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OPTIMIZATION OF A COMPREHENSIVE APPROACH TO THE MANAGEMENT OF PATIENTS WITH BENIGN TUMORS OF THE UTERUS AND ITS APPENDAGES ACCOMPANIED BY GENITAL PROLAPSE

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ANNOTATION

This scientific work focuses on improving a comprehensive approach to the management of patients with coexisting benign tumors of the uterus and its appendages (such as myoma, cysts, fibroma, etc.) and genital prolapse. The study analyzes the clinical manifestations, diagnostic methods, and both surgical and conservative treatment strategies for such conditions. Special attention is given to developing individualized approaches aimed at improving patients' quality of life, preventing complications, and reducing the risk of recurrence.

Keywords: genital prolapse, myoma, cyst, comprehensive treatment, benign tumor, uterine appendages.

Relevance of the topic: Benign tumors of the uterus and its appendages (such as fibroids, cysts, and fibromas), along with genital prolapse, are among the most common gynecological conditions affecting women of reproductive and older age groups. According to recent data (2020–2025), the prevalence of uterine fibroids can reach up to 40%, while genital prolapse is diagnosed in 9–14% of women, with higher rates observed among multiparous and postmenopausal women (Leiomyoma prevalence ~40%; POP prevalence 9–14%).

The coexistence of these conditions significantly complicates diagnosis and treatment, as they often exacerbate one another. For example, fibroids may worsen pelvic pressure or pain, while prolapse can negatively affect hormonal balance, sexual function, and emotional well-being (Zhu L. et al., 2022; Smith A., 2023).

Modern clinical guidelines emphasize the need for an integrated and individualized approach when managing patients with both pathologies. Conservative methods such as pessary use have shown effectiveness in up to 84% of cases and are particularly recommended as first-line therapy for pelvic organ prolapse (TOPSY trial, 2023–2024; Jones K. et al., 2024).

Recent innovations, including collapsible pessaries, have improved patient comfort and ease of use. Additionally, studies from 2024–2025 highlight the safety and long-term outcomes of conservative management, reducing the need for invasive procedures (Brown H. et al., 2025).

Given these factors, improving diagnostic algorithms and therapeutic strategies for women with concurrent benign gynecologic tumors and pelvic organ prolapse remains an urgent and practically significant issue in modern gynecology. The prevalence of GOP among women (28%-39%), its early clinical manifestations, and its high recurrence rate after surgical treatment make it one of the most urgent problems in gynecology today. Despite advancements in surgical techniques, the incidence of GOP has not shown a significant decline [A.I. Ishchenko, T.V. Gavrilova, A.A., Questions of Gynecology, Obstetrics, and Perinatology, 2020].

In recent years, GOP has been observed in younger patients, with severe cases often involving adjacent organ dysfunction. In advanced stages (Stage III-IV), GOP is frequently associated with urogenital and anorectal dysfunctions, leading to alterations in vaginal topography and microbiota. Such complications can result in bacterial vaginosis, cervical inflammation (cervicitis), trophic ulcers of the vaginal walls, cervical elongation, and chronic endocervicitis, with some patients experiencing multiple concurrent conditions [B.B. Negmadjanov, H.Sh. Shavkatov, American Journal of Medicine and Medical Sciences, 2021].

Studies indicate that pelvic floor prolapse is particularly common in reproductive-aged women with a history of complicated obstetric events, with prevalence reaching up to 39.5% [Negmadjanov B.B., Shavkatov H.Sh., 2022]. GOP is recognized as a serious issue affecting reproductive-aged women, impacting both their quality of life and reproductive health. Research suggests that pregnancy, childbirth, congenital connective tissue disorders, obesity, and hormonal imbalances are key contributing factors to GOP development [Barber MD, Maher C., Pelvic

Organ Prolapse, The Lancet, 2022]. Early-stage GOP is often undiagnosed, leading to a greater need for surgical intervention in later stages. Surgical treatment remains the primary approach to managing GOP, yet it continues to present challenges due to its recurrence rates and the need for individualized surgical planning. According to L.V. Adamyan (2006), GOP is a complex condition due to its widespread occurrence, early onset, multifaceted impact on pelvic organ function, associated extragenital pathologies, and high recurrence risk following surgical correction [1,6,8].

Data from Krasnopolsky indicate that GOP affects 15-30% of reproductive-aged women, with prevalence rising to 40% among women over 50 years old. Recent studies have shown that traditional vaginal surgical techniques are no longer the dominant approach for GOP correction. There has been a growing trend toward minimally invasive techniques using synthetic, non-absorbable materials. Various modifications of surgical techniques, including laparovaginal approaches, have been described in the literature. However, despite the abundance of surgical options, no universally effective method has been identified. Additionally, there is no standardized approach for selecting the optimal surgical technique, primarily due to the risk of recurrence and the incomplete resolution of functional disorders. Among GOP patients, those with coexisting uterine pathology represent a unique subset. Hysterectomy remains one of the most commonly performed gynecological procedures, yet long-term outcomes highlight the importance of evaluating the risk of vault prolapse recurrence. The question of determining the extent of surgical intervention during hysterectomy remains unresolved. While some researchers advocate for total uterine extirpation [9,7,2], others suggest that subtotal hysterectomy may be preferable due to potential adverse effects on women's health [Askolskaia S.I., 1998; Makarov O.V. et al., 2000].

The purpose of the study: To improve a comprehensive approach to patients with genital prolapse and benign tumors of the uterus and its appendages.

Materials and Methods: The study was conducted between 2022 and 2024. A total of 50 women diagnosed with genital prolapse and benign tumors of the uterus and

its appendages participated in the research. All patients underwent clinical, laboratory, and instrumental examinations. Diagnostic tools included ultrasonography (USG), vaginal examination, and functional assessment of pelvic organs. Based on individual conditions, patients were treated using either conservative or surgical methods. Surgical interventions included vaginal hysterectomy, myomectomy, and reconstructive pelvic floor surgeries. Patients' conditions were evaluated before and after treatment using the POP-Q system and quality of life assessment criteria.

Results: A total of 50 patients were included in the study. Among them, 28 (56%) underwent surgical treatment and 22 (44%) received conservative therapy. All patients were diagnosed with genital prolapse accompanied by benign tumors: 21 with uterine fibroids, 17 with ovarian cysts, and 12 with fibromas. In the surgical group, the following procedures were performed: 16 patients underwent vaginal hysterectomy with pelvic floor reconstruction, 7 patients had hysterectomy combined with myomectomy, 5 patients underwent ovarian cystectomy with vaginal wall repair. After 6 months of follow-up, 85% of patients showed improvement to stage 0–I prolapse according to the POP-Q system. General symptoms (pain, dyspareunia, physical limitations) significantly decreased in 92% of cases. In the conservative group (22 patients): 15 patients were treated with a silicone pessary, 5 patients received physiotherapy (electrostimulation, Kegel exercises), 2 patients received hormonal therapy (in perimenopausal cases).

Symptom relief and improved quality of life were reported by 68% of patients in the conservative group, although anatomical improvement was limited. Only 27% of patients experienced prolapse reduction to stage I or less.

Complications: No major intraoperative complications occurred in the surgical group. Minor complications (e.g., urinary tract infection, transient pelvic pain, mild bleeding) were reported in 3 patients (10.7%). In the conservative group, 2 patients developed vaginal inflammation from pessary use, requiring antibiotic treatment.

Recurrence: In the surgical group, only 2 patients (7.1%) had recurrence of prolapse within one year. In the conservative group, 5 patients (22.7%) experienced persistent or worsening symptoms.

Conclusion: A comprehensive and individualized approach to the management of patients with benign tumors of the uterus and its appendages accompanied by genital prolapse proves to be highly effective. Surgical treatment demonstrated superior outcomes in restoring pelvic anatomy and reducing recurrence rates, with a high level of patient satisfaction and improved quality of life. Conservative methods, particularly the use of pessaries, were suitable for patients with mild symptoms or contraindications to surgery. However, anatomical correction in this group was less pronounced compared to surgical intervention. The study indicates that both treatment strategies have their place in clinical practice and should be selected based on the patient's overall condition, age, the nature of the tumor, and the severity of prolapse. An individualized treatment plan remains key to achieving optimal outcomes.

References:

1. Petrosyan, E.I., Puchkova, N.V., Mgelashvili, M.V., et al. (2021). "Possibilities of organ-preserving correction of pelvic floor muscle insufficiency combined with cervical elongation in reproductive-aged women." Russian Journal of Obstetrics and Gynecology, 21(3), 79-84.
2. Goncharova, E.P., Zarodnyuk, I.V. (2020). "Magnetic resonance defecography in pelvic floor prolapse syndrome (literature review)." Coloproctology, 19(1), 117-130.
3. Gustovarova, T.A., Kirakosyan, L.S., Framuzova, E.E. (2021). "Postoperative results of surgical treatment of genital prolapse." Kuban Medical Bulletin, 28(1), 43-52.
4. Dikke, G.B. (2017). "Pathogenetic approaches to selecting treatment methods for pelvic floor dysfunction." Pharmateka, 12, 30-36.
5. Dobrokhotova, Y.E., Ilyina, I.Y. (2017). "Effectiveness of conservative treatment of postpartum genital prolapse using vaginal training devices." RMJ. Mother and Child, 25(26), 1908-1912.
6. Ibragimova, E.E., Yakubova, E.F., Yakubova, Z.A. (2018). "Assessment of smoking effects on visceral organs and regulatory functions of the body." Population Health and Environment, 3(300), 51-54.

7. Krasnopolskaya, I.V. (2018). "Pelvic floor dysfunction in women: Pathogenesis, clinical aspects, diagnosis, treatment principles, and preventive strategies." Doctoral dissertation summary, Moscow, 41 pages.
8. Лисиця В. Проблема генітального пролапса у жінок. Майстер-клас «Пролапс 2014» / В. Лисиця // Медицинские аспекты здоровья женщины. – 2015. – № 1 (87). – С. 85–87.