

P347. The use of deepithelialized vaginal flap, associated with synthetic mesh fixation at sacrospinous ligaments, for grade 3-4 genital prolapse surgical treatment

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Objectives: Presentation of an anatomy restoration procedure in cases of genital prolapse of Grade 3 and 4, associated with cystocele and / or rectocele "per magna".

Methodology: A surgical procedure is presented, in which the excess of vaginal mucosa is used as a flap of autologous tissue for strengthening anterior and/or posterior vaginal wall, associated with posterior perineal compartment repair by transvaginal colpo/cervicosuspension at the sacrospinous ligaments level for the cases of genital prolapse of grade 3-4.

Results: The procedure was performed in 10 patients, January - March 2017. All patients had cystocel "per magna", point Aa = + 3 (bulging cystocel). Two patients had rectocel "per magna", point Ba = + 3 (bulging rectocel). All patients had normal PAP smear, without associated uterine pathology. An elliptic incision in the midline of vaginal wall created a flap of vaginal mucosa excess, which was left in situ and deepithelialized by electrofulguration. Lateral from the incision, vagina was dissected from the bladder, after hydrodissection, in order to reach posteroinferior sciatic spine and sacrospinous ligaments level. A mesh sutured at cervix level was then anchored at sacrospinous ligaments and vagina was closed over the previously prepared flap. In patients with bulging rectocel, a similar flap was performed on the posterior vaginal wall. A small fragment of the deepithelialized flap was sent for pathology, demonstrating that all epithelium was destroyed. No intraoperative and postoperative complications were present. Median hospitalization time was 3.5 days. At 6 months follow-up, a single asymptomatic small cystocel was observed.

Conclusions: Excess of vaginal mucosa is a valuable source of autologous material to use in strengthening the subvesical and intervaginorectal fascia in patients with genital prolapse associated with cystocele and/or rectocele "per magna".

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