

SOLUTION OF SOCIAL PROBLEMS IN MANAGEMENT AND ECONOMY

International scientific-online conference



PREVALENCE RATE OF GENITAL PROLAPSE IN WOMEN OF REPRODUCTIVE AGE

Negmadjanov B.B. Zoirova N.A.

Samarkand State Medical Institute, Samarkand, Uzbekistan https://doi.org/10.5281/zenodo.10997316

Relevance. Current literature and studies show that the prevalence of genital prolapse is 10.1% in women under 30 years of age, 40.2% in women aged 30 to 45 years, and up to 50% in women over 50 years of age. remains one of the pressing problems.

The purpose of the study: To study the incidence rates of genital prolapse in women of reproductive age.

Research method and material: We examined 67 patients under our observation. Their age is 29-40 years. All clinical laboratory examination methods were passed to the patients, their anamnesis, degree of prolapse of the genitals, ultrasound examination, clinic of the disease, colposcopy, bacteriological and bacterioscopic examination of smear smear were thoroughly studied and analyzed.

The results obtained: It is too early for genital prolapse in women of reproductive age stages, severe levels of the disease are also sufficiently common, and this has a serious impact on the health of women of reproductive age, as well as on their psycho-emotional condition. The severity of pelvic organ prolapse in patients under our observation was studied according to POP-Q (Pelvic Organ Prolapse Quantification), which is widely used today. The results of the analysis show that 24 (36%) of our 67 patients presented with I-level disease, 18 (27%) with II-level disease, and 15:10 (22%- is 15%).

The clinic of the patients under our observation was also analyzed in terms of occurrence and severity of genital prolapse. Clinical examination includes complaints of patients in examination, general and gynecological cure, and their anamnesis. An important role in the examination methods is the collection of anamnesis. A detailed anamnesis collection, study of the causes of the disease played an important role. In the study of the patient, not only the complaints and characteristics of the disease, but also the quality of life, as well as social adaptability, living conditions and working conditions were studied. As a result of our investigations, according to the classification of POP-Q, prolapse of the pelvic organs in women and its complications are mainly III-IV, urinary incontinence in 4 patients, gas incontinence in 2 patients, but in almost all



SOLUTION OF SOCIAL PROBLEMS IN MANAGEMENT AND ECONOMY



International scientific-online conference

severe degrees, anorgasmia, genialalgia, pain in the lower abdomen and feeling of iodine body. such complaints are identified. At the I-II level of the disease, in women, genitalia, nocturnalness during intercourse, cystocele and rectocele are observed. Considering the nature of childbirth, it can be said with confidence that in 60.2% of cases, obstetric care was required or complications arose during childbirth, which later became one of the reasons for internal genital prolapse and prolapse. In the patients under investigation, mainly in the patients with prolapse of the genitals, deep tears of the diaphragm, deep tears of the vaginal wall of the episiotomy were observed in the anamnesis.

It should be noted that in patients with genital prolapse of the I and II degree, few complications of pregnancy were observed during childbirth. Such complications, such as episiotomy and mi or perinetomy, as well as the use of fertility surgical procedures such as uterine rupture, can lead to serious consequences and significantly lead to severe forms of genital prolapse.

Conclusions: The analysis of modern literature shows that. Genital prolapse is considered an urgent problem of gynecology today. It should be noted that the incidence of genital prolapse is increasing in women of reproductive age, and it can be seen that this disease has a serious impact on the lifestyle of women of reproductive age. Apart from that, the incidence of pelvic organ prolapse depends on women's lifestyle, childbirth anamnesis, it is clearly shown in many literatures, and also as a result of our personal investigations

References:

- 1. Краснопольский В. И., Буянова С. Н., Петрова В. Д. Комбинированное
- 2. лечение больных с опущением и выпадением внутренних половых органов и недержанием мочи с применением антистрессовых технологий: Пособие для врачей. М., 2003. 41 с.
- 3. Гаспаров А. С., Бабичева И. А., Дубинская Е. Д. и др. Хирургическое лечение
- 4. пролапса тазовых органов // Казанский медицинский журнал. 2014. Т. 95. №3. С. 341—347
- 5. Macher C.F, Qatawneh AM., Dwyer P.L. et al. Abdominal sacral colpopexy or
- 6. vaginal sacrospinous colpopexy for vaginal vault prolapse: a prospective randomized study // Am. J. Obstet. Gynecol. 2004. Vol. 190, N 1. P. 20-26.
- 7. Буянова С.Н., Смолыюва Т.Ю., Иоселиани М.Н., Куликов В.Ф. К патогенезу



SOLUTION OF SOCIAL PROBLEMS IN MANAGEMENT AND ECONOMY



International scientific-online conference

- 8. опущения и выпадения внутренних половых органов // Вести. Рос. ассоц акуш,- гинекол. 1998. —№1. С. 77-79.
- 9. Phillips C.H, Anthony F, Benyon C. et al. Collagen metabolism in the uterosacral
- 10. ligaments and vaginal skin in women with uterin prolapse // BJOG. 2006. Vol. ИЗ,—Р. 39-46.
- 11. Айламазян Э.К. Пролапс тазовых органов у женщин: этиология, патогенез,
- 12. принципы диагностики: пособие для врачей. СПб.-2010
- 13. Апокина А.Н. Прогнозирование эффективности хирургической коррекции
- 14. пролапса тазовых органов. Автореф. дисс.жанд. мед.наук,-Москва, 2012
- 15. Hendrix S. L., Clark A., Nygaard I. et al. Pelvic organ prolapse in the Women's
- 16. Health Initiative: gravity and gravidity. Am J Obstet Gynecol 2002; 186(6): 1160¬6.
- 17. Негмаджанов Б.Б, Шавкатов ХШ Аёлларда учрайдиган пролапс рецидивини
- 18. жаррохлик амалиётини оптималлаштириш. "Тиббиётда янги кун" 4(34) 2020 йил. Ст. 504-506