

REPRODUKTIV YOSHDAGI AYOLLARDA TIREOID DISFUNKSIYANING SUT BEZINING HAVFSIZ KASALLIKLARI RIVOJLANISHIDAGI O'RNI

Muratova Shaxlo Taxirjanovna t.f.d., Nazarova Shaxnoza Anvarovna

Y.X. Turakulov nomidagi Respublika ixtisoslashtirilgan ilmiy- amaliy endokrinologiya tibbiyot Markazi, Toshkent, 100125, O'zbekiston

Muratova Shaxlo Taxirjanovna t.f.d. <https://orcid.org/0000-0001-7736-7319>
Shakhlo.muratova@gmail.com

Nazarova Shaxnoza Anvarovna <https://orcid.org/0009-0006-7007-009X>
Shaxnazarova95@gmail.com

Dolzarbli: Reproduktiv yoshdagi ayollarda tireoid disfunktsiya sut bezining havfsiz kasalliklari rivojlanishida muhim endokrin-metabolik omillardan biri hisoblanadi. Qalqonsimon bez gormonlari metabolizmidagi o'zgarishlar hujayraviy proliferatsiya jarayonlariga ta'sir ko'rsatib, sut bezi to'qimasida fibroz-kistoz va diffuz proliferativ o'zgarishlar rivojlanishiga zamin yaratadi [S. Chopra, 2023; Tang, 2024]. Ayniqsa, yod yetishmovchiligi sharoitida kuzatiladigan subklinik va manifest gipotireoz holatlari sut bezining benign kasalliklari, jumladan mastopatiya rivojlanish xavfini oshirishi qayd etilgan [P. Prudhvini, 2024]. So'nggi yillardagi klinik tadqiqotlar tireoid status va sut bezi to'qimasi proliferativ o'zgarishlari o'rtasida patogenetik hamda gormonal bog'liqlik mavjudligini tasdiqlamoqda [Y. Zheng, 2024; C.M. Kitahara, 2023].

Maqsad: Ayollarda reproduktiv davrda ko'krak bezlarining xavfsiz patologiyasining xavfi va klinik namoyon bo'lishiga yod yetishmovchiligi bilan bog'liq qalqonsimon bez funksiyasi buzilishi ta'sirini baholash.

Yod yetishmovchiligi fonida qalqonsimon bez funksiyasi buzilgan 24–44 yoshdagi 27 nafar ayol tekshirildi. Laborator tekshiruvlar TTG, erkin tiroksin, prolaktin darajasi, instrumental tekshiruvlar qalqonsimon bez va sut bezi ultratovush belgilari baholandi; statistik tahlil parametrsiz usullar va imkoniyatlar nisbati va 95% ishonch intervalli hisoblash bilan logistika regressiyasini o'z ichiga oldi.

Natijalar: Tekshirilgan bemorlar 27 nafar tashkil qilgan ulardan autoimmun tireoidit eutireoz bilan 5 nafar (18,5%), autoimmun tireoidit gipotireoz bilan 2 nafar (7,4%), diffuz toksik bo'qoq tireotoksikoz holati 8 nafar (29,6%) ko'p tugunli bo'qoq eutireoz holati 6 nafar (22,2%), ko'p tugunli bo'qoq gipotireoz holati 7 nafar (25,9%) tashkil etdi. Ular orasida 15 nafar (55,6%) fibroz-kistoz o'zgarishlar va diffuz mastopatiya shakli aniqlandi, bemorlarning autoimmun tireoidit eutireoz holati 3 nafar (20,0%), autoimmun tireoidit gipotireoz holati 1 nafar (6,6%), diffuz toksik bo'qoq tireotoksikoz holati 5 nafar (33,3%), va ko'p tugunli bo'qoq eutireoz holati 5 nafar (33,3%), ko'p tugunli bo'qoq gipotireoz holati 1 nafar (6,6%) tashkil etdi.

Fibroz-kistoz o'zgarishlar va diffuz mastopatiya shakli aniqlangan 15 nafar bemorda o'rtacha TTG darajasi 5.1 ± 1.3 mME/l, prolaktin darajasi — 402 ± 88 mME/l; TTG > 4.0 mME/l bo'lganda mastopatiya xavfi 2 martadan ko'proqqa oshgan (OR = 2.41; 95% CI 1.02–5.71; p = 0.04) va sut bezlari to'qimasining zichligi oshishi bilan bog'langan (p = 0.03).

Yod yetishmovchiligini tuzatib va tireoid statusini normallashtirgandan so'ng, 15 bemordan 9 tasida (60,0%) mastalgia darajasi pasayishi, kistoz shakllanishlar hajmi $3,8 \pm 1,1$ mm ga qisqalishi (p = 0,02) va struktural o'zgarishlarda regress tendentsiyasi kuzatildi; eutireozga erishish klinik yaxshilanish ehtimolini oshirdi (OR = 1,87; 95% CI 1,96–3,65; p = 0,03).

Xulosalar. Yod yetishmovchiligi va qalqonsimon bez funksiyasi buzilishlari reproduktiv yoshdagi ayollarda ko'krak bezlarining yaxshi sifatli patologiyalari bilan yuqori tezlikda bog'langan va mastopatiya xavfini 2 baravardan ortiq oshiradi. Yod holati va qalqonsimon bez funksiyasini baholashni ko'krak bezlarining yaxshi sifatli kasalliklari bilan og'rigan bemorlarni tekshirish algoritmiga kiritish klinik va prognoz jihatdan asosli hisoblanadi.

Kalit so'zlar: qalqonsimon bez disfunktsiyasi; sut bezlarining havfsiz hosilalari; gipotireoz; mastopatiya; prolaktin.

The Role of Thyroid Dysfunction in the Development of Benign Breast Diseases in Women of Reproductive Age

Muratova Shakhlo Taxirjanovna DSc , Nazarova Shakhnoza Anvarovna

Republican Specialized Scientific and Practical Medical Center of Endocrinology named after Academician Yo.Kh. Turakulov, Tashkent, 100125, Uzbekistan

<https://orcid.org/0000-0001-7736-7319> Shakhlo.muratova@gmail.com (M.Sh.T)

<https://orcid.org/0009-0006-7007-009X> Shaxnazarova95@gmail.com (N.Sh.A)

Abstract: Thyroid dysfunction is considered one of the important endocrine-metabolic factors in the development of benign breast diseases in women of reproductive age. Alterations in thyroid hormone metabolism affect cellular proliferation processes and contribute to the development of fibrocystic and diffuse proliferative changes in breast tissue [S. Chopra, 2023; Tang, 2024]. In particular, subclinical and overt hypothyroidism associated with iodine deficiency has been reported to increase the risk of benign breast diseases, including mastopathy [P. Prudhvini, 2024]. Recent clinical studies have confirmed the presence of pathogenetic and hormonal relationships between thyroid status and proliferative changes in breast tissue [Y. Zheng, 2024; C.M. Kitahara, 2023].

Benign breast disorders were identified in 15 of 27 patients (55.6%), predominantly fibrocystic changes and diffuse mastopathy. The mean TSH level was 5.1 ± 1.3 mIU/L and the mean prolactin level was 402 ± 88 mIU/L; at TSH levels > 4.0 mIU/L, the risk of mastopathy increased more than two-fold (OR = 2.41; 95% CI 1.02–5.71; $p = 0.04$) and was associated with increased breast tissue density ($p = 0.03$).

After correction of iodine deficiency and normalization of thyroid function, 9 of 15 patients (60.0%) demonstrated a reduction in mastalgia severity, a decrease in cyst size by 3.8 ± 1.1 mm ($p = 0.02$), and a trend toward regression of structural changes; achievement of euthyroidism increased the probability of clinical improvement (OR = 1.87; 95% CI 0.96–3.65; $p = 0.06$).

Keywords: thyroid dysfunction, benign breast lesions, hypothyroidism, mastopathy, prolactin.