PROLAPSE OF NEOVAGINAL AFTER SIGMOID COLPOPOESIS

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SUMMARY:

Mayer-Rokitansky-Küstner-Hauser syndrome (MRKH) is a rare congenital cause of primary amenorrhea due to uterine and vaginal aplasia. The incidence of this syndrome ranges from 1 in 4,000 to 1 in 10,000 births. Due to amenorrhea and intercourse problems, the diagnosis is often made late.

According to Okulov A.B., Negmadzhanov B.B. (2000), 30% of vaginoplasty with the use of a segment of the large intestine were performed in children aged 2 to 7 years, which corresponds to the general trend in world practice - to eliminate a malformation as it is detected.

Key words: vaginoplasty, Mayer-Rokitansky-Kustner-Hauser syndrome, sigmoidal colpopoiesis, neovaginal prolapse.

Evaluation of long-term results of classical sigmoidal colpopoiesis performed according to the method of E.E. Gigovsky, showed that 7 patients (13.46%) out of 52 have complications such as narrowing of the entrance to the artificial vagina - 3 observations (5.77%), prolapse of the mucous membrane - (3.845%) and the walls of the artificial vagina - 2 (3.845%) [1.3].

According to B.B. Negmadzhanov. (1993) at a ravnitelno m study the and colpopoiesis results in I group (31 patients), 1976 - 1987. the plastic of the vagina is completed by the imposition of a circular "intestinal-mucous " or " intestinal-skin " anastomosis on the perineum. The following complications were revealed : stenosis of the entrance to the neovagina in 3 patients (9.68%), prolapse of the mucous membrane in 2 patients (6.45%). These complications occurred in the first 6-8 months after surgery. The prolapse was eliminated by excision of the excess mucous membrane, followed by plastic surgery of the vaginal opening using opposing flaps. In group II (33 patients ) 1988-1990 applied plastic and enter the neovaginu with "mucous" or " mucocutaneous " anastomosis counter flaps. Complications in this group were not noted [3].

According to A.G. Sarukhanov. When analyzing the outcomes of sigmoidal colpopoiesis, assessed 6-24 months after surgery, in 8 of 22 patients, partial prolapse of the neovaginal walls was found [2,6].

Barnokulov OM, (2003) the probability of minor complications after operations still remains, so in 39 operated patients there was a partial prolapse (up to 2-3 cm) of the walls of the artificial vagina in 2 (5.1%) cases [1]. Djordjeevich et al. reported in their series of studies that the incidence of prolapse was 8.1% [10]. Overall, some data indicate that the incidence of neovaginal prolapse is approximately 2.3% [1 3.14].

A retrospective review of young patients who underwent sigmoid colon neovagina surgery at Denver Children's Hospital in the United States between 1990 and 2002. In the study, patients were divided into pre- and post-pubertal groups , there were 23 of them. Only in this case was the prolapse of the neovagina [1 7].
Authors from the University of Bologna in Italy conducted a study of 47 patients among children and adolescents undergoing sigmoidal colpopoiesis. The follow-up period ranged from 1 year to 34 years (average 12 years). Among patients diagnosed with OM : Mayer-Rokitansky-Kuester-Hauser syndrome in 17 cases, androgen insensitivity syndrome in 24 cases and other diseases in 6 cases. Complications occurred in 17 cases: 1 patient had necrosis of the neovagina; another patient had an abdominal abscess that was treated with surgery. In 12 cases, a second procedure was required: 6 had neovaginal stenosis, 4 had neovaginal prolapse, and 2 had intestinal obstruction [ 18 ].

According to studies conducted at Johns Hopkins University, Maryland, USA, in 1985-2000, 28 patients underwent vaginal reconstruction using a segment of the sigmoid colon. In the individual patient chart, the following were analyzed: surgical technique, complications, cosmetic and functional results, psychological and social aspects. The average age of the patients was 16 years (range 6 to 21 years). The observation period averaged 6.2 years (from 2 months to 15 years). Postoperative complications included stenosis neovaginal (4 patients), prolapse mucosa (4), a partial obstruction of the small intestine (2) a hematoma at the crotch (2), infection postoperative wounds (2) and vaginal prolapse (1) [ 19 ].

T. Hensley (1998) studied the case histories of 31 patients s from 1980 to 1996 s in age from 1 year to 20 years, which was held vaginas oplastika. Of those with the syndrome th Mayer-Rokitansky 20 patients ; vaginoplasty was performed from the sigmoid colon in 20, the ileum in 8, and the cecum in 5 . In 31 patients, 8 complications were revealed: intestinal segment stenosis in 6 and neovaginal prolapse in 1 (eliminated by retroperitoneal fixation ) [ 22 ].

The article shows the tri clinically ‘s case I, which describes a method of treatment of prolapse by hanging neovagina to a bunch of Cooper abdominal th access th . In one case, there was a recurrence of prolapse, sacrovaginopexy was performed [ 20 ].

The hospital Nekker- E nfants Paris (France) from 1990 to 2005, the authors observed for 26 patient s syndrome MRKH . The diagnosis was based on clinical examination, normal values of ovarian hormones , ultrasound of the pelvic organs , and magnetic resonance imaging. Sigma vaginoplasty was performed in 23 patient s. Both functional results and postoperative complications were assessed. The median age was 16 years (range 10.3 to 18.8). Of the 23 patients who underwent surgery, 9 (39%) were sexually active in the postoperative period. The prolapse of the mucous membrane was 2 cases [ 21 ].

According to D.R. Hudoyarova (2007) for comparing methods peritoneal, and improved classical sigmoidal sigmoidal colpopoiesis, among late complications prolapse neovaginal met only with classical sigmoidally m colpopoiesis e, which amounted to 5.1 % [ 9 ].

Scientists e of Japan, (2021) describe the use of laparoscopic clinical case sakrokolpopeksii ( LCS ) in 59-year-old woman with vaginoplasty sigmoid history, which has been performed over the stump prolapse IV sigmoid extent. This clinical case demonstrates the possibility of using LSC as a surgical treatment for sigmoid colon stump prolapse in patients with SMRK [ 16 ].

In the work of Ivo Feichnel-Schaing (2021), a literature review was carried out and a clinical case of a 41-year-old woman with grade IV neovaginal prolapse was described. As shown in case that in the event of loss neov lagalischa after Sigma idalnogo to olppoeea need to consider several complex issues. In the first wavelength and neov lagalischa, need to be maintained ix vascular second legs and multidisciplinary approach and highly skilled surgeons owning procedure [ 11 ].

Thus, an analysis of the literature shows that prolapse after sigmoidal colpopoiesis, created in patients with Meyer- R Okitansky- K Yustner syndrome, is rare. An artificial vagina formed from a segment of the colon has sufficient moisture, self-cleaning ability and sensitivity: anatomically and functionally close to the natural one.

**LITERATURE:**


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