

**EUROPEAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY
RESEARCH AND MANAGEMENT STUDIES****VOLUME04 ISSUE05**DOI: <https://doi.org/10.55640/eijmrms-04-05-33>

Pages: 197-201

**PROLAPSE OF THE FEMALE GENITAL ORGANS*****Karimova Gulchehra Samadovna****Assistant Samarkand State Medical University, Samarkand, Uzbekistan***ABOUT ARTICLE****Key words:** Prolapse, genitals, pelvic floor, birth trauma, muscle tone.**Received:** 20.05.2024**Accepted:** 25.05.2024**Published:** 30.05.2024**Abstract:** Prolapse of the female genital organs is observed in women who gave birth through the vaginal birth canal, gave birth to large fetuses, complicated labor, birth canal injuries with genetic factors that are overweight, hysterectomy in history, hormonal disorders, engaged in hard physical labor, suffering from pathologies leading to increased intra-abdominal pressure.**INTRODUCTION**

Female genital prolapse is a multifactorial disease, which some authors call a hidden epidemic [5]. According to statistics, every 11th woman potentially has a risk of experiencing genital prolapse. The frequency of certain varieties of prolapse of the pelvic organs in women under the age of fifty in Russia varies and ranges from 15 to 30% and more than 50 thousand operations are performed annually in the country for this pathology [2]. Among older women, the incidence of pelvic organ prolapse reaches 50-60% i.e. every second woman suffers.

The disease most often occurs during reproductive age and is progressive. As the genital organs prolapse, functional disorders of the bladder and rectum worsen, leading not only to physical and mental suffering, and partial or complete loss of ability to work but also making the lives of these women socially disadvantaged. Despite the ongoing work to prevent female genital prolapse, this problem currently remains relevant and occupies a significant place in the structure of female morbidity (3). The high frequency of relapses after treatment allows us to consider genital prolapse as a chronic disease and a cause of chronic pelvic pain.

Prolapse of the genital organs can develop as a result of weakening of the connective tissue, changes in the tone of the ligamentous increase in the intra-abdominal apparatus, pressure, incompetence of the pelvic floor muscles, prolonged labor, due to injuries and damage during childbirth, which lead first to prolapse, then prolapse of the walls of the vagina, cervix, and then the body of the uterus. Vaginal childbirth and aging of the body are the main reasons for the development of this disease [7]. Another reason leading to genital prolapse is estrogen deficiency, which is detected especially during menopause, after some gynecological operations. Genital prolapse is a pathological condition that has not shown a tendency to decrease in recent years.

During preventive examinations, the number of women with prolapse of the vaginal walls of 1-2 degrees over the age of 45 years reaches 26% [3]. Research in recent years shows that 11.4% of women in the world have a lifetime risk of surgical treatment of genital prolapse, that is, one of 11 women will undergo surgery due to prolapse of the internal genital organs in their lifetime [4]. Currently, in the structure of gynecological morbidity, genital prolapse accounts for up to 28%, and 15% of gynecological operations are performed specifically for this pathology. With the development of this pathology, there is always an increase in intra-abdominal pressure of an exogenous and endogenous nature and incompetence of the pelvic floor. Increased intra-abdominal pressure begins to squeeze the pelvic organs beyond the pelvic floor.

The purpose of the study is to study the causes of the development of genital prolapse in women.

MATERIAL AND METHODS

Retrospective study of case histories of 39 patients with genital prolapse in the period 2017-2020. In the anamnesis, attention was paid to the total number of pregnancies and births, the age at which childbirth occurred, genetic predisposition, characteristics of the course of pregnancy, the duration of labor, pelvic trauma during childbirth, the weight of newborns at which trauma to the birth canal occurred, the course of the postpartum period, i.e. healing wounds, the presence of chronic extragenital diseases, which were accompanied by increased intra-abdominal pressure, excess weight, clarified previous gynecological operations (hysterectomy), hormonal imbalance, age of menopause, nature of work associated with heavy lifting and a sedentary lifestyle.

The main diagnostic criteria for genital prolapse were examinations in mirrors, vaginal examinations, during which the degree of prolapse of the walls of the vagina or uterus was determined, and a rectovaginal cough examination was performed to determine the severity of the rectocele or cystocele. Instrumental examination methods were carried out selectively: transvaginal ultrasound, rectoscopy,

cystoscopy, hysteroscopy and colposcopy, MRI. Particular attention was paid to the nature of discharge from the genital tract, pain in the lower abdomen and perineum, sensations of a foreign body inside, frequent painful urination, constipation, difficulty passing gas, stool, discomfort when walking, incontinence or difficulty passing urine, gas, stool, sexual disharmony.

RESULT AND DISCUSSION

The retrospective group consisted of 39 (100%) women, who were divided into 15 (38.5%) city residents and 24 (61.5%) rural residents. All women had vaginal birth, the age indicator with genital prolapse was as follows: 25-35 years 16.7%, 36-45 years 26.6%, 46-56 years 36.7%, 57-76 years 20%. The women who were examined had from 1 to 8 births. 18 (47.1%) patients had injuries to the soft birth canal (various degrees of rupture of the cervix and perineum, vaginal walls), 21 (53.9%) women gave birth to children weighing 4000 grams or more, 10 (25.6%) women had suppuration of the wound followed by suture dehiscence, 4 (1.2%) women had a hysterectomy, 19 (48.6%) women had excess body weight, 2 (2.4%) women had bronchial asthma, 13 (33.3%) women suffered from chronic constipation, 2 (2.4%) women gave birth at the age of over 35 years, 25 (64.1%) women noted frequent lifting of heavy objects.

CONCLUSIONS

Based on the above data, we can conclude that genital prolapse in women is observed after complicated and uncomplicated vaginal births, with a large fetal mass, with injuries of the birth canal, in older primiparas, and also depends on the number and duration of labor, in women with extragenital pathology, accompanied by increased intra-abdominal pressure, excess weight, suffering from chronic constipation, the aging process and associated deficiency of sex hormones, hereditary factors, after a hysterectomy, constant lifting of heavy objects, congenital defects of connective tissue.

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