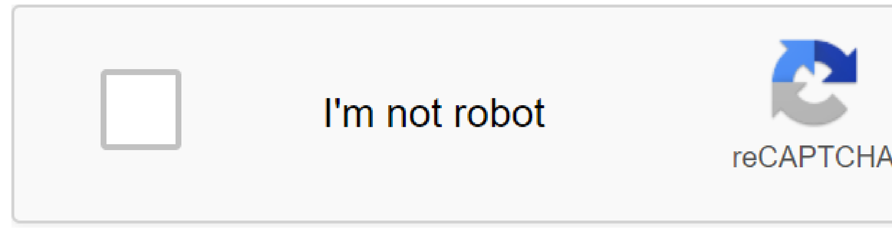
Redmi note 4 android version 8.1



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Go to the main content Go to the basic content of the basic management guidelines are as follows: To prevent the development/progression of endometrial malignancy. Exclude the presence of coexisting endometrial malignancies. Offer a treatment plan that best suits the patient's needs. Management of benign endometrial hyperplasia/hyperplasia without atypia: The risk of developing invasive malignancies is less than 5% within 20 years. Spontaneous resolution can occur if the hormonal environment is corrected (reversible causes of estrogen excess like obesity and the use of HRT/over counter drugs that may contain a high dose of estrogen). Progestogen therapy has a higher rate of disease resolution (89-96%) (74.2- 81%) One. Both local intrauterine devices (the LNG-IUS intrauterine system) and continuous oral progestogens can be used for treatment. However, LNG-IUS is preferred because it has lower side effects, higher levels of disease resolution, and bleeding on the vagina. This increased efficiency may be associated with a higher local concentration of LNG in the endometrium achieved by LNG-IUS. In women, giving up LNG-IUS, you can start on continuous oral progestogens at the following dose: medoxyprogesterone 10-20 mg/day or notteristerone 10-15 mg/day (cyclical progestogens are not recommended by the Royal College of Obstetricians and Gynecologists (RCOG). To cause hyperplasia regression, treatment should be at least six months. Before discharge of the patient, two consecutive 6 - monthly negative biopsies should be obtained. Indications for surgical treatment of benign endometrial hyperplasia/hyperplasia without atypia: Surgery is not a first-line treatment in these patients as the medical department has a high level of treatment in this category. Indications to Hysterectomy: Atypical Hyperplasia Develops During Treatment No Resolution of the Disease After 12 Months of Treatment Recurrence of Hyperplasia Endometrial Bleeding Incompatible Patient Who Refuses Observation and Follow After Menopause Patient Needs Surgery for Benign Hyperplasia hyperplasia without atypia can be offered a full hysterectomy If a woman in premenopausal requires a hysterectomy, the performance of an odoforectomy should be based on the case to the specific. It would be good practice to consider bilateral salpingectomy in risk of ovarian cancer. Laparoscopic procedure is preferable to abdominal procedure because it has several advantages, such as less postoperative pain, faster recovery and shorter duration of hospital stay. Uterine morcellulation, endometrial ablation and supracerval hysterectomy are not recommended for managing endometrial hyperplasia, as they can lead to residual disease and the formation of intrauterine blue, which can make future follow-up and diagnosis difficult. Management of endometrial intraepithelial neoplasia/hyperplasia with atypia: Endometrium intraepithelial neoplasia / Atypical hyperplasia has a high risk of progression to invasive malignancies. Given the risk of endometrial adenocarcinoma progression, a full hysterectomy was recommended. A laparoscopic procedure is preferable. Regular lymphadenectomy and frozen analysis of the uterine mucosa section do not provide benefits. As in the case of the previous category, postmenopausal women who require surgery should be offered a full hysterectomy with bilateral salpingo-ooporectomy. In addition, women in premenopausal require a hysterectomy must have individual decisions regarding odoforectomy. Conservative operations are not recommended. Managing endometrium intraepithelial neoplasia/hyperplasia with atypia in women who want to maintain their fertility or who are not suitable for surgery, there are several risks associated with conservative endometrial management intraepithelial neoplasia. These can be coexistence/progression of invasive diseases, coexisting ovarian malignancies, systemic involvement, metastases and death. The risks involved should be carefully advised to the woman. The results of the study, including tumor markers, radiological findings and histopathology, should be discussed at an interdisciplinary meeting with gynaecological oncologists. Treatment should be planned on a case-by-case basis. It is possible to provide fertility-sparing treatment to these women, as indicated, but these data are based on very small studies. Hormone replacement therapy (HRT) and endometrial hyperplasia: Do not prescribe only systemic estrogen HRT. Women should be advised to report unplanned bleeding to their GP immediately. Those who are on consistent HRT training who want to continue HRT and endometrial hyperplasia should be advised to switch to continuous combined HRT/LNG-IUS training. Women should be advised on continuous combined HRT with endometrial hyperplasia due to the lack of substantial evidence of optimal progestogen. It would be good practice for symptom profile to assess the need for HRT. Tamoxifen Treatment and Endometrial Hyperplasia: A management plan should be customized and developed involving an oncologist by a woman. Regular use LNG-IUS is not recommended in women for tamoxifen for breast cancer. This is due to the lack of data on the impact of LNG on breast cancer. The management of endometrial hyperplasia is limited to the polyp endometrium: the uterine polyp must be removed completely and the rest of the endometrium must be selected. In the absence of hyperplasia in the surrounding endometrium, it is considered curative. If the surrounding endometrium shows hyperplasia, it should be treated accordingly. Preventing relapse by providing long-term medical therapy may be associated with adverse effects. Many doctors advise patients to have lifestyle changes leading to weight loss or bariatric surgery, which can help them return to risk factors like obesity and thus reduce risk. Page 1 of 23 Next page Go to the main content of the Daily Ratings on Google Play Apps, RecentKhosrov BoloorianFreeContains AdsPersian, Afghan, Pashto, فارسی, پشتوFarsi Android Keyboard often updates the app in order to give you the best keyboard for the Android experience. Turn on automatic updates to make sure you always have the latest version. Improving Android compatibility. New emoji set 2020 (visible only on Android). Fix reported errors. 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Farsi Keyboard is in the tool category. You can check out all the apps from the Farsi keyboard developer and find 45 alternative apps for farsi keyboards on Android. Currently, this app is free. This app can be downloaded on Android 4.1 on APKFab or Google Play. All APK/XAPK files are APKFab.com original and are 100% safe when downloaded quickly. Farsi Keyboard is a Persian language keyboard supported by Pashto, Arabic, French, German-Spanish-Italian, Swedish,... With a size of about 3.5MB, the Farsi keyboard is one of the most lightweight keyboards with full support of all Persian characters and punctuation. Easy and convenient, change the language with a single tap or swipe (left, right, up, down) Do you like to write scientific sheets and formulas such as ∇2 φ No 0?, It also includes a special math layout for scientists and students. 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