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Introductions. Stress urinary incontinence is a very common condition in women, adversely affecting quality of life. The TVT procedure was shown to be highly effective and is now considered as a surgery of gold standard. TVT-O, though having encouraging results, has been used in the world practice for a shorter period of time and has to be compared with TVT. Moreover, complication rates and quality of life after both procedures still need assessment.

Objectives. Compare the subjective and objective outcomes and quality of life (QoL) in patients who underwent either a tension-free vaginal tape (TVT) or TVT Obturator sling procedure for their stress urinary incontinence.

Material and methods. Prospective cohort study including patients (N=51) who underwent either a TVT (N=31) or TVT-O (N=20) between September, 2002 and May, 2005. Objective outcome variables included cough provocation test with patient in upright position and subjective outcome variable included patient reported stress incontinence three months postoperative. QoL was assessed with modified King's health questionnaire. Statistical chi-square analysis was performed to compare subjective and objective outcomes of the two procedures, and t-test – for

COMPARING OUTCOMES OF TVT VERSUS TVT OBTURATOR SLING PROCEDURES IN STRESS URINARY INCONTINENT PATIENTS: A PROSPECTIVE COHORT STUDY

comparing differences in QoL scores. **RESULTS:** 9 (29%) patients in TVT cohort and 7 (35%) patients in TVT-O cohort had anti-incontinence procedure alone. Others had one or more concomitant procedures for their pelvic organ prolapse. On physical examination, including cough test, there was no any difference in the percent cured of stress urinary incontinence (100% both for TVT and TVT-O). Subjective cure rates were similar between the cohorts (96,8% vs. 95%, $p=0,674$). There were more post-operative obstructive voiding patterns (9,7% vs. 5%, $p=0,903$) and symptoms of postoperative urgency (12,9% vs. 5%, $p=0,657$) in the TVT cohort. QoL scores before and after operation did not differ a lot between cohorts, showing significant improvement of the quality of life in both groups. Mean difference in preoperative to postoperative scores are 53,25% in TVT and 61,5% in TVT-O cohorts ($p=0,220$).

Conclusions. The subjective and objective cure rates for TVT-O are similar to those for TVT. In addition, TVT-O may offer the clinical advantage of less post-operative obstructive voiding and urgency symptoms and thus improving quality of life. Future work, especially randomized controlled trials, should include more cases as well as long-term follow-up.

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THE IMPORTANCE OF THE LATENT CONNECTIVE TISSUE DYSPLASIA IN THE PATHOGENESIS OF THE CERVIX ELONGATION

Introduction. The genital prolapse (PG) is actual clinical and surgical problem. Recidive's frequency is still 33% after surgical treatment of the complicated cases. The cervix elongation (CE), which is one from the PG's forms, isn't diagnosed from early stages of the development. In the scientific literature it has written about latent connective tissue dysplasia's (CTD) importance in the PG's development.

Material and methods. We exposed the clinic, morphological, immunohistochemical manifestations with studying of the CTD's role in the CE's development. We inspected 158 patients with 1-3 degree's CE in the two age groups (before and after 45 years). The operating treatment: Manchesterskaya operation – 122 observations, the vaginal uteri's extirpation – 26, the vaginal extirpation of the cervix's stump – 10.

Results. The manifestations of the important and secondary signs of the CTD were exposed from all patients by the clinical questionnaire. The important signs

of the CTD (genital prolapse of the family's first generation, varicose veins, hemorrhoid, allergopathy, more rapid delivers) were exposed in 50% patients of the 1 group and in 100% – of the 2 group. In 1-2 CE's degree had been 1 CTD's degree and in 3-2 CTD's degree. The disturbance of the architectonic, connective, muscle tissues's, vessels's topography, collagenization of the argirophilic fibres, muscle tissue's atrophic were exposed by the histological investigation. The changenment of the accumulation and distribution of the 1, 2, 3 types's collagens were ascertained by the immunohistochemical investigation. These processes confirm CTD and lead to the cervix's inferiority.

Conclusions. The results of the experience prove the pathogenesis role of the CTD in the development of the CE and creative necessity of the exposure of the CTD's clinic signs for the correlation, stabilization of the process, and improvement of the operative treatment's results.