

O'ZBEKISTON RESPUBLIKASI FANLAR AKADEMIYASI

**NAZARIY va
KLINIK TIBBIYOT
JURNALI**



**JOURNAL
of THEORETICAL
and CLINICAL
MEDICINE**

Рецензируемый научно-практический журнал.

Входит в перечень научных изданий, рекомендованных ВАК Республики Узбекистан.

Журнал включен в научную электронную библиотеку и Российский Индекс Научного Цитирования (РИНЦ).

РЕДАКЦИОННАЯ КОЛЛЕГИЯ:

Главный редактор проф., акад. АН РУз Т.У. АРИПОВА

проф. Б.Т. ДАМИНОВ (заместитель главного редактора),

проф. Г.М. КАРИЕВ, проф. Ш.Х. ЗИЯДУЛЛАЕВ, проф. З.С. КАМАЛОВ,

Р.З. САГИДОВА (ответственный секретарь)

5 (2)

ТАШКЕНТ – 2025

- Негмаджанов Б.Б., Раббимова Г.Т.* Эфирное масло тимьяна в лечении рецидивирующих вульвовагинальных инфекций
- Нигматова Г.М.* Изменение некоторых биохимических показателей плаценты и плодных оболочек у рожениц с привычным невынашиванием на фоне инфекции
- Numonjonova S.K., Nabiyeva D.Yu.* Semizlik fonida homiladorlikning kechishi va perinatal xavflar: klinik tahlil
- Пахомова Ж.Е., Абдуллаева М.Д.* Альтернативный подход при акушерских кровотечениях
- Пахомова Ж.Е., Баходирова Ш.Ф.* Инновационные подходы в лечении бесплодия: успехи и неудачи
- Пахомова Ж.Е., Мензатова Л.Р., Джураева Х.М., Умерова Х.У.* Проблемы респираторного дистресс-синдрома у новорожденных в зависимости от срока гестации
- Раджабова З.А., Ан В.А.* Тяжелая преэклампсия как клиничко-патогенетическая модель тромботической микроангиопатии беременности: роль латентных факторов, гемостазиологических нарушений и фето-плацентарной недостаточности
- Расуль-Заде Ю.Г., Климашкин А.А., Бозорова Д.Б., Биккулова М.М.* Частота и предикторы рецидива гипертензивных расстройств у женщин с доношенной беременностью и гипертензивными осложнениями в анамнезе: данные ретроспективного анализа
- Рузиева Н.Х., Джаббарова Л.А., Дусмуродова М.О.* Факторы риска недонашивания беременности на ранних сроках гестации в перинатальном центре
- Рузиева Н.Х., Турсунова М.Б.* Преждевременная диагностика синдрома истощенных яичников у женщин репродуктивного возраста
- Саиджалилова Д.Д., Кузиева Ю.М.* Диагностика и профилактика рецидивов эндометриоза яичников (ЭЯ) после хирургического лечения
- Саттарова Н.Х., Курбанов Б.Б.* Значение специфического белка в диагностике СПКЯ
- Собирова М.Р., Курбанов Д.Д., Юлдашева Д.У.* Новый подход к проблемам пролапса гениталий
- Собирова М.Р., Холиёрова М.С.* Прогнозирование макросомии плода с использованием дородовой диагностики
- Sobirova M.R., To'xtayeva N.M., Nurmatova D.N.* Tana vaznining yetishmovchiligi bor o'smir qizlarda hayz ko'rish funksiyasini shakllanish xususiyatlari
- Солиева Р.Б., Zufarova Sh.A.* Оксидативный стресс при аутоиммунном тиреоидите у женщин с бесплодием: значение антиоксидантной системы
- Султанмуратова Г.У., Матякубова С.А.* Лабораторные показатели девушек раннего репродуктивного возраста с анемией в Приаралье
- Tadjiyeva M.A.* Anamnezda brutsellyoz o'tkazgan ayollarning retrospektiv tahlillari
- 184** *Negmadjanov B.B., Rabbimova G.T.* Thyme essential oil in the treatment of recurrent vulvovaginal infections
- 186** *Nigmatova G.M.* Changes in certain biochemical parameters of the placenta and fetal membranes in parturients with recurrent pregnancy loss associated with infection
- 189** *Numonjonova S.K., Nabiyeva D.Yu.* Course of pregnancy and perinatal risks in the context of obesity: a clinical analysis
- 194** *Pakhomova Zh.E., Abdullaeva M.D.* Alternative approach in obstetric hemorrhages
- Pakhomova Zh.E., Bakhodirova Sh.F.* Innovative Approaches to infertility treatment: successes and failures
- 198**
- 204** *Pakhomova Zh.E., Menzatova L.R., Juraeva H.M., Umerova H.U.* Problems of respiratory distress syndrome in newborns depending on the gestational age
- Rajabova Z.A., An V.A.* Severe preeclampsia as a clinicopathogenetic model of thrombotic microangiopathy in pregnancy: the role of latent factors, hemostatic disorders, and fetoplacental insufficiency
- 207**
- 210** *Rasul-zade Yu.G., Klimashkin A.A., Bozorova D.B., Bikkulova M.M.* Frequency and predictors of recurrence of hypertensive disorders in women with term pregnancy and a history of hypertensive complications: data from a retrospective analysis.
- 215** *Ruzieva N.Kh., Djabbarova L.A., Dusmurodova M.O.* Risk factors of prematurity in early gestation periods in a perinatal center
- 219** *Ruzieva N.H., Tursunova M.B.* Early diagnosis of ovarian reserve depletion syndrome in women of reproductive age
- 225** *Saidjalilova D.D., Kuzieva Yu.M.* Diagnosis and prevention of recurrence of ovarian endometriosis (OE) after surgical treatment
- 228** *Sattarova N.Kh., Kurbanov B.B.* The significance of specific proteins in the diagnosis of PCOS
- 231** *Sobirova M.R., Kurbanov D.D., Yuldashova D.U.* A new approach to the problems of genital prolapse
- 233** *Sobirova M.R., Kholiyorova M.S.* Predicting fetal macrosomia using antenatal diagnosis
- 236** *Sobirova M.R., Tukhtaeva N.M., Nurmatova D.N.* Features of menstrual function formation in adolescent girls with low body weight
- 240** *Soliyeva R.B., Zufarova Sh.A.* Oxidative Stress in women with infertility and autoimmune thyroiditis: the role of the antioxidant system
- Sultanmuratova G.U., Matyakubova S.A.* Laboratory parameters of girls of early reproductive age with anemia in the Aral Sea region
- 244**
- 248** *Tadjieva M.A.* A retrospective analysis of women with brucellosis

ovary syndrome (PCOS) in first-degree relatives of patients with PCOS //Fertility and sterility. – 2001. –

Т. 75. – №. 1. – С. 53-58.

УДК: 618.1-089

A NEW APPROACH TO THE PROBLEMS OF GENITAL PROLAPSE

Sobirova M.R., Kurbanov D.D., Yuldashova D.U.
Toshkent davlat tibbiyot universiteti

XULOSA

Ushbu maqolada 64 yoshli ayolda IV bosqichli genital prolaps va III darajadagi semizlik bilan bog'liq klinik holat bayon etilgan. Yangi usul sifatida bachadonning aylana (yumaloq) va sakrouterin boylamlarini tikish orqali vaginal gisterektomiya taklif etilgan.

Kalit so'zlar: genital prolaps, bachadon.

Genital prolapse in women remains a pressing issue worldwide. The etiology and pathogenesis of the condition are still debated. The disease is associated with discomfort, impaired sexual and reproductive functions in women, and reduced quality of life. The condition is particularly severe in elderly women [1, 3].

Chronic conditions such as obesity, diabetes mellitus, rheumatoid diseases, digestive disorders, colon diseases, and other somatic illnesses exacerbate the severity of the condition. In many cases, surgery is the only appropriate treatment for genital prolapse in elderly patients. However, choosing the most suitable surgical technique is difficult, as it must both correct the prolapse and prevent long-term complications [2]. This requires the formation of a strong ligamentous apparatus in the pelvic cavity. Synthetic prostheses are often used in modern gynecology [5].

Clinical Case: Patient S.I., 64 years old, was admitted to the surgical gynecology department of Maternity Complex No. 6 in Tashkent. Her complaints included discomfort and pain in the perineum, a foreign body sensation in the genital area, and inability to have sexual intercourse. These symptoms had been bothering her for several years, but she had not consulted any doctor and had coped with the condition on her own.

Medical History: Satisfactory condition. Past illnesses: URTI, smallpox, and hepatitis A (in childhood). She has had hypertension for the past 8 years. No allergic or epidemiological history.

Gynecological History: Menarche at 14, married at 20. Six pregnancies, four deliveries, two abortions. All deliveries were physiological but reportedly complicated by soft tissue lacerations; two large babies were born (4600g and 4850g). She used barrier contraception for a long time. She has been menopausal for 18 years. Gynecological diseases include cervical erosion (DEC in 1997), colpitis, and bacterial vaginosis.

РЕЗЮМЕ

В данной статье представлен клинический случай 64-летней женщины с пролапсом гениталий IV степени и ожирением III степени. Предложен новый метод вагинальной гистерэктомии с прошиванием круглых и крестцово-маточных связок.

Ключевые слова: пролапс гениталий, матка.

Gynecological Examination: External genitalia are normally developed. Stage IV complete genital prolapse was detected (Figure 1). The vagina is capacious. The hernial sac protrudes from the genital fissure (complete uterine prolapse). Both the bladder (cystocele) and rectal wall (rectocele) are bulging.



Fig. 1. Preoperative condition.

The uterus is small, corresponding to the patient's age, mobile, non-tender on palpation, located in the thick of the hernial sac. The cervix is hypotrophic with erosive spots. The fornices are sagging. Mild discharge. The patient reports no issues with urination or pain. Bowel movements are irregular with a tendency toward constipation.

Initial Tests Conducted: Complete blood count, urinalysis, biochemical blood tests, coagulation profile, triple-site smear, abdominal and pelvic ultrasound, colposcopy, and ECG—all results were within normal limits. The patient was examined by a cardiologist and a physician. Diagnosis: complete genital prolapse,

complete uterine prolapse, NMTD, cystocele, grade III obesity, and hypertension. Surgical treatment was planned: Vaginal hysterectomy with pelvic muscle reinforcement using a polypropylene mesh.

Surgery: Under spinal anesthesia, following antiseptic treatment of the external genitalia, the vagina

was opened using a speculum. The cervix was grasped with a tenaculum, and a radial incision in the shape of a "fish mouth" was made above the cervix. The bladder walls were dissected, and the anterior and posterior walls, cardinal, sacrouterine, and vascular bundles were ligated step-by-step on both sides (Figure 2).



Fig. 2. Step-by-step ligation of the ligamentous apparatus.

At the cervical corners, the terminal ends of the tissues were transected and ligated. The uterus was excised from the posterior fornix. The adnexa on both sides were unremarkable. Next, the sacrouterine ligaments were sutured together using a polypropylene strip, and the proximal ends of the strip were firmly attached to the round uterine ligaments on both sides. A strong conglomerate was formed, reinforcing the pelvic

cavity. Peritonization was performed using purse-string sutures.

A deep vaginal vault was created. A strong ligamentous support was formed. The likelihood of recurrent prolapse was eliminated. Following this, classic anterior and posterior colpoperineolevatoroplasty was performed. Total blood loss: 180.0 ml. Urine output via catheter: 200.0 ml, clear. Surgery duration: 75 minutes.



Fig. 3. Macroscopic specimen



Fig. 4. Postoperative condition

Macroscopic specimen: The uterus was of normal size with an elliptical cervix. On sectioning, the endometrium appeared pale pink with no visible focal changes.

Postoperative recovery was satisfactory. The patient was discharged on day 4. After 40 days, she reported feeling excellent, and her quality of life had significantly improved.

CONCLUSION

This surgical technique of suturing the sacrouterine and round ligaments allows for the formation of a strong pelvic support, eliminating the risk of future prolapse recurrence. More research is required in this area of surgical gynecology.

REFERENCES

1. Bezhenar V.F., Guseva E.S., et al. Comparative assessment of patients' quality of life after correction of genital prolapse using various synthetic implants. *Journal of Obstetrics and Women's Diseases*. St. Petersburg, 2013; Vol. LXII, No. 5: 15–28.
2. Buyanova S.N., Mgelashvili M.V., Petrakova S.A., Marchenko T.B. Features of treatment in elderly patients with severe and recurrent forms of genital prolapse. *Russian Bulletin of Obstetricians and Gynecologists*. Moscow, 2015; Vol. 15, No. 4: 81–84.
3. Kurbonov B.B. Modern surgical tactics for the treatment of genital prolapse and stress urinary inconti-

-
- nence. Bulletin “Mother and Child”, 2018; Vol. 1: 1.
4. Lucot J.P., Bot-Robin V., Giraudet G., Rubod C., Boulanger L., Dedet B., Vinatier D., Collinet P., Cosson M. Vaginal mesh for pelvic organ prolapse repair. *Gynecologie Obstetrique Fertilité*. 2011 Apr; 39(4): 232–244.
 5. Migliari R., De Angelis M., Madeddu G., Verdacchi T. Tension-free vaginal mesh repair for anterior vaginal wall prolapses. *European Urology*. 2000; 38(2): 151–155.
 6. Sobirova M.P. Differential peculiarities of uterine prolapse surgical treatment. *RUzb. UYK*. 2021; No. 3: 175–177.