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MIDDLE COMPARTMENT GENITAL PROLAPSE. CERVIX ELONGATION ASSESSMENT.

Hypothesis / aims of study

Assessment of the elongated cervix length in patients with genital prolapse.

Study design, materials and methods

A prospective study of 30 patients with genital prolapse (GP) of III – IV degree (Baden-Walker Classification) was performed. The elongation of normal cervix and associated pathology of the GP was analyzed.

Clinical record was performed to all patients as well as complete pelvic examination, hysterometry, cervicometry (CM), transvaginal ultrasonography and measurement of the cervix length in the pathologic sample (PS) when total hysterectomy was performed.

The measures of the cervical length obtained on the surgical sample (post hysterectomy) and CM were considered as “Gold Standard” due to the coincidence between them.

Data obtained through these two procedures with CM obtained by ultrasonography were compared.

Results

Measurement through CM and PS reported values for the CM 50-70mm (χ 60 mm) and for the SP 50-70mm (χ 56mm). There were not significant differences between them. CM was considered normal with values up to 35mm. Through ultrasonography 23/30 cases (76.6%) had a length of <35mm(χ 27.3mm) and 7/30 (23.3%) cases had a length of >35mm(χ 38mm). There were significant differences between SP/CM measures and the ones taken by ultrasonography. .

Concluding message

Ultrasonography is not a useful method of diagnosis to validate the cervix hypertrophic length (cervix elongation) in GP.

The diagnosis of cervix hypertrophic length (cervix elongation) in GP is worth: 1 – because it does not presuppose the elongation of the cardinal ligament of Mackenrodt in GP of III and IV degree; 2 – because when performing a vaginal procedure it advise the surgeon of the high location of the anterior and posterior vaginal cul-de-sac; 3 – because the implementation of the Fothergill/Manchester surgery requires the presence of apt cardinal ligaments.

A non-diagnosed cervix elongation may presuppose a greater deterioration of the same and displaced that surgical indication.