Impact Factor: 6.145

ISSN: 2181-0990
DOI: 10.26739/2181-0990
www.tadqiqot.uz

JRHUNR

JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH

TADQIQOT.UZ

VOLUME 4,
ISSUE 1
2023

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ УЗБЕКИСТАН

Журнал репродуктивного здоровья и уро-нефрологических исследований

JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH

Главный редактор: Б.Б. НЕГМАДЖАНОВ

Учредитель:

Самаркандский государственный медицинский университет

Tadqiqot.uz

Ежеквартальный научно-практический журнал

ISSN: 2181-0990
DOI: 10.26739/2181-0990

№ 1
2023

ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ
JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH
№1 (2023) DOI http://dx.doi.org/10.26739/2181-0990-2023-1

Page Maker | Верстка: Хуршид Мирзахмедов

Контакт редакций журналов. www.tadqiqot.uz
ООО Tadqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: http://www.tadqiqot.uz/; Email: info@tadqiqot.uz
Телефон: +998 (94) 404-0000

Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: http://www.tadqiqot.uz/; Email: info@tadqiqot.uz
Phone: (+998-94) 404-0000

СОДЕРЖАНИЕ | CONTENT

ОБЗОРНЫЕ СТАТЬИ

ОРИГИНАЛЬНЫЕ СТАТЬИ

КЛИНИЧЕСКИЙ СЛУЧАЙ

ISSN: 2181-0990
www.tadqiqot.uz
JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH
ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

УДК 618.1 (075.8).

Jalolova Iroda Abdujabborovna
Master's Resident
Samarkand State Medical University
Samarkand, Uzbekistan
Negmadzhanov Bakhodur Boltaevich
Doctor of Medical Sciences, Professor
Samarkand State Medical University
Samarkand, Uzbekistan
Rabbimova Gulnora Toshtemirovna
PhD, Assistant
Samarkand State Medical University
Samarkand, Uzbekistan
Xamroeva Lola Kaharovna
Associate professor
Samarkand State Medical University
Samarkand, Uzbekistan

OUR EXPERIENCE IN THE TREATMENT OF CONGENITAL VAGINAL STRICTURE IN ADOLESCENTS AND YOUNG WOMEN

For citation: Jalolova Iroda Abdujabborovna, Negmadzhanov Bakhodur Boltaevich, Rabbimova Gulnora Toshtemirovna, Xamroeva Lola Kaharovna, Our experience in the treatment of congenital vaginal stricture in adolescents and young women, Journal of reproductive health and uro-nephrology research 2023, vol. 4, issue 1. pp.

http://dx.doi.org/10.5281/zenodo.7701653

ABSTRACT

Every year there is a noticeable increase in the number of adolescents and young women born with genital abnormalities. Genital malformations account for 3-4% of all congenital malformations and are diagnosed in 6.7–25% of patients with disorders in the reproductive system. We examined 26 adolescents and young women with congenital vaginal stricture, aged 18 to 25 years. The complexity of the problem is determined by the difficulty of timely diagnosis and treatment. A large number of diagnostic errors were revealed, which led to incorrect treatment tactics. [2-3]

Doctors of almost all specialties are faced with-- the need to solve specific issues of prevention of violations of the reproductive function of women long before the onset of puberty. Congenital stricture or vaginal stenosis is a complex congenital malformation. [2-3]

Vaginal stenosis does not lead to a delay in the outflow of menstrual blood, but with the onset of sexual activity there are problems of impossibility or difficulty of sexual life. The anomaly is detected late and causes a lot of social problems. In this regard, early detection of congenital abnormalities of the uterus and/or vagina in girls and adolescents, comprehensive treatment and full-fledged medical rehabilitation should in the future contribute to improving women's sexual health.

Key words: congenital disorders, genital organs, vaginal atresia, stricture, adhesive process, girls, diagnostics, vaginoplasty

---

Жалолова Ирода Абдужаббаровна
Резидент магистратуры
Самаркандский Государственный
Медицинский университет
Самарканд,Узбекистан
Негмаджанов Баходур Болтаевич
Доктор медицинских наук, профессор
Самаркандский Государственный
Медицинский университет
Самарканд,Узбекистан
Раббимова Гулнора Тоштемировна
кандидат медицинских наук, ассистент
Самаркандский Государственный
Медицинский университет
Самарканд,Узбекистан

Хамроева Лола Каххоровна
кандидат медицинских наук, доцент
Самаркандский Государственный
Медицинский университет
Самарканд,Узбекистан

НАШ ОПЫТ ЛЕЧЕНИЯ ВРОЖДЕННОЙ СТРИКТУРЫ ВЛАГАЛИЩА У ПОДРОСТКОВ И МОЛОДЫХ ЖЕНЩИН

АННОТАЦИЯ

С каждым годом наблюдается заметный рост числа подростков и молодых женщин родившихся с аномалиями развития половых органов. Пороки развития гениталий, составляют 3–4 % всех врожденных пороков и диагностируются у 6,7–25 % пациенток с нарушениями в репродуктивной системе [1].

Нами обследовано 26 подростков и молодых женщин, с врожденной стриктуры влагалища, в возрасте от 18 до 25 лет. Сложность проблемы определяется трудностью своевременной диагностики и лечения. Выявлено большое количество диагностических ошибок, которое привело к неправильной лечебной тактике.

Врачи практически всех специальностей сталкиваются с необходимостью решать специфические вопросы профилактики нарушений репродуктивной функции женщин задолго до наступления периода половой зрелости. Врожденная стриктура или стеноз влагалища является сложным врожденным пороком развития[2-3].

Стеноз влагалища не приводит к задержке оттока менструальной крови, но с началом половой жизни возникают проблемы невозможности или затрудненности половой жизни. Аномалия выявляется поздно и причиняет множество проблем социального характера. В этой связи раннее выявление врожденных аномалий развития матки и/или влагалища у девочек и подростков, комплексное лечение и полноценная медицинская реабилитация должны в перспективе способствовать улучшению сексуального здоровья женщин. [4,5].

Ключевые слова: врожденные нарушения, половые органы, атрезия влагалища, стриктура, спаечный процесс, девочки, диагностика, вагинопластика.

Jalolova Iroda Abdujabborovna
Magistratura rezidenti
Samarqand davlat tibbiyot universiteti,
Samarqand,O'zbekiston
Negmadjanov Baxodur Boltayevich
Tibbiyot fanlari doktori, professor
Samarqand davlat tibbiyot universiteti,
Samarqand,O'zbekiston
Rabbimova Gulnora Toshtemirovna
Tibbiyot fanlar nomzodi, Assistent
Samarqand davlat tibbiyot universiteti,
Samarqand,O'zbekiston
Xamroeva Lola Kaharovna
Tibbiyot fanlar nomzodi, Docent
Samarqand davlat tibbiyot universiteti,
Samarqand,O'zbekiston

O'SMIRLAR VA YOSH AYOLLARDA TUG'MA VAGINAL TORAYISHNI DAVOLASH BO'YICHA TAJRIBAMIZ

ANNOTATSIYA

Har yili jinsiy a'zolar rivojlanishida anomaliyalar bilan tug'ilgan o'smirlar va yosh ayollar soni sezilarli darajada oshdi. Jinsiy organlarning malformatsiyasi, barcha tug'ma nuqsonlarning 3-4 foizini tashkil qiladi va reproduktiv tizimi buzilgan bemorlarning 6,7–25 foizida tashxis qilinadi [1].

Biz 18 yoshdan 25 yoshgacha bo'lgan tug'ma vaginal torayishdan 26 nafar o'smir va yosh ayollarni tekshirdik. Muammoning murakkabligi o'z vaqtida tashxis qo'yish va davolash qiyinligi bilan belgilanadi. Noto'g'ri davolash taktikasiga olib kelgan ko'plab diagnostik xatolar aniqlandi.

Deyarli barcha mutaxassisliklar shifokorlari balog'at yoshidan ancha oldin ayollarning reproduktiv funktsiyalari buzilishining oldini olishning o'ziga xos masalalarini hal qilish zarurligiga duch kelishadi. Tug'ma striktura yoki vaginal stenoz murakkab tug'ma nuqsondir[2-3].

Vaginal stenoz hayz ko'rish qonining kechikishiga olib kelmaydi, ammo jinsiy faoliyatning boshlanishi bilan jinsiy faoliyatning mumkin emasligi yoki qiyinligi muammolari paydo bo'ladi. Anomaliya kech aniqlanadi va ko'plab ijtimoiy muammolarni keltirib chiqaradi. Shu munosabat bilan, qizlar va o'spirinlarda bachadon va/yoki qin rivojlanishidagi tug'ma anormalliklarni erta aniqlash, kompleks davolash va to'liq tibbiy reabilitatsiya kelajakda ayollarning jinsiy salomatligini yaxshilashga yordam berishi kerak. [4,5].

Kalit so'zlar: tug'ma kasalliklar, jinsiy a'zolar, qin atreziyasi, striktura, yopishqoqlik, qizlar, diagnostika, vaginoplastika.

Congenital malformations - persistent intrauterine abnormalities are caused by one of three reasons: underdevelopment, violation of recanalization or incomplete fusion of the Muller ducts.

Violations of the embryogenesis process at any stage up to the 20th week of gestation lead to the development of a wide variety of uterine and vaginal defects.

In this article, the congenital stricture of the vagina is considered as an example. Stenosis (Greek: Narrow, tight) or stricture (Latin: Stricture - compression) is a congenital or acquired persistent narrowing of the lumen of any hollow anatomical structure of the body. [6-8]

The aim of the study was to analyze errors and improve the management of patients with congenital vaginal stricture.

Materials and methods. To achieve this goal, we conducted a clinical and laboratory analysis of 26 patients with congenital vaginal stricture who applied to the gynecological department of the maternity complex No. 3 and the private clinic "Doctor Shifo Baxt" in Samarkand. All the examined patients and their parents have a carefully collected anamnesis. The average age ranged from 18 to 25 years. The patients were examined only after receiving the voluntary informed consent of the patients and their legal representatives.

Of the total number of examined adolescent patients, there were 19.7%, women of early and active reproductive age, 80.3% of patients. The age of sexual initiation in 71.8% of women ranged from 18 to 25 years.

All patients underwent clinical and laboratory studies, including anamnestic data, general and gynecological examination with an assessment of the features of the structure of the perineum, external genitalia and urethra. Ultrasound examination was performed to clarify the anatomical, topographic and structural features of the internal genitalia. And it was also recommended to perform a vaginoscopy (which was not performed), in case of suspicion of a developmental anomaly with a normally formed vagina, allowing visualization of the lower genital tract. It should be noted that magnetic resonance imaging with a targeted assessment of uterine rudiments is the most reliable diagnostic method of research. [9]

Results: During the treatment, patients complained of the impossibility of sexual intercourse in 26.7% of cases, difficulty in sexual contact in 38% of patients, as well as cyclic pains in the lower abdomen and lower back were noted in 66.1% of patients, fecal and stool incontinence in 12.6% of patients.

The uncertainty of the anatomical boundaries between the "third" vaginas, which makes it difficult to choose the technique of surgery, served as the basis for our thorough study of the structure of the vagina, the degree of mobility of tissues in relation to the pelvic base, rectum, bladder.

When analyzing patients with vaginal stricture, we encountered diagnostic problems in some atypical cases. In cases of discrepancy between the anamnesis data, the clinical picture and the ultrasound results, magnetic resonance imaging was performed. In the absence of hematocolpos, vaginoscopy turned out to be the most informative, compared with ultrasound and MRI, since this method allowed us to estimate the length of the septum. Careful study of anatomical and topographic features and diagnostics in the preoperative period in patients contributed to the choice of optimal surgical treatment.

The most optimal approach to the treatment of congenital stricture of the vagina is plastic surgery with local tissues by the "W" method of plastic surgery. The operation should allow to avoid restenosis, scarring, to ensure adequate sexual function without the formation of dyspareunia. The advantages of "W" plastic surgery should also include a reduction in injury, complexity and risk of surgery.

Here is an example from practice: Patient I.D., 24 years old, upon admission to the hospital, after a thorough examination, a diagnosis was made: An anomaly of the development of the genitals. Congenital stenosis (stricture) of the middle third of the vagina. Concomitant D.Z the patient underwent surgery - Excision of the stenosing area of the lower third of the vagina. "W" plastic.

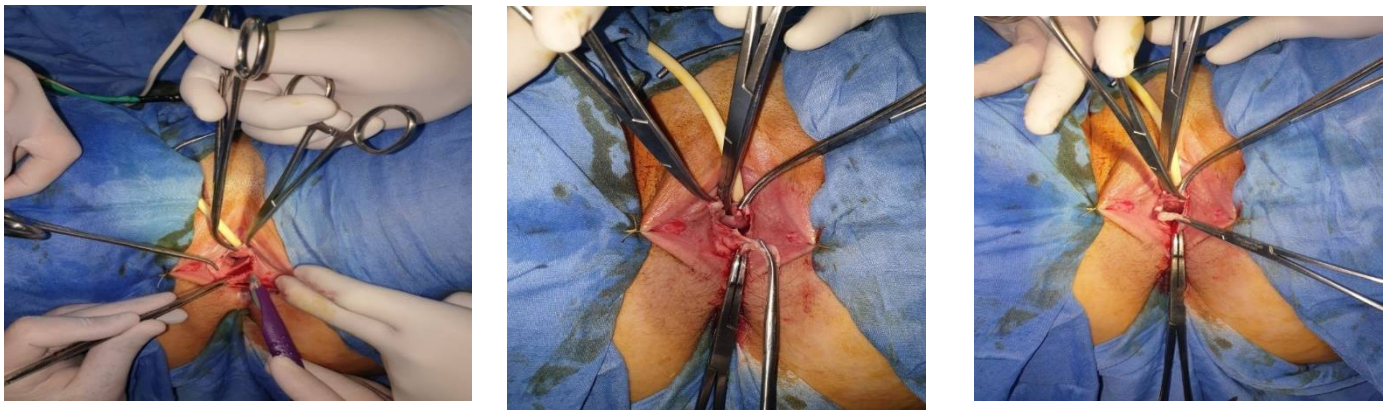

Fig. Operation: excision of the stenosing area of the middle third of the vagina. "W" plastic.

After surgery, the patient managed to restore the normal patency of the vagina. There were no complications in the immediate postoperative period. In the long - term period, the patient notes

Conclusion: Thus, vaginal malformations (congenital stricture of the vagina) in girls at any age requires a mandatory examination by a pediatric gynecologist. In order to clarify the nature of the malformation and to resolve the issue of the possibility, as well as the scope of medical care, it is mandatory to perform a comprehensive diagnostic search. If an anomaly of the development of the genitals is detected, in addition to a standard gynecological examination, vaginoscopy should be performed, and before surgery, an MRI should be performed to assess the anatomical and topographic features of the pelvic organs. The surgical correction of congenital stricture of the vagina is based on the use of local tissues, which is a rational method of treatment that allows to achieve normal patency of the vagina. To assess the condition of patients in the postoperative period, a very important stage is long-term follow-up and rehabilitation with a mandatory assessment of long-term results.

References

1. Krutova V.A., Naumova N.V., Kotlova T.A., et al. Algorithm of diagnosis and treatment of girls with congenital malformations of the reproductive system // Reproductive health of children and adolescents. — 2015. — No. 1. — pp. 30-36. [Krutova VA, Naumova NV, Kotlova TA, et al. An algorithm for diagnostics and treatment of girls with congenital malformations of the reproductive system. Pediatric and adolescent reproductive health. 2015;(1):30–36. (In Russ).
2. Ludwin A. et al. Reliability of the European Society of Human Reproduction and Embryology/European Society for Gynaecological Endoscopy and American Society for Reproductive Medicine classification systems for congenital uterine anomalies detected using three-dimensional // Fertil. Steril. 2015. Vol. 104, N 3. P. 688-697.
3. Uvarova E.V., Davtyan G.M., Buralkina N.A., Kruglyak D.A. Formation of neovagalischa by complex nonoperative colpopoiesis in patients with Mayer–Rokitansky–Kuster–Hauser syndrome // Reproductive health of children and adolescents. 2014. No. 6. pp. 40-49.
4. Dietrich J.E., Millar D.M., Quint E.H. Obstructive reproductive tract anomalies // J. Pediatr. Adolesc. Gynecol. 2014. Vol. 27, N 6. P. 396–402. DOI: https://doi.org/10.1016/j.jpag.2014.09.001 Epub 2014 Sep 11. PMID: 25438708.
5. Abu-Ghanem S., Novoa R., Kaneti J., Rosenberg E. Recurrent urinary retention due to imperforate hymen after hymenotomy failure: a rare case report and review of the literature // Urology. 2011. Vol. 78. P. 180-182.
6. Uvarova E.V., Tarusin D.I. Manual on the examination of the state of the reproductive system of children and adolescents. Moscow : Triad-X, 2009. 232 p.
7. Avetisova L.R. Algomenorrhea in puberty girls /Dis. doctor of Medical Sciences. - M.: 1990. -315 p.

8. Golubeva I.V. Hermaphroditism: clinic, diagnosis, treatment. - M.: Medicine, 1980. - 159 p.
9. Demidova E.M. Clinic and diagnosis of malformations of internal genitalia during puberty /Dis. Candidate of Medical Sciences. -M.:

ISSN 2181-0990
Doi Journal 10.26739/2181-0990

ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

ТОМ 4, НОМЕР 1

JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH

VOLUME 4, ISSUE 1

Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: http://www.tadqiqot.uz/; Email: info@tadqiqot.uz
Phone: (+998-94) 404-0000

Контакт редакций журналов. www.tadqiqot.uz
ООО Tadqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: http://www.tadqiqot.uz/; Email: info@tadqiqot.uz
Тел: (+998-94) 404-0000