dependent tumors of the female reproductive system. Precancerous conditions of the uterus are especially important in the development of uterine corpus cancer. Pathology is manifested by endocrine and metabolic disorders, often combined with uterine myoma, genital endometriosis, ovarian tissue hyperplasia, polyps, etc. All these factors support the theory of the hormonal conditionality of uterine corpus cancer. One of the risk factors for uterine corpus cancer is genotoxic carcinogenesis associated with damage to the genetic apparatus of cells. In recent decades, increased attention has been paid to the study of hormonal carcinogenesis of the reproductive organs. Based on the latest scientific data, a steady increase in the incidence occurs not only in older patients but also among the young population [1]. Currently, the interest in studying the anamnestic data of reproductive age patients with uterine corpus cancer, hormonal and metabolic disorders, clinical and morphological characteristics of endometrial carcinoma has increased. Unfortunately, there is no consensus on the clinical, hormonal, metabolic, and morphological features of uterine corpus cancer in patients of reproductive age [2]. Moreover, the chance of a timely diagnosis of endometrial cancer in young patients is often missed due to the peculiarities of the clinical symptoms of this disease. Thus, against the background of the manifestation of concomitant gynecological pathology with a maintained menstrual cycle, and the absence of a timely diagnosis, the incidence of pathology increases [3].

The aim of the research. To study the age-related characteristics of uterine corpus cancer in the reproductive and menopausal periods using modern methods.

Materials and Methods. The study objects included 167 patients, of which 132 were patients with a diagnosis of uterine corpus cancer, and 35 were diagnosed with endometrial hyperplasia, which is considered as a precancerous condition.

Results. In 59.1% of the patients with uterine corpus cancer of reproductive age, the disease developed on the background of hyperplastic endometrium and was determined with an active examination; in 40.9% of the patients, it was verified based on complaints. In patients older than 49 years, the incidence of endometrial cancer manifested by metrorrhagia increases. In 6.4% of menopausal patients, endometrial cancer developed against the background of unchanged endometrium without any specific complaints. In the anamnesis of patients with uterine corpus cancer, infertility (70.4%), simple endometrial hyperplasia (44.7%), the occurrence of ovarian and uterine corpus cancer in the family (38.6%), and menstrual irregularities (31.1%) were observed. Obesity was present as the main risk factor (56.1%). At the reproductive age, well-differentiated endometrioid adenocarcinoma - 72.7% occurred more frequently than moderately- and poorly-differentiated variants - 27.3%. In menopausal patients, well-differentiated adenocarcinomas were found in 33.6%, moderately - and poorly-differentiated in 66.3% of cases. With increasing age, there was a tendency to increase poorly-differentiated forms. Tumors and an increase in their proportion at later stages were associated with an increase in age.

Conclusion. As results showed, moderately- and poorly-differentiated variants (foci G2-3 of the endometrioid adenocarcinoma) were more common in patients with a climacteric period. It was found that among favorable variants of endometrial cancer foci of G1 of the endometrioid adenocarcinoma were more commonly diagnosed in
the reproductive age. Age indicators had a direct effect on the course of endometrial cancer. Aggressiveness and development of the tumor depended on the period of detection.

References

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Key words: Uterine corpus cancer, endometrial cancer

UTILIZATION OF TREC AND KREC QUANTIFICATION FOR IMMUNE DEFICIENCIES RESEARCH IN MOLDOVA

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About 0.1% of world population is expected to have different forms of primary immune deficiencies. A significant number of them remain undiagnosed, that could cause different problems such as infections from live vaccines, opportunistic infections. In some countries a neonatal qPCR screening for TREC and KREC levels in blood is done due to this reason. It allows to detect the majority of primary immune deficiencies.

Materials and Methods: qPCR screening of DNA of newborns, extracted from dried blood spots obtained from 75 children and selective screening of patients with suspected immune disorders were performed.

Results. Medium TREC (6565.2354 for 100000 cells) and KREC (8173.212 for 100000 cells) concentrations for presumably healthy newborns from Moldova were counted and they were compared with the concentrations reported by researchers in Russia (6419TREC and 1473 KREC for 100000 cells). The difference may be explained by genetic difference between the Russian and Moldovian populations and by small sample size (52 of newborns in Russia and 75 ones in Moldova. The data on frequencies of different immune defects (3.8% of lymphoproliferative disorders, 6.5% of normal indexes, 10.4% of autoimmune disorders, 7.8% of immune dysregulation disorders, 31.2% of combined immune deficiencies, 40.3% of cellular immune deficiencies) were calculated and compared. The results of introduction of this test in neonatal screening program in other countries were analyzed.

Conclusions: implementation of screening for TREC and KREC concentration in blood in perinatal screening program is expected to reduce the number of complications from primary immune deficiencies in the Republic of Moldova.

Key words: TREC, KREC, immune deficiency.