vealed in 104 (24,1%) from 432 examined paients with different forms of urine incontinence which combined with anatomical disposition of pelvic organs at 81,5% of cases. These patient more often showed CTD markers.

Conclusion. Instead of known criteria of CTD expression we offer to use the list of the most significant signs. The combination of three or more of them testifies about nondifferentiated CTD.

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AN APPLICATION OF ALLOGENIC SKIN'S CELLS FOR A TREATMENT OF GENITAL FISTULAS

An urogenital fistulas are serious complication after heavy multiple traumas, wounds, and radical operations. We offer a method of conservative treatment of the given pathology with the help of cultures of allogenic cells.

The purpose of research: to estimate the first experience and opportunity of allogenic skin's cells application for a treatment of genital fistulas.

Object and methods. We carry out the treatment of 12 patients in the age from 38 till 56 years (on the average – 44 years) with genital fistulas, existed from 3 to 12 months. 9 patients had bladder-vaginal fistulas, and 3 had rectovaginal fistulas (one patient had three fistulas simultaneously). The diameter of fistulas was from 1 up to 4 mm. The causes of all fistulas were posttraumatic due to of complications during operations. All patients received antibiotics and antiinflammatory therapy before the manipulation. 4 patients were unsuccessfully operated for treatment of fistulas before the transplantation of allogenic skin's cells. In our clinical research there were used fibroblasts and keratinocytes, which were grown up on microcarriers.

Results of research. Recieved data show that unstraight fistulas were closed for 5-7 days after application of cells (n = 5). In opposite, straight fistulas had recurrent and required the second transplantation due to the healing had come on 12th-14thdays. Three-multiple transplantation was executed at 4 patients. Thus the closing of a fistula had come only at one patient. The preservation of fistulas was ascertained at three patients: in two cases the fistulas were bladder-vaginal and in one – rectovaginal. It was marked, that in two inefficient cases straight linear bladde-rvaginal fistulas took place and their initial diameters was about 4 mm. In a case of unsuccessful treatment of rectovaginal fistula we had met three fistulas: two invasived into vagina and one – in perineum area between back soldering and anal sphincter.

Conclusion. Thus, the first experience of using of allogenic cells of skin in treatment of genital fistulas allows to continue the development of the given alternative method and its introduction in medical practice.

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THE EFFECTIVENESS OF SLING USING IN TREATING OF STRESS INCONTINENCE IN WOMEN. THE RESULTS OF 28 OPERATIONS

The aim. Analsis of effectiveness in use of sling in incontinence treating in women.

Material and methods. The department of urology in Rostov State Medical University has the experience in using of sling in 28 (100%) patients from 40 to 63 years old. Previously 20 (71,4%) patients had complicated deliveries. 16 (57,1%) pts had perineal tears during deliveries, 3 (10,7%) pts had delivered large babies. And 1 (3,6%) patient had the late termination of pregnancy. Duration of disease in 6 (21,4%) pts was from 1 to 3 years, in 12 (42,8%) – from 1 to 3 years from 4 to 7 years, in 10 (35,7%) – more than 10 yrs. Previously 22 (78,6%) pts were treated conservatively without effect. According to classification of Mc.Guirr 6 (21,4%) pts had 2a type incontinence, 18 (64,3%) had 2b type incontinence, 3 (10,7%) pts had 3a type. 17 (60,7%) pts had cystocoele. And 3 (10,7%) had rectocoele.

Operation. In anterior wall of vagina there were placed two semicircular sutures with prolene formed the circumference of 5cm diameter. Leaving 5mm from the line of suture we cut the wall of vagina, lateral sides of wound was mobilized on 2.5cm from each side. Leaving the urethra on right and left side we made canals to retropubic area. Needle-perforator one by one was led through the canal from two incisions made above to the both sides of pubis and was taken out through the vaginal wound. With the help of perforator suture was placed in the canal in retropubic area. To confirm that no perforation of bladder was made the ureterocystoscopy was done. If it was needed the plastics of cystocoele was made with the help of pubocervical ligaments and posterior wall of bladder. Lateral layer of vaginal wound was ligated by vicryl N-3-0. Thus we inserted the remaining layer of the wound into itself. The sutures were togethered by making an additional cut at the center and through which they were inserted

and were ligated together with a special modified fixator. By this way there were no periphereal contacts of sutures. Sutures were fixed above aponeurosis.

Results. In 20 (71,4%) pts in postoperative period we corrected the pulling of sutures for obtaining of maximal results. In 22 (78,6%) pts symptoms of incontinense absolutely disappeared. In 4 (14,3%) – symptoms redused significantly. Transvaginal ultrasonography and vaginal exam of all patients didn't revealed any rough scarring defects in postoperated area. The follow up of patients was 2 years. Complete rehabilitation was attained in 21 (75%) pts, in 5 (17,9%) pts incontinence decreased, in 2 (7,14%) pts incontinence after operation didn't reduced. Postoperative complications: blockage of urine and need in catheterization were marked in 4 (14,3%) pts, activation of urinary infection was found in 7 (25%) pts. Pain in pubic area – in 10 (35,7%) pts In one patient (3,6%) there was the replace of incontinence due to straining exercise. Examined her we found the break of pubovaginal sutures.

Conclusion. Turndown from mobilization of anterior wall of vagina minimized the danger of development of dystrophic and scarring changes in vesico-urethral segments. The given method helps to form new anatomo-physiologic understanding between proximal urethra and pelvic diaphragma in short-term

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COMBINED SURGICAL TREATMENT OF CYSTO- AND RECTOCELE IN DESCENT AND ABASEMENT OF FEMALE REPRODUCTIVE ORGANS

The purpose of study: improvement of surgical treatment results of cysto- and rectocele in pelvic prolapse due to combined correction of anatomic and functional disorders using lesser invasive technologies.

The material and study methods. The results of treatment of 47 women with pelvic prolapse and complaints for uroclepsia in strain, astrictions, rectal dissatisfaction, incopresis, gas incontience were analyzed, necessity of manual textbook in defecation (pelvic distsention syndrome). Clinical, laboratory, ultrasound (including transvaginal), urodynamic, proctographical (including straining effort) and endoscopic investigations were carried out. According to indications and technique, surgical treatment was performed which included: loop urethroplasty (TVT and TVT-O), transvaginal sacrovaginopexy (LS MESH) and prolapse correction (front and dorsal vaginal hysterotomy, Shturmdorf operation and so on).

The results were being studied from 3 months to 3 years after operation. At that questionaries, clinical, laboratory and ultrasound investigations were used.

The results of study. From second day after operation in patients under investigation, the complaints connected with pelvic distsention syndrome disappeared. First of all, the patients noted disappearance of stress incontinence and then problems connected with defecation act.

As a result of clinical and laboratory-instrumental investigation we did not educe the cases of backset of relapse and pelvic distsention syndrome.

Conclusion. The optimal way for treatment of patients with pelvic prolapse complicated by cysto- and rectocele is combined operation which makes it possible to carry out correction of genital prolapse (including remodeling of pelvic floor) and to eliminate functional disorders of annexa. At that the best functional results are reached by means of loop urethronexy (TVT and TVT-O) and sacrovaginoplasty (LS-MESH). In addition, it is necessary to note that single-step prolapse correction, incontinence and disorders of defecation act using lesser invasive technologies, significantly decrease operational trauma, improve the results of surgical treatment, have high medical, social, economic effect and improve the quality of patient's life.

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LESSER INVASIVE TECHNOLOGIES IN CORRECTION OF STRESS UROCLEPSIA IN PELVIC PROLAPSE

The purpose: improvement of results of stress uroclepsia treatment in women with pelvic prolapse using free synthetical loops from prolen (TVT, TVT-O).

The material and methods. The analysis of treatment of 132 women with pelvic prolapse and uroclepsia. All women were operated for prolapse and correction of incontinence. Control group consisted of 53 women operated before who also suffered from prolapse and incontinence but surgical treatment was carried out only in respect of prolaspe. Then these patients were operated in urological hospitals where the operation of Kraats in modification using short autodermal flap was carried out. The operations in patients of main group were performed in two stages. At first stage the cor-