ENDOCRINE AND CARDIOVASCULAR COMORBIDITY IN WOMEN WITH CERVICAL ECTOPIA AND EARLY-PREGNANCY REPRODUCTIVE LOSSES

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Background. The formation of cervical ectopia is closely linked to hormonal imbalance, and systemic disorders — above all endocrine and cardiovascular disease — may reflect the underlying hormonal–metabolic background of women with recurrent pregnancy loss. The contribution of these particular comorbidities to early reproductive losses remains insufficiently studied.

Aim. To assess the frequency of endocrine, cardiovascular and other systemic (respiratory, urinary-tract) diseases in women with cervical ectopia and early-pregnancy reproductive losses.

Materials and methods. 110 women with a history of recurrent miscarriage and grade 1–2 cervical ectopia (Bethesda system) were examined: a main group with spontaneous abortion (n=62, mean age 29.3±0.8 years), a comparison group with non-developing pregnancy (n=48, 31.4±1.1) and 30 healthy pregnant women (control, 24.9±0.8). Systemic morbidity was recorded on a unified examination card and intergroup differences were assessed by the χ^2 test (significance at $p<0.05$).

Results. Endocrine disorders were significantly more frequent in women with reproductive losses, occurring in 25.8% of the main and 22.9% of the comparison group versus 13.3% of controls (1.9- and 1.7-fold higher; $p<0.05$), consistent with the hormonal-dysbalance background of cervical ectopia. Cardiovascular diseases were found in 16.1% and 16.7% of the study groups versus 6.7% of controls (2.6-fold higher; $p<0.05$). Respiratory diseases (14.5% and 12.5% vs 10%) and urinary-tract diseases (14.5% and 12.5% vs 10%) were somewhat more common in the study groups but did not reach statistical significance. Thus, endocrine and cardiovascular pathology showed the clearest and statistically significant association with early reproductive losses.

Conclusion. Endocrine and cardiovascular comorbidity is significantly more common in women with cervical ectopia and early reproductive losses and appears to reflect the hormonal–metabolic background underlying both the ectopia and the adverse pregnancy outcome. Endocrinological and cardiovascular assessment should therefore be included in the preconception evaluation of this high-risk group.

Keywords: cervical ectopia; endocrine disorders; cardiovascular disease; comorbidity; reproductive losses.