

# Obesity and its Role in the Formation of Gynecological Diseases

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**Annotation:** Obesity is not only a medical but also a social problem. Epidemiologists predict that by 2025, 40% of men and 50% of women will suffer from obesity. In women, obesity is accompanied by a high frequency of anovulation, menstrual irregularities, infertility, hyperplasia and endometrial polyposis associated with impaired production of sex hormones, as well as a high risk of endometrial, ovarian, and breast cancer.

**Keywords:** obesity, endometrial hyperplasia, endometrial cancer.

## Introduction

Obesity is one of the most common chronic diseases in the world. Currently, every fourth inhabitant of the planet is already overweight or obese. The World Health Organization has recognized obesity as an epidemic of the 21st century.

According to forecasts of epidemiologists, by 2025, 40% of men and 50% of women will suffer from obesity<sup>1</sup>.

Obesity is not just an excessive deposition of fat in the body, it is a complex pathology, which is currently regarded as a chronic relapsing disease that contributes to the manifestation and development of many chronic diseases that shorten a person's life expectancy.

## Materials And Methods

Despite the wide prevalence, as well as the proven role of obesity in the pathogenesis of serious concomitant diseases, a single pathogenetic classification of obesity has not yet been developed. In domestic practice, until recently, the classification of M.N. Egorov and L.M. Levitsky was widely used, based on the assessment of the degree of excess in percentage of the actual body weight over the standards, which were supposed to be determined<sup>2</sup>. The classification of D.Y. Shurygin is also well known, which distinguishes primary forms (alimentary-constitutional obesity and neuroendocrine, or hypothalamic) and secondary (with hypothyroidism, hypercortisolism and other endocrine diseases).

## Results And Discussion

Being a risk factor for the development of severe metabolic disorders, obesity in women is accompanied by a high frequency of anovulation, menstrual irregularities, infertility, endometrial hyperplasia and polyposis associated with impaired production of sex hormones, as well as a high risk of endometrial cancer, ovarian cancer, mammary glands. Even Hippocrates in the IV century BC. e. noted: "Both obesity and thinness should be condemned. The uterus is unable to accept semen and menstruates irregularly"<sup>3</sup>.

Metabolic syndrome (MS) (the concept was introduced by M. Hanefeld, 1991), which currently represents one of the most priority and socially significant problems in medicine, is a disease that attracts close attention of a wide range of specialists around the world: endocrinologists, cardiologists, therapists, gynecologists. This is primarily due to the high prevalence of this syndrome, which in some countries,

<sup>1</sup> Seidell J.S. The worldwide epidemic of obesity. In: Progress in obesity research. 8th International congress on obesity // B.guy-Grand, G.Aihaud, eds. London: John Libbey and Company Ltd., 2019. - P.47–53.

<sup>2</sup> Dedov I.I., Melnichenko G.A. Obesity. - M.: Medicine, 2016. - 456 p.

<sup>3</sup> Bray G.A. Obesity: a time bomb to be defused // Lancet. - 2018. - V.18 - P.160.

including Russia, acquires the character of an epidemic, reaching a level of 25–35% or more among the adult population.

The idea of the metabolic syndrome was mainly formed more than 50 years ago, however, 1988 should be considered a kind of starting point, when G. Reaven described a symptom complex that included hyperinsulinemia, impaired glucose tolerance, hypertriglyceridemia, low levels of high-density lipoprotein cholesterol and arterial hypertension.

Thus, we can conclude that obesity is not only a medical but also a social problem. The treatment of obesity is a complex process, which involves such specialists as an endocrinologist, psychotherapist, gynecologist. According to scientists of the American Cancer Society, approximately 90,000 deaths among cancer patients are associated with obesity. These horrifying statistics should open the eyes of society. Currently, experts are studying the mechanisms of influence of fat cells on the development of cancer, which may help in the development of new effective drugs.

In the female body there are so-called target tissues. Their vital activity directly depends on estradiol. They are the most likely "testing ground" for tumor development. According to statistics, the most common female oncology is breast, cervical, ovarian and endometrial cancer. All these diseases are of a hormonal nature and are called hormone-dependent. They mostly occur after menopause. At this age, estradiol begins to be synthesized not in the ovaries, but in adipose tissue. In this case, a high level of mutations is provoked in the cells. The hormone interacts with cell receptors and gives a signal that stimulates cell division. And it is the cells of a malignant tumor that are distinguished by their ability to unlimited growth<sup>4</sup>.

### Conclusion

The insidiousness of this disease lies in the fact that clinical symptoms (and hence the reason to see a doctor) appear only in the later stages of the disease. In most cases, the disease is detected only in the terminal stages, when the chances of recovery are low. Only radical methods can save, and more often prolong life, such as surgery, courses of chemotherapy or radiotherapy.

Now the main direction of research all over the world has become the problem of not treatment, but prevention and early diagnosis of cancer. In our country, the state provides an opportunity for all women to undergo the necessary examinations and receive medical care. Every woman needs only to set aside time for this and visit a doctor. It is necessary to understand that cancer is a manageable process, it can be controlled. And most malignant diseases are very successfully treated in the early stages.

### References

1. Seidell J.S. The worldwide epidemic of obesity. In: Progress in obesity research. 8th International congress on obesity // B.guy-Grand, G.Aihaud, eds. London: John Libbey and Company Ltd., 2019. - P.47–53.
2. Dedov I.I., Melnichenko G.A. Obesity. - M.: Medicine, 2016. - 456 p.
3. Bray G.A. Obesity: a time bomb to be defused // Lancet. - 2018. - V.18 - P.160.
4. Diamanti-Kandarakis E., Bergiely A. The influence of obesity on hyperandrogenism and infertility in the female // Obes. Rev. - 2001. - V.2. – P.231–238.
5. Nikitin Yu.P., Kazeka G.R., Simonova G.I. The prevalence of the components of metabolic syndrome X in an unorganized urban population (an epidemiological study) //Kardiology. - 2011. - No. 9. – P.37–40.
6. Reaven G.V. Banting Lecture: role of insulin resistance in human disease // Diabetes. - 2018. - V.37. – P.1595–607.
7. Dedov I.I., Andreeva E.N., Pishchulin A.A., Karpova E.A. Syndrome of hyperandrogenism in women. Pathogenesis, clinical forms, differential diagnosis and treatment. Methodical manual for doctors. - M.: RAMN, 2013. - 111 p.
8. Babichev V.N., Marova E.I., Kuznetsova T.A. Receptor mechanisms of the hormonal signal in neuroendocrinology // Probl. endocrinol. - 2010. - No. 5. – P.33–35

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<sup>4</sup> Nikitin Yu.P., Kazeka G.R., Simonova G.I. The prevalence of the components of metabolic syndrome X in an unorganized urban population (an epidemiological study) //Kardiology. - 2011. - No. 9. – P.37–40.