

negative. Postoperative complications were recorded after the TVT operations in 5 (16,1%) patients and in 5 (17,2%) after suggested loop operation. Intraoperative complications in the form of urinary bladder injuries were recorded one at a time in both groups. Both cases of urinary bladder injuries and one case of bleeding in the 2nd group were recorded in 3 women with 2 and more operations on the pelvis organs. Early postoperative complications (retrosymphysis haematoma, acute urinary retention) were found in 2 patients from the 1st group and in 1 patient from the 2nd group. Detrusor instability was revealed by combined urodynamic investigation in 2 patients from the 1st group and in 3 patients from the 2nd group with imperative vesical tenesmi 6 months later.

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**Conclusion.** 1. Loop operations with prolen net result in high rate of positive results. SUI was eliminated by TVT operations in 93,5% and by pubovaginal operations with prolen net in 89,2% of patients. 2. Both loop operations can be combined with simultaneous surgical correction of genitals prolapse. They can be carried out independently or as a stage of simultaneous surgical treatment. 3. Most common postoperative complication under both operations was detrusor instability: 6,5% after TVT operations and 10.8% after pubovaginal operations with prolen net. Increase in the complications and decrease in the efficiency of suggested pubovaginal operation with prolen net may be caused by greater quantity of performed simultaneous operations.

### UP-TO-DATE APPROACH TO DIAGNOSIS AND TREATMENT OF BLADDER LEUKOPLAKIA

**Objective:** Optimization of diagnosis and treatment of bladder leukoplakia in women.

**Material and methods:** 63 women with true bladder leukoplakia revealed in cystoscopy were studied. The morphologic basis of bladder leukoplakia is squamous metaplasia of the transitional epithelium. Three consecutive stages are defined in the development of bladder leukoplasia. Stage 1 is squamous modulation, stage 2 is squamous metaplasia, stage 3 is squamous metaplasia associated with keratonization. Stages 2 and 3 combined form the notion of true leukoplakia the morphologic criteria of which include squamous metaplasia with hyperkeratosis and noninvasive growth (acanthosis). It is those morphological changes that are revealed in cystoscopy as distinctly outlined greyish white or yellowish plaques emerging above the level of the bladder mucous membrane (most commonly in Lieutaud's trigone). The age of the patients ranged from 25 to 58 years. The commonest complaints included feeling of discomfort in the suprapubic region (76,1), pains and prolonged spasms after urination (65%), polakiuria (95,2%), urgent incontinence (52,4%), terminal hematuria (7,9%). The duration of the symptoms was from 1 to 6 years. All the patients received from 3 to 6 courses of conservative therapy in the outpatient

department, which gave no positive dynamics. When urine microflora was determined, uropathogens of intestinal bacteria group were cultured in a slight concentration in 38.0% of the patients who were given antibacterial therapy. When blood serum was tested for hormones level, the disturbance of the hormonal status – hyperestrogenicity – was detected in 63,5% of cases who were given replacement hormonal therapy. Endovesical multifocal biopsy of the changed sites in the bladder mucous membrane was performed in 37 women, which confirmed the presence of true leukoplakia in all of them. Transurethral resection (TUR) of the changed sites in the bladder mucous membrane was performed in all the patients.

**Results:** The patients were followed up for 18 months. The feeling of discomfort in the suprapubic region disappeared in 85,0% of the patients, significant decrease of urination frequency was noted in 77,7%, urgent incontinence disappeared in 87,3% and the disappearance of terminal hematuria was observed in 93,6%. No recurrence of leukoplakia was detected in cystoscopy.

**Conclusion:** Thus, TUR of the bladder wall, accompanied by replacement hormonal therapy when it is indicated, is an effective method of treatment of true bladder leukoplakia.

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### SEXUAL FUNCTION ASSESSMENT IN FEMALE WITH STRESS URINARY INCONTINENCE BEFORE AND AFTER SURGICAL TREATMENT

**Aims & Objectives:** sexual function can significantly affect human's quality of life. It definitely decreases in female patients suffering from stress urinary incontinence. The aims of this study were to evaluate

the female sexual function before and after surgical treatment of stress urinary incontinence (SUI), comparing long follow-up results of two different procedures.

**Material & Methods.** The study included 130 pa-

tients (mean age 44, 9 years) who underwent TVT (n= 85, group 1) and operation with short skin flap (n= 45, group 2). Mean follow-up was 33,7 month. The sexual function was assessed using The Female Sexual Function Index (FSFI) – a multidimensional self-report instrument for the assessment of female sexual function. The Index consists of five domains (desire, arousal, lubrication, orgasm, satisfaction, pain); with score range from 0 to 5 and full scale score range 36,0. It should be noted that within the individual domains, a domain score of zero indicated that the subject reported having no sexual activity during the past month.

**Results.** According to the questionnaire, mean full scale score range before the operative treatment was 18,5 ( $p < 0,01$ ). After the follow-up period this range in group 1 was 24,9 ( $p < 0,01$ ). The positive changes were detected almost in all domains except domain 6 (pain). There were no statistically significant changes in it. The mean full scale score range in group 2 after the follow-up period was 22,4 ( $p < 0,01$ ). Best results in compare with preoperative condition in this group

were mostly bounded up with positive changes in 2 and 3 domains (arousal and lubrication). Individual scores in these domains were 2,6 and 2,2 preoperatively (4,3 and 4,0 postoperatively ( $p < 0,01$ )). This changes in group 1 were 4,7 and 4,4 accordingly ( $p < 0,01$ ). Negative changes in group 2 in compare with group 1 observed in domains 1,4 and 5 (desire, orgasm, satisfaction). There was significant decrease of individual score in domain 6 (pain) in group 2 in compare with group 1 and preoperative condition (2.2 and 3.8 accordingly ( $p < 0,01$ )).

**Conclusions.** Our study showed that the Female Sexual Function Index is a useful and cheap tool in the investigation of quality of life in female underwent surgical treatment of stress urinary incontinence. Surgical treatment of SUI in female can improve their sexual function. The patient's sexual function after TVT is significantly better than after the operation with short skin flap. The benefits in sexual function after TVT procedure are bound up with the low invasiveness of this intervention.