

SHOULD WE ASK OUR YOUNG PATIENTS WITH MAYER-ROKITANSKY-KUSTER-HAUSER SYNDROME AFTER LAPAROSCOPIC VECCHIETTI VAGINOPLASTY ABOUT THEIR SEXUAL LIFE AND UROGYNECOLOGICAL COMPLAINTS?

Hypothesis / aims of study

Mayer–Rokitansky–Küster–Hauser (MRKH) syndrome is the second most common cause of primary amenorrhea. ESHRE/ESGE categorizes this disorder to the most severe uterine malformation category (class 5) of the female genital tract anomalies. It is characterized by congenital absence of the uterus, cervix, and upper part of the vagina in otherwise phenotypically normal 46XX females. These patients have normal ovaries, biphasic ovarian cycle and female psychosexual identification. Laparoscopic Vecchietti vaginoplasty- surgical method in which the vagina increases in size by gradually applying traction to the vaginal vault is one of the method used to treat MRKH.

In 2007 it was published that stress urinary incontinence appeared in one patient after laparoscopic-assisted Vecchietti procedure in women with MRKH syndrome.

The aim of this study was to establish the urogynecological and sexual functions after Vecchietti operation.

Study design, materials and methods

Thirteen patients with MRKHS who underwent laparoscopic Vecchietti vaginoplasty were included. A control group of 13 age-matched, childless, sexually active women were examined during the same period. All patients underwent the basic evaluation of anatomical outcomes. Sexual outcomes were established by polish validated Female Sexual Function Index (FSFI) questionnaire. Continence status was assessed by polish validated Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7). The UDI-6 is subdivided in three domains: stress incontinence, irritative and obstructive discomfort. The IIQ-7 measures the implications of urinary incontinence for normal daily functioning.

Results

Mean age of MRKH group was 23.1±2.7yrs. Mean follow up after surgery was 8±3.9 yrs. Mean age of women from control group was 21.7±1.2. FSFI and UDI-6, IIQ-7 results are shown in table 1.

GROUP	FSFI MEAN±SD	UDI-6 MEAN±SD	IIQ-7 MEAN±SD
MRKH	27.7±6.8	125.5±98.2	66.6±129.7
CONTROL	29.1±4.6	58.9±70.8	10.2±36.9

Table 1. FSFI, UDI-6 and IIQ-7 scores in women after Vecchietti vaginoplasty and in women from control group

Interpretation of results

Mean FSFI scores show good quality of sexual life in both groups. Women from both groups have the score higher than the mean result for polish population equal 27.5.

Mean UDI-6 score showed that patients after Vecchietti surgery have urogynecological problems about twice often than healthy women. Based on IIQ-7 questionnaire we can suspect that one patient from RMKH group (7,7%) suffer from stress urinary incontinence and the rest have rather irritative problems with functioning of the lower urinary tract.

Concluding message

Quality of sexual life after Vecchietti operation in long term follow-up does not differ from healthy women but these patients suffer more frequent from urogynecological complaints.

These findings support the need for further research to assess urogynecological outcomes of Vecchietti operation in a larger group.

Disclosures

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