

# Features of the Clinical Course of Genital Prolapse in Women

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**Abstract** Genital prolapse is a polyetiological disease, the development of which involves physical, genetic and psychological factors. Purpose. The aim of the study was to study the features of anamnestic and gynecological history in women with genital prolapse. Materials and methods The study is based on the survey data of 70 women admitted for inpatient treatment in the city maternity complex No. 6. The age of the patients ranged from 45 to 71 years. The conclusion about the presence of genital prolapse and enterocele in women was made on the basis of: complaints, anamnesis, general and gynecological examination. Additional examination methods included the study of functional diagnostic tests, ultrasound examination (ultrasound) of the pelvic organs, according to the indications of CT and MRI studies. Results: The main reason for the patients to see a doctor was discomfort in the perineal area - in 66 people (94.2%), respectively. Discomfort in the perineal area consisted of a feeling of pressure in the genital area, irritation, and difficulty in sexual activity. In 10 (14.28%) cases with complete uterine prolapse, women explained that they themselves filled the enterocele with their hand. 24 (34.27%) women complained of pain. Conclusions: the main complaints when visiting a doctor in patients with genital prolapse and enterocele were discomfort and pain in the perineum, as well as stress urinary incontinence and frequent constipation.

**Keywords** Genital prolapse, Surgery, Uterus, Vagina

## 1. Introduction

Genital prolapse is a violation of the position of the uterus or the walls of the vagina, manifested by the displacement of the genital organs to the vaginal entrance or their prolapse beyond it. Genital prolapse should be considered as a type of pelvic floor hernia that develops in the area of the vaginal entrance. In the terminology of prolapse and prolapse of the internal genital organs, synonyms are widely used, such as "genital prolapse", "cystoectocele"; the following definitions are used: "omission", incomplete or complete "prolapse of the uterus and vaginal walls", (enterocele) [2,7,11]. Genital prolapse is a polyetiological disease, the development of which involves physical, genetic and psychological factors. Among the factors that particularly affect the state of the pelvic floor and the ligamentous apparatus of the uterus are age, heredity, pathological and traumatic childbirth, hard physical work, increased intra-abdominal pressure, psychosomatic effects on the muscles and vascular structures of the pelvic floor, changes in the production of sex steroids [13,14]. Recently, there has been a "rejuvenation" among this contingent of patients; young patients with severe degrees of genital prolapse are

more common [2]. According to the literature, the spread of prolapse and prolapse of the pelvic organs is up to 20-28% [2]. According to the clinical concept of Buyanova S.N. et al. four main points play a role in the occurrence of pelvic diaphragm failure: traumatic injuries of the pelvic floor during childbirth, failure of connective tissue structures in the form of systemic insufficiency, impaired synthesis of steroid hormones, chronic diseases accompanied by impaired metabolic processes and microcirculation [1,10].

The purpose of the study was to study the features of anamnestic and gynecological history in women with genital prolapse.

## 2. Materials and Methods

The study is based on the survey data of 70 women admitted for inpatient treatment in the city maternity complex No. 6. The age of the patients ranged from 45 to 71 years.

The conclusion about the presence of genital prolapse and enterocele in women was made on the basis of: complaints, anamnesis, general and gynecological examination (examination of the vagina and cervix in the mirrors, vaginal-abdominal examination). Additional examination methods included the study of functional diagnostic tests, ultrasound examination (ultrasound) of the pelvic organs, according to the indications of CT and MRI studies.

Clinical examination included the study of retrospective

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and present history: age, complaints, somatic diseases; characteristics of menstrual function before the disease (age of menarche, time of establishment, regularity, duration of the menstrual cycle, duration and nature of menstruation - moderate, scanty, abundant, painful, painless); change in menstrual function due to the disease (regularity, duration of the menstrual cycle, duration and nature of menstruation - scanty, profuse, painful, intermenstrual spotting); menopause (time of onset, course, duration of menopause) sexual function - age of onset of sexual activity, methods of contraception; the nature of the generative function (the number of pregnancies, childbirth, abortions, miscarriages, ectopic pregnancies, primary and secondary infertility); gynecological operations, diseases.

During a gynecological examination, the features of the structure and condition of the external genitalia, vagina, uterus and its appendages, the presence of tumor-like formations in the small pelvis, their localization, size, mobility, pain, consistency were evaluated. Particular attention was paid to the presence of prolapse or prolapse of the uterus, the degree of prolapse.

### 3. Results

The main reason for the patients to see a doctor was discomfort in the perineal area - in 66 people (94.2%), respectively. Discomfort in the perineal area consisted of a feeling of pressure in the genital area, irritation, and difficulty in sexual activity. In 10 (14.28%) cases with complete uterine prolapse, women explained that they themselves filled the enterocele with their hand. 24 (34.27%) women complained of pain. Pain was most often localized in the lower abdomen, in the perineum, aggravated by heavy physical exertion or during sexual intercourse, radiated to the lower back - in 5, to the thigh - in 2, to the rectum - in 10 examined. By the nature of the pain, they were pulling in 43.5% of patients, aching in 13.0%, stabbing in 10.7%, and cutting in 6.5% of women.

Patients also complained of stress urinary incontinence (64.2%) as well as frequent constipation and impaired gas formation (50.4%).

Complaints about menstrual disorders were in 32 patients (45.7%). Thus, 32.6% complained of painful menstruation, 13.0% - heavy menstruation, 21.7% - irregular menstrual cycle. There were no other complaints. The remaining 38 women (54.3%) were menopausal.

From the anamnesis, it was found that extragenital diseases were in 42 (60%) patients, of which cardiovascular pathology was in 32.6%, diseases of the gastrointestinal tract - in 13.0%, diseases of the genitourinary system - 13.0%, endocrine pathology - 10.9%, diseases of ENT organs - 8.7%. Children's infections in history were in 82.6%.

### 4. Discussion

The average age of menarche in patients is  $13.4 \pm 0.7$  years.

Menarche occurred at the age of 12-15 in 54.3% of women, up to 11 years - in 23.9%, over 15 years - in 21.7%. In total, early and late menarche totaled in 6.5%. Menstruation became regular after 6 months. in 69.6%, after 6-12 months. - in 21.7%, after 1-2 years - in 6.5%, after 2 or more years - in 2.2%. The average duration of menstruation and menstrual cycle was  $5.4 \pm 0.3$ . Menstruation was regular in 87.8% of the examined.

The average age of onset of sexual activity was  $18.8 \pm 0.4$  years. 43 women (61.4%) had regular sexual life in marriage.

67 (95.7%) patients had a history of pregnancy, 64 (91.42%) had childbirth. A large number of pregnancies (4 or more) occurred in 62.7%. Frequent births (4 or more) in 66.7%. According to 59 (84.28%) women, childbirth was difficult (prolonged labor, large fetus, rupture of the cervix and perineum, etc.). 80.4% of the surveyed were protected from pregnancy.

The presence of genital prolapse was combined with another gynecological one in 73.5%. Of the concomitant gynecological pathology, uterine fibroids (73.9%), cervical diseases (40.1%), inflammatory diseases of the vagina (36.3%), chronic adnexitis (34.8%) and endometrial hyperplasia (30.4%) prevailed.

### 5. Conclusions

Thus, the main complaints when visiting a doctor in patients with genital prolapse and enterocele were discomfort and pain in the perineum, as well as stress urinary incontinence and frequent constipation. A large number of births was observed in 66.7% of women. Difficult delivery in history was noted in 84.28%, which may have subsequently led to weakness of the muscular apparatus of the perineum. Uterine fibroids (73.9%), diseases of the cervix (40.1%), inflammatory diseases of the vagina (36.3%) prevailed among the concomitant gynecological pathology.

We hope that results of our work will be very helpful for clinicians. It help to improve early detection of prolapse and quality of anamnesis in patients.

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