

LONG-TERM RESULTS AND SOCIAL IMPACT OF VAGINAL RECONSTRUCTION FOR MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME IN A DEVELOPING COUNTRY: 25 CASES TREATED IN 10 YEARS

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Introduction: A 10-year experience is reported of treating patients with vaginal atresia in a missionary hospital with limited facilities in Bangladesh and how the social impact was before and after the treatment

Patients and Methods: From 1995 to 2004, 25 patients affected by Mayer-Rokitansky-Kuster-Hauser syndrome, aged from 10 to 29 years (average 18.4), were treated by the same surgical team. Eleven of 25 were married and the anomaly was discovered after the marriage; three of them were abandoned or repudiated by the husband. In fourteen unmarried patients the parents suspected the anomaly because of the absence of menstruations. In nine of 25 a vaginal introitus was present: a very short and useless one in 7 patients and a longer one (7 to 8 cm) in the 2. Sixteen patients presented a flat perineum without any appearance of vaginal introitus; only one of them had a formed vagina inside with the atresia restricted at the distal ectodermic portion; the remaining 15 had the complete atresia of mesodermic and ectodermic vaginal portions. Uterus was absent in 11 patient, extremely hypoplastic in 13, and apparently normal in 1. Twenty-two patients received a total vaginal replacement utilizing a segment of 12 to 14 cm of distal sigmoid colon; 1 patient had a simple vaginal pull-through; in 2 patients no surgical treatment was carried out and they were suggested to perform vaginal dilations of their 7-8 cm long vagina in order to obtain an adequate size organ

Results: The short-term morbidity was minimal. At the long-term follow-up, available for all the 25 patients, the neovagina had a good appearing introitus. No stenosis (progressive vaginal dilations has been discontinued at the first annual outpatient follow-up in all the cases), no stones, colitis or tumor were reported. All 22 patients treated with colovaginal substitution referred that mucus production decreased significantly 3 to 4 months after surgery and anyway mucus production was never reported as a problem. Seven patients already had an active sexual life, which was reported to be satisfactory. Five couples had already adopted 1 or more children. Four patients married after the surgical reconstruction. One more marriage was cancelled because of infertility

Conclusions: To our knowledge, this homogeneous series of Mayer-Rokitansky-Kuster-Hauser syndrome undergoing sigmoid vaginoplasty is one of the largest reported. Good perioperative preparation and assistance, assurance of cyclical follow-up and trained surgical team allowed successful treatment of a complex genital malformation at a hospital with reduced services. When needed, sigmoid vaginoplasty seems to be the best choice in a developing country because of the simple management and follow-up. Primary adenocarcinoma in sigmoid neovagina has been reported and vigilance has to be maintained and periodic vaginoscopy is recommended. In Bangladesh, where husbands even for minor vaginal problems may abandon women, absence of the vaginal implies a miserable life. In these circumstances, vaginoplasty can really change the future of these young ladies even if unable to procreate. Majority of our patients have an unexpected proper family and social acceptance after appropriate treatment

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