

THE IMPACT OF VAGINAL AGENESIS IN FEMALE SEXUAL FUNCTION IN WOMEN WITH MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME

Hypothesis / aims of study

To evaluate the sexual function in women with Mayer-Rokitansky-Küster-Houser (MRKH) syndrome and to compare them with healthy women.

Study design, materials and methods

This prospective cross-sectional study was performed including women with MRKH Syndrome and healthy women. The study was approved by a research ethical committee of the university, and prior to enrollment, patients signed informed consent forms. Fourteen patients were separated into two groups, six healthy women, nulliparous and without pelvic floor dysfunction at the control group (G1) and eight women with vaginal agenesis constituted the study group (G2). All patients answered the self-administered questionnaire Female Sexual Function Index (FSFI) in quiet room without interruptions or company. This is a validated questionnaire and proposes the assessment of female sexual response in domains: sexual desire, sexual arousal, vaginal lubrication, orgasm, sexual satisfaction and pain. For this, nineteen issues are presented that evaluate sexual function in the last four weeks and present scores on each component. Each component has a score, and at the end the final score, is the result of the sum of the scores for each domain multiplied by a factor that homogenizes the influence of each domain. The values range from 2 to 36, and the higher the score achieves, better is the sexual function.

Results

The groups are similar regarding to age 25.67±1.63 years for G1 and 23.70±6.26 years for G2 (p=0.54), and body mass index 22.14±3.10Kg/m² for G1 and 22.97±2.21Kg/m² for G2 (p=0.32). Concerning sexual function FSFI average, the final score in G1 was 24.08±9.66 and 12.83±9.51 in G2 (p=0.042). When analyzed separately the scores of the domains, those that showed differences were: sexual arousal (G1: 4.50±2.22; G2: 1.87±2.03; p=0.033), vaginal lubrication (G1: 4.55±2.24; G2: 2.70±2.39; p=0.04) and sexual satisfaction (G1: 4.80±1.65; G2: 2.15±1.83; p=0.017), all other domains showed no difference between groups. We observed that all domains that were different between groups, were lower at G2 (Table 1).

Table 1. Scores and domains of the Female Sexual Function Index

Domains	G1	G2	p
Sexual desire	4.20±0.75	3.60±1.24	0.35
Sexual arousal	4.50±2.22	1.87±2.03	0.033*
Vaginal lubrication	4.55±2.24	2.70±2.39	0.047*
Orgasm	4.20±2.09	1.15±1.90	0.082
Sexual satisfaction	4.80±1.65	2.15±1.83	0.017*
Pain	1.86±1.80	1.35±2.50	0.20
Total	24.08±9.66	12.83±9.51	0.042*

*Mann Whitney test; p<0.05

Interpretation of results

MRKH syndrome is characterized by normal development of secondary sexual characteristics but with vaginal agenesis and rudimentary absents uterus^{1,2}. Through data we observe that vaginal agenesis generates negative impact on women's sexuality. Recently studies that have investigated sexual function in patients with MRKH syndrome aimed to demonstrate the anatomic success of a neovagina, psychosocial issues involving sexuality, even before treatment, were not considered².

Concluding message

This study showed a negative impact on sexual function in women with vaginal agenesis, however the sample is limited to larger conclusions, therefore, more studies should be conducted.

References

1. Pizzo A, Laganà AS, Sturlese E, Retto G, Retto A, Dominici R, Puzzolo D. Mayer- Rokitansky-Kuster-Hauser Syndrome: Embryology, Genetics and Clinical and Surgical Treatment. ISRN Obstetrics and Gynecology (2013)1-10.
2. Bean EJ, Mazur T, Robinson AD. Mayer-Rokitansky-Ku"ster-Hauser Syndrome: Sexuality, Psychological Effects, and Quality of Life. J Pediatr Adolesc Gynecol (2009)22:339-346.

Disclosures

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