SURGICAL TREATMENT AND REHABILITATION OF PATIENTS WITH CONGENITAL UTEROVAGINAL ANOMALIES AND CONCOMITANT EXTERNAL GENITAL ENDOMETRIOSIS.

AUTHORS
Parkhat K (RU) [1], Makyan Z (RU) [2], Adamyan L (RU) [3]

ABSTRACT
Context: Uterovaginal anomalies are observed in 4.3-6.7% of women of reproductive age. External genital endometriosis in 50% of cases is the cause of infertility in women of reproductive age. Most authors associate the combination of anomalies and endometriosis with the obstruction of menstrual blood, late diagnosis and incorrect treatment. Surgical treatment in patients with uterovaginal anomalies and concomitant endometriosis is a difficult task because of a significant impact of these pathologies on the reproductive function.

Objectives: To evaluate the results of surgical correction in patients with congenital uterovaginal anomalies and concomitant external genital endometriosis.

Methods: A complete clinical and laboratory examination, ultrasound examination of the pelvic organs and kidney, magnetic resonance imaging were taken.

Patients: Since 2013 to 2015 we operated 198 patients with congenital uterovaginal anomalies which were divided into two groups: group 1 - 105 patients with combined external genital endometriosis, group 2 - 93 patients without endometriosis.

Interventions: Surgical correction of uterovaginal anomalies according to anatomical type of malformation and excision and coagulation of endometriotic lesions were made.

Main Outcome Measures: Indications for surgery were: primary infertility (41.5%), secondary infertility (18.6%), miscarriage (26.2%), dysmenorrhea (45.4%), menorrhagia (23.2%) and dyspareunia (8.1%).

Results: The frequency of endometriosis was 53%. Surgical treatment allowed to get pregnancy in 60% patients with uterovaginal anomalies and external genital endometriosis.

Conclusions: To optimize the results of surgical treatment we used comprehensive approach, including correction of the anatomic type of malformation, incision and coagulation of endometriotic lesions, followed by hormonal therapy in early postoperative period.