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P273. Differentiated approach to the diagnosis and prevention of genital prolapse in women

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Context:
There has been an increase in the frequency of uterine prolapse in young women in recent years, which is mainly related to the introduction of new, more sophisticated diagnostic methods and their greater availability. The omission and loss of internal sex organs is not only a medical, but also a serious socioeconomic and psychological problem, which reduces the quality of a woman life.
Objective of study:
1) Optimize examination and prediction methods of recurrence of disease in patients with pelvic organ prolapse on the basis of the analysis of risk factors, study of clinical, morphological and genetic aspects of the disease.
2) Identify most significant obstetric-gynecological and somatic risk factors for pelvic prolapse in women.
3) Study nature of the combination of genotypes over the genes NAT2, GST Tl, GST ' Ml and ???-1 with prolapse of pelvic organs.
Research methods:
The clinical part of the work was performed at the Obstetrics and Gynecology Department (Medical Faculty, Azerbaijan Medical University). In order to solve the task, 116 women were included in the study, who underwent examination and treatment for uterine prolapse, both primary and concomitant diseases, as well as patients of control groups without prolapse.
Clinical and anamnestic stage of the study of patients was carried out with the help of a special map, developed by us, which reflected more than 13 100 analyzed parameters, including history, transferred diseases and surgical interventions. The presence of hereditary diseases and predisposition to the development of prolapse of pelvic organs was considered. Features of past operative treatment of genital prolapse were noted. We analyzed the polymorphism of the genes NAT2, GSTT1 and GST Ml52 in patients,
Results and Conclusions:
Risk factors for the development of incompetence of the uterine ligament apparatus and pelvic floor muscles are trauma (72%), heavy physical labor (58%), cardiovascular diseases, including varicose veins of the pelvis and legs (51%) and endocrine disruption organs (22.5%), genetically determined diseases, characteristic of systemic insufficiency of connective tissue (29%), bronchopulmonary diseases (19%).
We advise to include special diagnostic methods to identify concomitant genital diseases and develop a differentiated approach to the tactics of patients according to individual preoperative preparation program, choice of access, volume of the operation, postoperative rehabilitation etc.

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