

**PREVENTION AND PROBLEMS OF CANCER IN WOMEN LIVING IN REMOTE
AND REMOTE AREAS**

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Abstract: Currently, statistics show that women of reproductive age are prone to oncological diseases. The onset of the disease and the death rate depend on the geographical features of the permanent place of residence of women, and this indicator differs in the west and east of Eurasia. At the same time, the main problem of medicine remains timely detection of oncological diseases.

Key words: risk factors, precancerous diseases, cervical erosion, childbirth, intrauterine device, menstrual cycle pathology.

Relevance of the topic: Today, according to statistics, the growth of oncological diseases and the aging of the population are recorded in many countries of the world [3,4]. Therefore, the causes, development and treatment standards of oncological diseases are one of the urgent problems in modern medicine. In the world, oncological diseases are the leading cause of death among women of all ages. According to the World Health Organization, "10 million people die from cancer a year, which accounts for 1-3 of the world's mortality rates, 60% of new cases and 70% of deaths." Scientists estimate that in 2040, new cases of oncological diseases will increase by 47% annually and reach 28.4 million..." [6,7].

The increase in onco-epidemiological effects also has a significant impact on malignant tumors of the reproductive system of women, where the number of patients with uterine cancer increases by 2.1 times, ovarian cancer - by 12.5%, and breast cancer - by 16.8% [5,7]. The increase in the impact of onco-epidemiological risk factors on the reproductive system of women also depends on the deterioration of the quality of life that maintains ecological and reproductive balance. At the same time, the incidence rate of oncological diseases occupies a high place in economically developed countries [3,4].

Risk factors that develop oncological diseases are diverse. Often, scientists emphasize that genetic, reproductive, adaptive, and energy homeostasis disorders are an important risk factor [2,4].

Among various oncological diseases, breast cancer accounts for almost 25% of the total number of malignant tumors. The frequency of cancer development against the background of mammary tumors depends on the duration of the disease and the biological characteristics of this category of patients, that is, the hormonal and immunological status of the woman [3,5].

One of the main risk factors for the development of oncological diseases is their age. The main increase in the disease is from 50 to 64 years, and the most widespread death is 40-50 years. The death rate is about 20% of cancer deaths. At the same time, the number of female patients over the age of 50 has increased from 14% to 21% in the last 30 years [8,9].

Thus, statistics show that women of reproductive age are prone to oncological diseases. The onset of the disease and the death rate depend on the geographical features of the permanent residence of women, and this indicator differs in the west and east of Eurasia. [10,11]. At the same time, the main problem of medicine remains timely detection of oncological diseases.

The purpose of the work: to study the analysis of the occurrence of pre-cancerous diseases among the wives of military servicemen living in the remote Uchkuduk and Zararofshan districts of the Navoi region of the Republic of Uzbekistan.

Materials and methods: The study materials were the medical examinations conducted by the mammology center of the Central Military Clinical Hospital in 2023-2024, among the family members of military servicemen who applied to the outpatient center, 132 military servicemen who were diagnosed with pre-cancerous diseases and benign tumors were examined by family members (women), mammography and vaginal smear examination methods were conducted based on the information in the outpatient card of the patients. Among the women who underwent medical examination, a complete anamnesis and instrumental examinations identified women at risk of developing premalignant diseases.

Classification of women in the observation group by age is presented in Table 1.

Table 1

Information on the age of the women observed

Total	Age				
	20-24	25-29	30-34	35-39	40 and above
132	8	17	24	51	32

As can be seen from the table, there are 132 women in the observation group. In terms of age, there are 8 women from 20 to 24 years old, 17 women from 25 to 29 years old, 24 women from 30 to 34 years old, 51 women from 35 to 39 years old, and 32 women over 40 years old. According to the results of the analysis, the highest indicator is observed among women aged 35-39. Our analysis shows that among women under observation, precancerous diseases are caused by women of reproductive age. Somatic characteristics of women in the control group are presented in Table 2.

Table 2

Somatic description of women in the observation group

№	Classification of diseases		
		132	100 %
1.	Endocrine diseases	62	46,9
2.	Anemia	43	32,6
3.	Cardiovascular diseases	16	12,1
4	Kidney and urinary tract diseases	7	5,3
5	Respiratory diseases	4	3,1

Among women in the observation group, the most common pathology, buendocrine diseases, is 46.9% (62 women). Anemia followed in 32.6% (43 women), cardiovascular diseases in 12.1% (16 women), kidney and urinary tract diseases in 5.3% (7 women), respiratory diseases in 3.1% (4 women) were observed in women. A description of benign tumors detected among women in the study group is presented in Table 3.

Table 3

Classification of benign tumors detected among the examined women

№	classification of diseases	132	100%
	small pelvic organs	58	44 %
1	Uterine myoma	29	21.9%
2	Ovarian cysts	21	16%
3	Cervical polyp	8	6.1%
	mammary glands	60	45.4%
1	Breast fibroadenoma	4	3%
2	Safe dysplasia of the mammary gland (fibrosis-cystic mastopathy)	48	36.4%
3	Ectasia of mammary ducts	8	6%
	endocrine and others	14	10.6%
1	Thyroid cyst	3	2.3%
2	Benign tumors of the conjunctiva (nevus, dermoid tumor)	5	3.8%
3	Lipomas	6	4.5%

Based on the results of the examination, 58 women (44%) had benign tumors of the female genital organs among the women under observation, and 29 women (21.9%) had fibroids of various sizes. In 60 of the women in the observation group, mammary glands are benign tumors (45.4%). Benign tumors of endocrine and other organs made up 14 people (10.6%). In this case, 48 (36.4%) women had safe dysplasia of the mammary gland, i.e., fibrous cystomastopathy, 29 (21.9%) uterine fibroids, and 21 (16%) ovarian cysts.

The classification of diseases according to the results of the examination is presented in Figure 1.

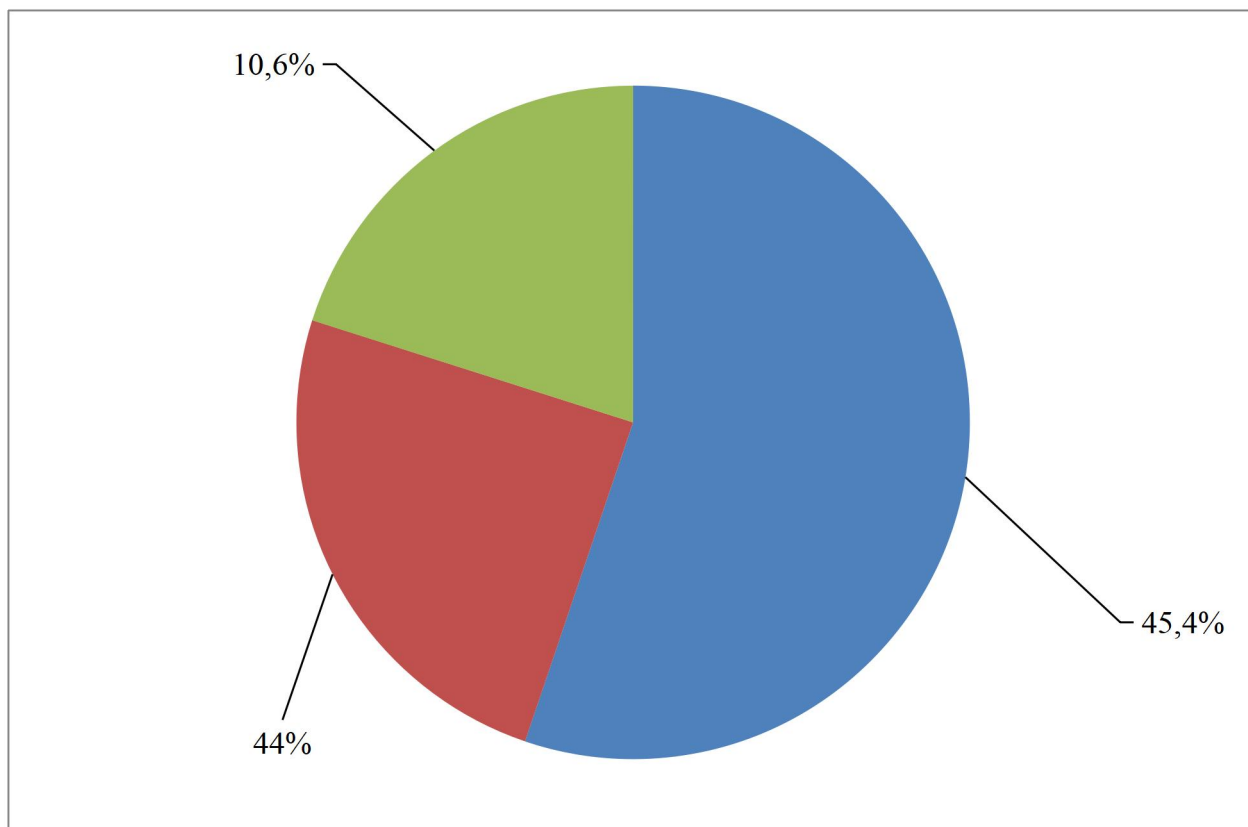


Figure 1. Analysis of the classification of diseases identified among women, (%).

Mammological 45.4%, gynecological 44% and endocrine and other 10.6% cases were observed.

CONCLUSION. It should be noted that, according to the results of the examination, among women, safe dysplasia of the mammary gland, i.e. fibro-cystic mastopathy, was 48 (36.4%), uterine fibroids 29 (21.9%), and ovarian cysts 21 (16%) did Our analysis shows that, among the women under observation, the occurrence of racolid diseases and benign tumors is more common among women of reproductive age.

It is clear from this that regular organization of medical examinations, quality control, timely treatment of inflammatory diseases, early detection and prevention of pre-cancerous diseases can prevent oncological diseases.

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