Impact Factor: 9.9 ISSN-L: 2544-980X

CLINICAL AND ANAMNESTIC FEATURES OF PATIENTS WITH PELVIC ORGAN PROLAPSE

Buribaeva Asal Isomiddinovna [1]

Annotation: Currently we do not have sufficient statistical data in order to correctly assess the true extent of pelvic organ prolapse in the population. Anatomic changes are not always associated with severity or symptoms of prolapse . Most patients with pelvic organ prolapse are asymptomatic. Symptoms become more unpleasant when the bulge protrudes beyond the vaginal opening. The cause of prolapse is multifactorial, but is primarily associated with pregnancy and vaginal birth, which lead to direct damage to the pelvic floor muscles and connective tissue. Hysterectomy, pelvic surgery, and conditions associated with persistent episodes of increased intra-abdominal pressure, including obesity, chronic cough, constipation, and heavy physical labor also lead to prolapse. This article presents an analysis of risk factors for the development of pelvic organ prolapse.

Key words: pelvic organ prolapse, prolapse and prolapse of the genital organs, quality of life.

Relevance. Pelvic organ prolapse (POP) is a syndrome of prolapse of the pelvic floor and pelvic organs, alone or in combination, and can be expressed as perineal prolapse syndrome, cystocele, rectocele, apical prolapse and enterocele [1]. The prevalence of POP in women ranges from 11.4 to 41%, with a tendency to increase with age and a subsequent risk of surgery for this disease in 2.7–11% of cases [2]. It has been confirmed that the symptoms connected with pelvic organ prolapse with age progress, and the quality of life gradually decreases [3]. POP occupies a leading position among current gynecological problems. Currently, this pathology accounts for at least 30% of the structure of gynecological diseases. POP not only has an extremely negative impact on the quality of life of patients (making them partially or completely disabled, forcing them to change their lifestyle, limiting physical and social activity), but also represents a serious social and medical problem [4 – 5].

According to the scientific literature, the main causes of pelvic organ prolapse are a prolonged or excessive increase in intra-abdominal pressure, anatomical and functional disorders of the pelvic floor and ligamentous apparatus of the uterus, or a combination of these factors [6,9]. Failure of the pelvic floor muscles and structures supporting the uterus and vagina occurs as a result of the development of traumatic injuries, degenerative changes, or a combination of both [7,8].

Despite the large number of works devoted to the causes of pelvic organ prolapse, many aspects of this problem remain unclear.

The purpose of the research: The purpose of this article was an assessment of the influence of risk factors in the formation of pelvic organ prolapse in women.

[1] P“Republican specialized scientific and practical medical center for maternal and child health” Tashkent, Uzbekistan

Materials and methods. The frequency of occurrence of pelvic organ rolapse in women admitted for treatment at the Department of Operative Gynecology of the Republican Specialized Scientific and Practical Medical Centre for maternal and child health was studied in 2021. A retrospective study of 84 case histories of patients with pelvic organ prolapse was conducted. Statistical data processing was carried out using the Microsoft program Excel 2016.

The findings of the research: a retrospective analysis of the data obtained showed that the age of the patients ranged from 26 to 80 years, with an average of 55.7 years. Among them: young age 45.2% of patients (n=38), 21.4% were middle-aged women (n=18), 28.5% were elderly (n=24), senile age 4.76% (n=4). The overwhelming number of those examined were young (45.2%).

A study of professional history showed that women whose work was predominantly mental work were found in 10.7% (n = 9) of cases, women engaged in light physical labor - 15.4% (n = 13), women engaged in average physical labor 60.7% (n=51), women engaged in heavy physical labor – 13% (n=11), women engaged in particularly heavy labor – were absent.

While the studying of family history among first-degree relatives (mother, sister, daughter), it was revealed that 57.1% of patients (n=48) had relatives also suffering from pelvic organ prolapse.

When assessing BMI, Quetelet's index was used. This index averaged 32.4 kg/m². 35.7% of examined people (n=30) had normal BMI. 15.4% (n=13) were overweight. 48.8% of patients are obese (n=41). Underweight (body mass index (BMI) below 18) was not noted.

Collection of somatic anamnesis demonstrated that 85.8% (n=26) of the women studied had chronic extragenital diseases. Among which the leading role is occupied by: varicose veins of the lower extremities - 42.8% (n=36); arterial hypertension, occurring in 19.0% of women (n=16); IHD –8.3% (n=7); (diseases of the gastrointestinal tract in 15.4% of patients (n=13). Every seventh patient suffers from pathology of the urinary system: chronic pyelonephritis in 14.2% (n=12), urolithiasis disease – 7.14% (n=6). In 5, 95% (n=5) of the subjects were diagnosed with type 2 diabetes.

In the structure of gynecological morbidity, the following are more often noted: cervical ectopia occurs in 13.1% (n=11), uterine fibroids occurred in 13.1% (n=11), ovarian cyst was detected in 19.8% of patients (n= 6). Medical abortions were performed in 16.6% of women (n=14). An interrupted pregnancy (after a spontaneous miscarriage or a non-developing pregnancy) was indicated by 21.4% (n=18).

While the studying of the obstetric anamneses, it was revealed that all women had a history of childbirth. The average number of births for women with pelvic organ prolapse was 3.14 ± 0.98.

Most of the examined women had three births - 46.4% (n=39); 35.7% had two births (n=30); 9.5% (n=8) had four births; 4.76% (n=4) had only one birth; five births in 2.3% (n=2); and six births 1.1% (n=1). Among women, delivery per vias naturalis was observed in 83.3% (n=70), and 7.14% were delivered by cesarean section (n=6); 9.5% (n=8) had a history of both vaginal and abdominal birth. The average age at first birth for women was 20.16 years. At the same time, the first birth after the age of 27 years was noted in 14.7%. The average age of last birth among women was 28.6 years. Among women, 40.24% had their last birth over the age of 40 years. An interval between the first and subsequent births of more than 8 years was observed in 12 women.

Complications during childbirth in women with prolapse occurred in 100% of cases (n=84): every second woman had a 1st-2nd degree perineal rupture during childbirth, and 11.9% (n=10) had a 3rd

degree perineal rupture during childbirth, in 34.5% (n=29); cases an episiotomy was performed. Additional obstetric assistance during childbirth (vacuum fetal extraction) was required by 9.5% of the examined women (n=8). The average weight of children at birth was 3404 grams, and their height was 51.23 cm. In 35.7% of cases, the weight of newborns exceeds 4 kg (n=30).

The leading complaints in the presence of pelvic organ prolapse were symptoms: discomfort in the perineum 92.8% (n=78), foreign body sensation 92.8% (n=78), stress urinary incontinence 52.3% (n=44), and 33.3% (n=28) were dissatisfied with sexual contact. In 52.3% of cases, stress urinary incontinence was noted (n=44), and in 2.3% (n=2) incontinence was of a mixed nature (stress and imperative).

The stage of pelvic organ prolapse among the studied women was identified as following: stage 2 of POP in 16 women (19.1%), stage 3 in 60 women (71.4%), stage 4 in 8 women (9.5%). When determining the type of prolapse was noted: isolated prolapse of the posterior vaginal wall occurred in 7 (8.3%) patients, isolated prolapse of the anterior vaginal wall occurred in 13 (15.5%) patients, prolapse of the anterior and posterior vaginal walls without signs of cervical prolapse and uterine body was present in 48 (57.2%) patients. One patient previously had hysterectomy; upon examination, prolapse of the vaginal stump was revealed. The remaining 15 women had combined prolapse of the uterus and vaginal walls.

Table 1.

Type of pelvic organ prolapse

Type of prolapse	**Number of patients**	
	n	**%**
Rectocele	7	8.3
Cystocele	13	15.5
Combination of recto-cystocele	48	57.2
Enterocele	0	0
Apical prolapse	1	1.2
Combined prolapse of the uterus and vaginal walls	15	17.8

All patients underwent surgical treatment, and it consisted of performing the following types of interventions : colpoperineorrhaphy with levatoroplasty and restoration of the pelvic floor muscles in 8.3% - (n 7), colpoperineorrhaphy with levatoroplasty + bladder reposition in 44% - (n 37) , or colpoperineorrhaphy with levatoroplasty + installation of a synthetic TVT loop -0 in 28.5% - (n 24), accompanied by total hysterectomy without appendages (vaginal access) in 10.7% - (n 9), total hysterectomy with appendages (vaginal access) in 8.3% - (n 7).

Conclusions. Thus, the clinical and statistical analysis showed that the occurrence of pelvic organ prolapse is associated with various reasons:

- the leading role is played by traumatic injuries of the neuromuscular apparatus of the pelvic floor during childbirth (all women studied had complications during childbirth, such as perineal ruptures and episiotomies; - more than 35% of women have a large fetus in their obstetric history);

– the majority of women studied have a history of 3 or more births; the higher the parity, the more likely it is to develop genital prolapse in the future, even in the absence of perineal trauma;

– every third person examined with pelvic organ prolapse has women in the family who suffer from pelvic organ prolapse;

– more than half of examined women are overweight;

– a third of the patients had professions associated with heavy physical labor;

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