

# INCIDENCE RATES OF GENITAL PROLAPSE IN WOMEN OF REPRODUCTIVE AGE

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## Abstract

Prolapse of genital organs is a common condition among gynecological diseases, with clinical symptoms manifesting early in 28%-39% of cases. Recent studies have shown a concerning trend of younger women, including those of reproductive age, being increasingly affected by this condition. The prevalence of genital prolapse has been reported as 10.1% in women under 30, 40.2% in women between 30 and 45, and up to 50% in women over 50 years of age [C.H. Kim, 2017; Lucot, J.P., 2018; Bejenar V.F., 2013]. Pelvic floor musculature deficiency, a leading cause of genital prolapse, presents a significant medical and socio-economic challenge. While previously considered a condition primarily affecting older women, the progressive nature of the disease and its rising prevalence among younger women necessitate increased attention. This trend has profound implications not only for the physical health of women in their reproductive years but also for their psycho-emotional well-being. The need for surgical intervention among women of reproductive age underscores the urgency of addressing this issue. This paper explores the prevalence, clinical progression, and multifaceted impact of genital prolapse, emphasizing the importance of early diagnosis and comprehensive treatment strategies to mitigate its effects on affected individuals and society at large.

**Keywords:** Genital prolapse, reproductive age, transvaginal hysterectomy, cystocele, rectocele.

## Introduction

The purpose of the study: To study the incidence rates of genital prolapse in women of reproductive age.

Research Method and Material: A comprehensive observational study was conducted involving 67 patients aged 29 to 40 years diagnosed with genital prolapse. The study aimed to assess the prevalence, clinical features, and associated comorbid conditions of pelvic organ prolapse among women of reproductive age. A rigorous approach was adopted to ensure the reliability of findings, utilizing a wide range of clinical and laboratory examination methods.

1. Study Population and Recruitment: Patients were recruited from gynecological clinics over a defined period, ensuring that they met the inclusion criteria of reproductive age (29–40 years) and a confirmed diagnosis of genital prolapse. Exclusion criteria included congenital pelvic abnormalities, previous unrelated pelvic surgeries, and severe systemic diseases that could confound the results. 2. Clinical and Anamnesis Examination: Detailed anamnesis was collected for each patient to identify potential risk factors for genital prolapse. This included obstetric history (number and type of deliveries, complications during childbirth), surgical history, lifestyle factors,

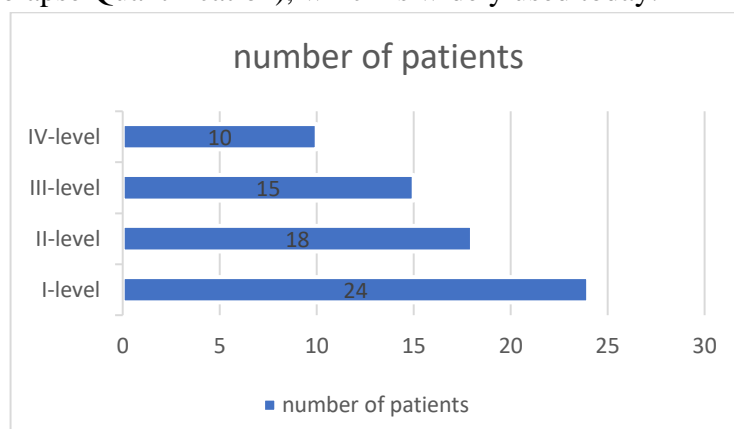


and family history of pelvic floor disorders. Patients' complaints were recorded, emphasizing symptoms like urinary and gas incontinence, pelvic discomfort, dyspareunia, and other related issues.

3. Clinical Assessment: The degree of genital prolapse was assessed using the Pelvic Organ Prolapse Quantification System (POP-Q), a standardized method widely recognized for its accuracy and reproducibility. This evaluation included measurements of pelvic organ descent during Valsalva maneuvers and detailed documentation of prolapse severity. 4. Ultrasound Examination: All patients underwent pelvic ultrasound to assess the structural integrity of pelvic organs and identify related conditions like cystocele and rectocele. 5. Colposcopy: This procedure was performed to evaluate the condition of the vaginal walls, cervix, and associated structural changes due to prolapse. 6. Bacteriological and Bacterioscopic Analysis: Vaginal smear samples were collected and analyzed to detect infections or dysbiosis that might contribute to the clinical symptoms. The results were correlated with the severity of prolapse and patient complaints. 7. Clinical Laboratory Methods: Routine laboratory investigations, including blood and urine analysis, were conducted to rule out systemic infections or conditions that might exacerbate pelvic floor dysfunction. Specific markers of inflammation and hormonal profiles were also assessed where relevant. 8. Quality of Life and Functional Impact: Patients were asked to complete standardized questionnaires, including the Pelvic Floor Distress Inventory (PFDI) and quality-of-life measures, to evaluate the psychological and social impact of genital prolapse. Social adaptability, work conditions, and living environments were also analyzed to understand the broader implications of the condition.

### Research Results:

The obtained results show that not only the early stages of genital prolapse in women of reproductive age, but also the severe levels of the disease are quite common, and this seriously affects the health of women of reproductive age, as well as their psycho-emotional condition. The severity of pelvic organ prolapse in patients under our observation was studied according to POP-Q (Pelvic Organ Prolapse Quantification), which is widely used today.

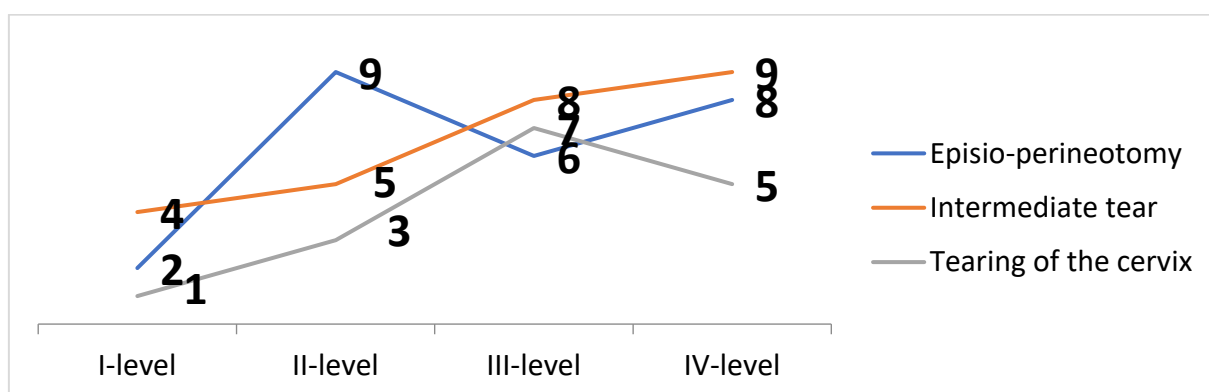


The results of the analysis show that 24 (36%) of our 67 patients presented with I-level disease, 18 (27%) with II-level disease, and 15:10 (22%- 15%).

When the occurrence and severity of genital prolapse was studied, the disease clinic of the patients under our observation was also analyzed.

Clinical examinations include complaints of patients under investigation, general and gynecological examination, and their anamnesis. An important role in the examination methods is the collection of anamnesis. A detailed anamnesis collection, study of the causes of the disease played an important role. In the study of the patient, not only the complaints and characteristics of the disease, but also the quality of life, as well as social adaptability, living conditions and working conditions were studied.

As a result of our investigations, according to the POP-Q classification, prolapse of the groin in women, the effect on the groin and its complications are mainly III-IV, urinary incontinence was observed in 4 patients, gas incontinence was observed in 2 patients. complaints such as feeling are identified. At the I-II level of the disease in women, genitalia, nocturnalness during intercourse, cystocele and rectocele are observed.



Analyzing the nature of childbirth, it can be said with confidence that in 60.2% of cases obstetrical assistance was required or complications occurred during childbirth, which later became one of the reasons for internal genital prolapse and prolapse. In the patients under investigation, mainly in the patients with prolapse of the genitals, deep tears of the diaphragm, deep tears of the two vaginal walls of the episiotomy were observed in the anamnesis. It should be noted that in patients with genital prolapse of the I and II degrees, fewer complications of pregnancy were observed during childbirth. Such complications, such as episiotomy and mi or perinetomy, as well as the use of obstetric surgical procedures, such as tearing of the cervix, have serious consequences and significantly lead to severe forms of genital prolapse.

### Discussion:

The findings of this study highlight that genital prolapse is not only prevalent in women of reproductive age but that severe stages of the condition are increasingly common. This has significant implications for the physical health and psycho-emotional well-being of affected individuals, necessitating timely diagnosis and effective management strategies.

The distribution of severity levels among the study population, assessed using the POP-Q classification system, revealed a concerning trend: 36% of patients presented with stage I prolapse, 27% with stage II, and 22%-15% with more advanced stages (III-IV). These results underscore the



progressive nature of genital prolapse and its pervasive impact on women's lives. The analysis of clinical data further revealed that symptoms such as urinary incontinence, gas incontinence, and discomfort during intercourse were not uncommon, particularly among patients with advanced prolapse. Complications such as cystocele and rectocele were also observed, especially in those with I-II stage prolapse, further demonstrating the widespread impact of this condition on pelvic health and quality of life.

A detailed evaluation of patient anamnesis provided critical insights into the etiology of genital prolapse. A significant proportion of cases (60.2%) were associated with complications during childbirth, such as deep perineal tears, vaginal wall injuries, and episiotomies. These findings confirm the critical role of obstetric trauma in the development of pelvic floor dysfunction. The presence of severe pelvic organ prolapse in patients with histories of obstetric interventions, such as cervical tears and perineotomy, further emphasizes the importance of appropriate obstetric care and postnatal follow-up in preventing prolapse. Interestingly, fewer complications were noted in patients with stage I-II prolapse compared to those with more advanced stages. This suggests that early-stage prolapse may allow for a better quality of life and fewer functional impairments, highlighting the importance of early detection and intervention to prevent progression.

The psycho-emotional impact of genital prolapse was also evident, as patients often reported reduced social adaptability, diminished quality of life, and difficulty maintaining normal living and working conditions. These findings align with previous research, which has shown that pelvic organ prolapse significantly affects mental health and emotional well-being. In conclusion, this study emphasizes the need for a multifaceted approach to managing genital prolapse. This includes improved obstetric care to prevent pelvic floor trauma, early screening for prolapse symptoms, and comprehensive treatment strategies tailored to the severity of the condition. Furthermore, addressing the psycho-emotional consequences of prolapse through counseling and support services is essential for enhancing the overall well-being of affected women. Future research should explore long-term outcomes of various interventions to optimize care and improve the quality of life for women with pelvic organ prolapse.

### Conclusions:

The analysis of modern literature shows that. Genital prolapse is considered an urgent problem of gynecology today. It should be noted that the incidence of genital prolapse is increasing in women of reproductive age, and it can be seen that this disease seriously affects the lifestyle of women of reproductive age. In addition, the occurrence of pelvic floor organ prolapse depends on women's lifestyle, childbirth anamnesis, it is clearly shown in many literatures and also as a result of our personal investigations.

### REFERENCES

1. Краснопольский В. И., Буянова С. Н., Петрова В. Д. Комбинированное лечение больных с опущением и выпадением внутренних половых органов и недержанием мочи с применением антистрессовых технологий: Пособие для врачей. — М., 2003. — 41 с.





2. Гаспаров А. С., Бабичева И. А., Дубинская Е. Д. и др. Хирургическое лечение пролапса тазовых органов // Казанский медицинский журнал. — 2014. — Т. 95. — №3. — С. 341—347.
3. Macher C.F, Qatawneh AM., Dwyer P.L. et al. Abdominal sacral colpopexy or vaginal sacrospinous colpopexy for vaginal vault prolapse: a prospective randomized study // Am. J. Obstet. Gynecol. — 2004. — Vol. 190, N 1. — P. 20-26.
4. Шавкатов, Х., Б. Негмаджанов, Ш. Фаттаева, и Г. Арзиева. «Повторный пролапс половых органов у женщин». Журнал вестник врача, т. 1, вып. 1, февраль 2016 г., сс. 60-64, [https://inlibrary.uz/index.php/doctors\\_herald/article/view/3434](https://inlibrary.uz/index.php/doctors_herald/article/view/3434)
5. Phillips C.H, Anthony F, Benyon C. et al. Collagen metabolism in the uterosacral ligaments and vaginal skin in women with uterin prolapse // BJOG. — 2006. — Vol. 113,—P. 39-46.
6. Айламазян Э.К. Проллапс тазовых органов у женщин: этиология, патогенез, принципы диагностики: пособие для врачей. СПб.-2010
7. Negmadjanov Bahodur Boltayevich, Shavkatov Xasan Shavkatovich, & Zoirova Nilufar Asliddin qizi. (2023). Jinsiy a'zolar prolapsi retsidivi va asoratini xirurgik davolashni takomillashtirish. Образование наука и инновационные идеи в мире, 31(2), 106–109. Retrieved from <https://newjournal.org/01/article/view/9052>
8. Shavkatov Xasan Shavkatovich. (2024). The use of surgical practice in women of reproductive age with severe degrees of genital prolapse. Web of Medicine: Journal of Medicine, Practice and Nursing, 2(2), 1–4. Retrieved from <https://webofjournals.com/index.php/5/article/view/730>
9. Shavkatov Hasan Shavkatovich, ., & B.B. Negmadjanov, . (2020). Optimization Of Pelvic Prolaps Surgical Correction Using Its Own Tissues. The American Journal of Medical Sciences and Pharmaceutical Research, 2(12), 15–19. <https://doi.org/10.37547/TAJMSPR/Volume02Issue12-04>
10. Шавкатов, Х., Негмаджанов, Б., Фаттаева, Ш., & Арзиева, Г. (2016). Повторный пролапс половых органов у женщин. Журнал вестник врача, 1(1), 60–64. извлечено от [https://inlibrary.uz/index.php/doctors\\_herald/article/view/3434](https://inlibrary.uz/index.php/doctors_herald/article/view/3434).

