

LAPAROSCOPICALLY ASSISTED SIGMOID VAGINOPLASTY

MM Bailez(1), G Marrocco(2), S Vallasciani(2), M Valle(3).

(1)Pediatric Surgery Division, Hospital Pediatrico Dr. Garrahan, Buenos Aires, Argentina

(2)Pediatric Surgery Division, Azienda Ospedaliera San Camillo-Forlanini, Rome, Italy

(3)Oncologic Surgery Division, Azienda Ospedaliera San Camillo-Forlanini, Rome, Italy

Introduction: Vaginal replacement with bowel segment techniques offers the best solution for vaginal agenesis. Laparoscopy provides additional advantage of these techniques. The present video illustrates its application in two cases.

Materials and methods: Case 1: (AC, 16 years-old) Male pseudohermafroditism assigned at birth to female sex. Lost at follow up until age 12 when the patient is referred to our centre for progressive virilization. Genetical counseling and imaging diagnosed 5-alpha-reductase deficiency with normal inguinal testis, phallus length 3 cm and absence of mullerian remnants. After psychological assessment the patient decides to remain assigned to female sex. Following bilateral orchiectomy and substitutive hormonal therapy virilization regressed and vaginoplasty was scheduled. Case 2: (PL, 28 years-old) Complete internal genital absence with right pelvic kidney and right limb hypoplasia. Her past personal history was incomplete because foreign provenience.

Surgery: through a 4 port laparoscopic approach (umbilical, suprapubic, right and left iliac fossa) a sigmoid segment was divided and brought in perineum and anastomosed to the introitus with non-linear suture lines to avoid stenosis. In Case 1 a reductive clitoridoplasty was also performed. The presence of a pelvic kidney in Case 2 did not affect the surgical strategy. Mean surgery time was 4 hours. Patients resumed feeding 24 hours after surgery and were discharged in 4th postoperative day. **Follow up (4 months):** no stenosis of the introitum, minimal prolapse in case 2.

Discussion: In cases of vaginal absence, its reconstruction have been proposed by several methods. To date, bowel segments are those with best long-term results. The use of laparoscopy in sigmoid vaginoplasty was extensively developed by one of the authors (MB) demonstrating its advantages in terms of postoperative patient recovering.

Conclusion: Laparoscopically assisted sigmoid vaginoplasty is a feasible technique that, in experienced hands, provides additional advantages in the treatment of vaginal absence.

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Contact information of Abstract Presenter:

Title: Dr.

Name: Santiago

Surname: Vallasciani

Institution: Pediatric Surgery Division – Azienda Ospedaliera San Camillo-Forlanini

Address: Piazza Carlo Forlanini 1, 00151 Roma, ITALIA

Tel.: + 39 33 88004532

Fax.: + 39 06 9700472

E-mail: santiago.vallasciani@poste.it