

gynecology department, Chisinau city, during 2009-2013 years and represents 35.6% of them. **Results.** The analysis shows that the 33,9 % of the women who were diagnosed with genital prolapse have Grade I of this disease; 66,1%-Grade II-III; 30,8% of them, this disease was associated with urinary incontinence. By number of clinical symptoms patients with Grade I of genital prolapse manifest in 68.57% of cases one symptom and two symptoms in 31,43% of cases; those with II-III Grade manifest in 14,7% of cases one symptom; in 70,5% of cases-two symptoms; 10,29%-three; 4,41%-four. As methods of investigation of functional perineum insufficiency was used in most of cases transvaginal ultrasound. Comparative analysis of the perineal echogenic parameters has demonstrated that all patients with genital prolapse identified the thinning of asymmetrically arranged muscular fascicles relative to the tendon center of the perineum, reduction of the thickness of it's muscles and their deterioration.

**Conclusions.** 1. Genital prolapse is a consequence of the pelvic floor integrity disorder that includes wide spectrum of disorders from an abnormally modified vaginal anatomy and clinical asymptomatic to a complete eversion associated with severe urinary disorders and sexual dysfunction. 2. Transvaginal ultrasound establishes early structural and functional modifications of the pelvic floor.

**Key words:** pelvic floor, genital prolapse, transvaginal ultrasound

## 252. MORPHOCLINIC CORRELATIONS IN GASTROESOPHAGEAL REFLUX DISEASE

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**Introduction.** The esophageal junction (the epifrenic, intrahiatal and abdominal portions of the esophagus and the cardia) was highlighted by the medical community as a remarkable segment of the digestive tract and as a distinct anatomical-clinical entity. Lately, several pathologies have been completed with a morphopathological substrate as this anatomical area, including gastroesophageal reflux disease, hiatal hernia, Barrett's esophagus. Gastroesophageal reflux disease is the most common pathology of the digestive tract, being considered "21st Century Disease".

**Aim of the study.** Evaluation of morphoclinic peculiarities of the esophagogastric junction in patients with gastroesophageal reflux disease.

**Materials and methods.** The study lot consisted of 273 patients diagnosed with gastroesophageal reflux disease, which represents 9.12% of a total of 2997 patients admitted to the gastroenterology department of IMSP SCR "Timofei Moşneaga" during 2009-2012. Modern methods of investigation always highlight the morphopathological substrate in this pathology.

**Results.** The endoscopic examination revealed the presence of erosive esophagitis in 18.32% of cases and the Barrett esophagus - 5.78%; the incompetence of the inferior esophageal sphincter of 1st grade was determined in 28.35% cases, the second degree - 33.87% and the third degree - 37.78%. Radiological examination identified hiatal hernia in 7.75% of cases and gastroesophageal reflux: high (cardia-to C VI) in 29.45% cases; medium (up to T VI) - 47.28% and down (up to T XI-XII) - 23.25%.

**Conclusios.** Incompetence of the lower esophageal sphincter and gastroesophageal reflux forms explains the extent of lesions on the esophageal mucosal surface while also arguing for atypical symptoms (cervical, respiratory and cardiac) in gastroesophageal reflux disease. Based on the results of the study, we can conclude that gastroesophageal reflux disease is manifested when incompetence of antireflux mechanisms arises.

**Key words:** gastroesophageal reflux disease, esogastric junction