

PROGESTERONE ROLE IN THE PATHOGENESIS OF THE UTERINE BENIGN TUMORS

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A uterine myoma is the most widespread benign tumour of the genital system among the reproductive age women, its frequency varies from 15 to 30%. In spite of numerous research, nowadays there is no definite answer to the question about progesterone role in the development of this disease. Purpose of the research: to study the progesterone role in pathogenesis of uterine myoma.

Materials and methods: analytical informations analysis of scientific research.

Research results. According to modern concept uterine myoma develops on background hyperestrogenism, progesterone deficiency states, hypergonadotropism, and its growth depends on the concentration of cytosolic receptors and the complex mechanisms of their interaction with endogenous or exogenous by injected hormones. It is known that after the menopause the myoma nodi reduce, but is not discovered whether it is a consequence receptors or the result reduction of low levels of estrogen, progesterone and androgen.

Progesterone is involved in the changes in the endometrium, associated with the menstrual cycle: his influence in the second half of the menstrual cycle there is overgrowth of the mucous membrane of the uterus, changes the functional state of the fallopian tubes, vagina and breasts. Progesterone influences on a tissue-target through specific cytosolic proteins (receptors) that are induced by hormone-receptor complex activating. Then it is translocated to, where it connects with the acceptor sites of chromosomes and initiates genes transcription and specific proteins synthesis that provide biological effect. At the beginning of development of tumor in myometrium tissues concentration of receptors is not changed and accompanied by normal content of estrogens and progesterone in blood. With time passing amount and activity of total progesterone receptors decrease and estrogenic increase, that results in absolute or relative hyperestrogenism on the background the progesterone deficiency (below 7 ng/ml). Hormonal violations stimulate hyperplastic processes in the endometrium. Thus estrogen renders stimulate growth of myoma, and progesterone realizes it, that explains inadmissibility of prescription for treatment of uterine myoma of medicines, which are complete analogues of progesterone, in spite of its deficiency.

Conclusion. Decline of progesterone receptors concentration in a myometrium cell, accompanied by hypoprogesteronemiya, is the obligatory link of uterine myoma pathogenesis.