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Symptomatic Diseases in Women Who Suffered From Pelvic Organ Prolapse

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Abstract. Pelvic organ prolapse is a pathological process in which prolapse of the pelvic floor and pelvic organs occurs in isolation or in combination. Basically, the lifestyle and past somatic diseases can serve to develop this condition, which directly worsens the social image of women.

Keywords: cystocele, genital organs, gynecology, pelvic floor, prolapse, symptomatic diseases.

Aim of the work to pinpoint features of health condition of women suffered from pelvic organ prolapse.

Materials and methods. To achieve this goal, we examined 70 women. We conducted a survey of women at the Healthy Women's Center of the Tashkent Medical Academy in accordance with the current orders and protocols, after obtaining informed voluntary consent to process the received information about the state of health. 35 patients were diagnosed with pelvic organ prolapse (main group) according to the POP-Q classification of stages 2–3, the remaining 35 patients were relatively healthy and made up the comparison group. All women in the comparison groups were in menopause from 2 to 5 years and their average age was 57.2 (±2.5) years, in the main group the average age was 54.3 (±2.9) years ($p > 0.05$). At the time of the survey, all women in this group were in menopause from 3 to 5 years. Anamnestic indications of somatic, gynecological and reproductive pathology of women were analyzed, as well as the current state of health of patients with genital prolapse was assessed. Conducted a general examination, mirror pelvic examination, bimanual examination.

Results. Taking into account the fact that the state of the pelvic floor can be significantly influenced by living conditions, both social and labor, we collected an anamnesis with the identification of factors that can have a possible impact on the formation of functional failure of the pelvic floor. The distribution of women by level of education indicated that most of them had secondary education in groups, respectively 80% and 82.3%.

Next, we analyzed the working conditions faced by women throughout their lives. It should be noted that only 48.5% of women in the main group and 34.2% in the comparison group were engaged in heavy physical labor ($p > 0.05$). The rest of the patients did not have heavy physical exertion.

Next, we analyzed somatic diseases, which could also have an impact on the formation of genital prolapse. Considering the transferred somatic pathology, we note that all these conditions were of a chronic nature. Some of the existing chronic diseases were a manifestation of undifferentiated connective tissue dysplasia and were more present in patients of the main group.

To the diseases characterizing the stigmas of undifferentiated connective tissue dysplasia, we attributed

anomalies in the position of the teeth 51.4% and 2% in the compared groups ($p < 0.001$), gastro- and nephroptosis - 28.6% and there were no such patients in the comparison group, and as well as disorders of the autonomic nervous system - 62.8% and 22.8 ($p < 0.001$), respectively.

In the main group, more diseases were registered, such as cardiomyopathy disease 22.8% and 8.6%, osteoporosis 31.5% and 14.3% ($p < 0.001$) and varicose veins of the lower extremities 77.1% and 25.7 % ($p < 0.001$), respectively. There were no statistically significant differences in other nosological forms.

Conclusion. Analyzing the data obtained on past and concomitant diseases in women in both groups, the following conclusions were made. In women with undifferentiated connective tissue dysplasia, among the nosological forms of somatic pathology, conditions associated with impaired connective tissue formation prevail, and most of these conditions accompany a woman throughout her life and can serve as stigmas for the development of pelvic organ prolapse.

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