Endometrium Hyper Plastic Processes (EHPP) are still one of the leading and most actual problems in gynecology because they are the most frequent reason of uterine bleedings and, as a result, lead to violation of generative and reproductive function.

Research objective: carrying out adequate antirecurrent hormonal therapy of EHPP for preservation of possibility of realization of generative function.

Research methods: 97 women of late reproductive age are surveyed. At the first stage to all women the uterus scraping under control of hysteroscopy or a biopsy of endometrium to the II phase of a menstrual cycle was carried out. Depending on results of histologic research, the patients were divided into 3 groups: The I group was made by 34 women with normal endometrium, 34 patients were included in the II group with the ferruterous polyps of endometrium (PE) and the III group is presented by 64 patients from the simple hyperplasia of endometrium (HE). The age of the patients of all three groups was comparable and made 34,35±1,32; 36,24±1,43 and 35,22±1,41 years respectively. A half of women of the main groups had a recidivous course of endometrium hyper plastic processes. Every eighth patient in the main groups had an infertility of various genesis that is reliable more often (<0,001) than in control group. 6 women of the main groups haven't realized reproductive function by the time of our research.

To patients of the main groups was carried out the antirecurrent hormonotherapy by synthetic gestagen by the method of blind selection according to the standard schemes: 54 patients received didrogesteron, 34 women within 6 months received norsteroids and 10 patients within 3 months received MPA (150 mg). Against the carried-out therapy and within 3 months after its termination 10 women who received didrogesteron or norsteroids had disease relapses. With therapy of MPA no one patient had relapses during treatment and within 12 months after therapy.

In groups with EHPP 10 patients, beginning treatment, were planning pregnancy. The age of women varied from 30 to 38 years. In 4-8 months upon termination of an antirecurrent gestagenotherapy 8 women without additional stimulation realized generative function, and 5 from them had no live children in the anamnesis. 5 patients ended pregnancy with spontaneous urgent childbirth, one woman's pregnancy is being prolonged now. In two cases pregnancy interruption (in term of 6-7 weeks) on family circumstances was made.

Conclusions: Adequate antirecurrent hormonal therapy of EHPP in women of late reproductive age was effective in 82.4% and allowed 8 of 10 patients which were planning pregnancy to realize generative function and 5 patients to realize reproductive function.