



ANALYSIS OF CLINICAL AND ANAMNESTIC DATA OF PATIENTS WITH POLYPS AND PAPILOMAS OF THE URINARY BLADDER

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Abstract: This article provides information on the analysis of clinical and anamnestic data of patients with bladder polyps and papillomas. It was observed that polyps and papillomas of the urinary bladder are more common in men than in women, in the 60-69 age groups, polyps were 55.9%, and papillomas were 77.9%. Among the risk factors of benign tumors of the urinary bladder, age over 40 was 84.9% in polyp, 95.9% in papilloma, occupational chemicals, harmful habits, chronic infections and immune deficiency were the main indicators as risk factors.

Key words: bladder, polyp, papilloma, clinical and anamnestic analysis.

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Bladder tumors are observed in most cases in people over 50 years old. Bladder tumors are very rare in young children, 60 times less often compared to adults. Tumors can be located in any area of the bladder, but in most cases they are located more in the lower triangle. According to the results of the research conducted in the second half of the 19th century, it was observed that people working with aniline dye had a high incidence of bladder tumors. Tests show that f-naphthylamine, benzidine, which are sour amines, are not considered carcinogenic, but their metabolite orthoaminophenol causes tumor development. It is known that skatole and indole, which appear during the metabolism of the human body and the decomposition of aromatic amines, are considered carcinogenic substances for the bladder. It is scientifically proven that the increase in the amount of these substances in the urine increases the development of tumors.

The purpose of the study. The purpose of this study is to determine the analysis of clinical and anamnestic data of patients with bladder polyp and papilloma of the bladder polyp.

Research materials and methods. Outpatient card and medical history data of patients with bladder polyp and papilloma selected for our study were analyzed. During 2019-2022, 64 patients with bladder polyps and 82 patients with papilloma were examined and treated at the Republican Urology Scientific and Practical Center. 31 patients with bladder polyps and 36 patients with papilloma were isolated from the urology department of Bukhara multidisciplinary hospital. So, there were 93 bladder polyps and 118 papillomas.

Research results. The following information was found when the medical records of patients with bladder polyps were first studied. Out of 93 cases, 69 were men and 24 were women. Patients were distributed by age groups as follows (Table 1).

Table 1. Distribution of patients with bladder polyps by gender and age group, number and %.

	20-29	30-39	40-49	50-59	60-69	70 ≤	Overall
Man	1	3	5	14	39	7	69 - 74,2%
Woman	0	0	3	5	13	3	24 - 25,8%
Total	1	3	8	19	52	10	93
Total %	1,07	3,2	8,6	20,4	55,9	10,7	100%

As distributed in the table, out of total 93 cases, 69, 74.2% were male and 24, 25.8% were female. Out of the total 93 cases, 55.9% fell to the 60-69 age group, 10.7% occurred in the over 70 age group, 20.4% in the 50-59 age group, and 8.6% in the 40-49 year old age group. If we look at the distribution of men by individual age groups, 39, i.e. 56.6% belong to the 60-69 age group, 14, i.e. 20.3% to the 50-59 age group, 7, 10.1% to the 70- 5, 7.4% belonged to the 40-49-year-old group, 3rd, 4.3% belonged to the 30-39-year-old group. So, among men, the highest percentage of polyp disease was found in 60-69-year-olds, followed by 50-59-year-olds, that is, in 20.3% of cases, it was observed in the younger age group. When studying the polyp disease in women by age group, it was found that the highest incidence of polyp occurred in the 60-69 age group, which was 54.2%. In other young groups, it was found that the incidence of polyps was almost the same as that of men (Table 1).

81, ie 68.7% of patients with bladder papilloma were men and 37, 31.4% were women. Out of a total of 118 cases, the highest incidence occurred in the age group of 60-69 years, with 92 patients, i.e. 77.9%. 13 cases, 11.01%, were found in the younger group, that is, in the 50-59-year-old group. A very low incidence of papilloma was observed in people over 70, that is, in 7 patients, in 5.9% of cases. In the 40-49-year-old group, it was found to a very low extent, in 6 people, i.e. 5.1% (Table 2).

Table 2. Distribution of patients with bladder papilloma by gender and age group, number and %.

	20-29	30-39	40-49	50-59	60-69	70 ≤	Overall
Man	0	0	3 -3,7%	9 -11,1%	65 - 80,2%	4 -4,9%	81 - 68,6%
Woman	0	0	3 -8,1%	4 -10,8%	27 - 72,9%	3 -8,1%	37 - 31,4%
Total	0	0	6	13	92	7	118
Total %	0	0	5,1	11,01	77,9	5,9	100%

When the group of men was studied separately, the following information was revealed, that is, papilloma in the urinary bladder was more common in men compared to the polyp of the urinary bladder, and it was found to the greatest extent in the 60-69-year-old group, where 65 of all cases, 80.2%, corresponded to this group. It is relatively rare in other age groups, including: only 4 cases in people over 70 years old, 4.9%, 9 cases in 50-59 years old group, 11.1%, 3 cases in 40-49 years old group in 3.7% was observed. The distribution of bladder papilloma in women was slightly different. It was observed 3.5 times less often in women compared to men, and it was observed in 27, 72.9% of cases in women aged 60-69 years. In women, it was found that it was relatively rare in other age groups (Table 2).

The study of the risk factors causing polyps of the bladder showed that the level of occurrence of 10 selected risk factors in the polyp compared to the papilloma was found to be significantly different. Male and female race were taken as the first risk factor, showing that polyp was found in 74.2% of men and 25.8% of women, and these indicators were 2.9 times higher in men. The ratio of papilloma in men and women is 68.6 : 31.4, which shows that it is 2.2 times more common in men. The second risk factor is the age over 40, and the importance of this factor is shown by its occurrence rate, that is, it was observed that polyp made up 84.9% of people over 40 years old, while papilloma

made up 95.9%. Therefore, it is confirmed that both of these tumors are more common in the elderly (Table 3). The third dangerous factor is professional factors, of which lacquer paints, leather products, rubber, and textile products take the main place. It is observed that risk factors related to this profession can lead to polyp in 62.7% and papilloma in 69.8% of cases. The main harmful habits are smoking and drinking alcohol, which can lead to polyps in 59.7% of cases and papillomas in 64.3% of cases.

Chronic infections of the urinary tract, i.e. infections such as cystitis, urethritis, mycoplasma, chlamydia, ureplasma, as a risk factor, are high in patients with polyps, i.e. 71.6%, while in papillomas it is a little less, 62.8%. The presence of a stone in the urinary tract, including the bladder, was also identified as a risk factor, this risk factor was 54.8% in polyps and 65.3% in papillomas. Papilloma virus was identified as a risk factor more often in bladder papilloma (72.5%), while in polyp it was less likely to be a risk factor (43.8%). Disruption of hormone exchange in the body and derailment of substance metabolism made up 56.9% in polyp disease and 63.7% in papilloma. Immunodeficiency status, studied as a final risk factor, was observed to cause more polyps and less papillomas (Table 3).

Table 3. Risk factors for polyps and papillomas of the bladder, in %

	Risk factors	polyp	papilloma
1	Male	74,2	68,6
2	A woman	25,8	31,4
3	People over 40 years old	84,9	95,9
4	Occupational factors: carcinogens	62,7	69,8
5	Bad habits: smoking, drinking	59,6	64,3
6	Chronic infections	71,6	62,8
7	The presence of stones in the urinary tract	54,8	65,3
8	Papilloma virus	43,8	72,6
9	Disorders of hormones and metabolism	56,9	63,7
10	Immune deficiency state	64,2	57,8

The analysis of medical records of patients with bladder polyps and papillomas showed that both polyps and papillomas do not show clinical signs when they are new. It is observed that benign tumors of the urinary bladder, which have been preserved for a relatively longer period of time, are initially manifested by the appearance of an unusual sensation of discomfort. Then it continues with the appearance of the following clinical signs. The following data were obtained when we calculated the degree of occurrence of these clinical signs in the medical documents with invisible signs (Table 4).

Table 4. The frequency of clinical symptoms in patients with bladder polyp and papilloma, in %.

	Clinical signs	polyp	papilloma
1	The appearance of pain	62,4	46,2
2	Slowing down of urine flow	58,7	59,3
3	Frequent urination (pollakiuria)	74,8	65,4
4	Hematuria	68,3	48,5
5	dysuria	76,4	68,5
6	Heaviness in the chest area	68,2	58,5
7	Feeling tired	56,8	62,7
8	An increase in body temperature	62,7	56,2

In bladder polyps, pain in the groin area is more common and is found in 62.4% of cases on average. In bladder papilloma, the pain sign is rarely detected, compared to the polyp, the pain sign is 24% less common (Table 4). If the polyp tumor is located close to the outlet of the bladder, the flow of urine slows down, and this condition is detected in 58.7% of cases. In bladder papilloma, the slowing down of urine flow occurs in the same percentage. In most cases of cystic bladder polyp, urination is accelerated when there is a chronic inflammatory process, and pollakiuria is detected in 74.8% of cases. This condition is less common in bladder papilloma. The next clinical sign is a characteristic sign of bladder polyp, that is, the presence of blood in the urine is often observed in the presence of a polyp tumor, and this condition is observed in 68.2% of cases in polyps and 48.5% in papillomas. The sign of dysuria is observed at the same level. It was found that the appearance of signs of fatigue in the body was found in 56.8% of cases of polyp disease in our material, and slightly more in 62.7% of cases of bladder papilloma. An increase in body temperature is definitely observed in the presence of an inflammatory process in the body, that is, in the case of bladder polyp disease, as mentioned above, an increase in body temperature is observed due to the development of inflammation due to the presence of chronic infection in the wall of the bladder, and this condition was found in 62.7% of cases. It was found that the increase in body temperature in bladder papilloma was relatively rare (Table 4).

Anatomotopographical study of the urinary bladder is an important event for studying the location, topographic features, number and size of benign tumors that appear in its various areas, depending on the topographical area. For this, it is necessary to examine the urinary bladder with the help of clinical and instrumental equipment, and as the main examination methods and instruments, ultrasound, cystoscopy, endoscopy, cystography and computer tomography are used. An ultrasound scan helps determine the location and size of tumors. In cystoscopy, the surface of the internal mucous membrane of the urinary bladder can be seen, the location, size, distribution of pathological processes in it can be determined, and a transurethral biopsy can be taken. As a result of these examinations, polyps and papillomas located in different topographic areas of the inner surface of the bladder are identified. In the bladder, polyps and papillomas are most often located in the triangular area, followed by the neck, roof and sides. Of these, a solitary polyp or papilloma is detected in Leto's triangle and neck in most cases (Fig. 1). Often, a papilloma appears above the urethral opening, hangs on its leg and closes the urethral opening (Fig. 2). It is determined that there are numerous tumors on the roof and sides of the bladder (Fig. 3). In some cases, it is observed that there are several polyps of different shapes in the area of the bladder neck (Fig. 4). Macroscopically, papilloma of the urinary bladder is defined as a papilloma in the form of a papilloma with a velvety surface, a soft, purple-fluid structure.



Figure 1. Bladder neck papilloma.



Figure 2. Papilloma above the urethral orifice

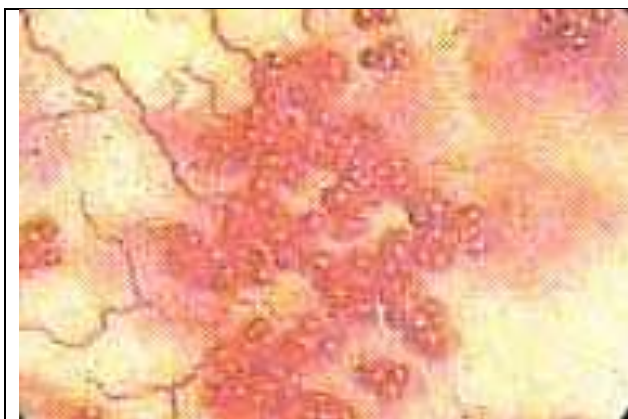


Figure 3. Multiple papillomas on the side wall of the bladder.



Figure 4. Polyposis in the neck of the bladder.

Several methods have been used to cut polyps and papillomas of the bladder, including in most cases tumors were removed by electrocoagulation. In some cases, benign tumors of the bladder were removed by cryodestruction using liquid nitrogen. Transurethral resection method is performed both in the Republican Scientific and Practical Center of Urology and in the urology department of the Bukhara multidisciplinary hospital, and the practice of complete extraction of polyps and papillomas with their roots is used.

Conclusions

It was observed that polyps and papillomas of the urinary bladder are more common in men than in women, in the 60-69 age groups, polyps were 55.9%, and papillomas were 77.9%.

Among the risk factors of benign tumors of the urinary bladder, age over 40 was 84.9% in polyp, 95.9% in papilloma, occupational chemicals, harmful habits, chronic infections and immune deficiency were the main indicators as risk factors. From the clinical signs, it was confirmed that pain, pollakiuria, hematuria, body temperature rise is higher in polyp compared to papilloma, slow flow of urine, dysuria, feeling of fatigue are higher in papilloma.

Single occurrence of both polyp and papilloma was observed in the triangle and neck of the bladder, and numerous tumors were located in the roof area and lateral walls.

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