## 75. GENITAL PROLAPSE

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**Introduction:** Genital prolapse is a common condition, affecting women of all ages. The global prevalence of genital prolapsed is estimated to be 2-20 % in women under age 45 years, but in our country is estimated 1,7-28 %. The prolapse risk factors include multiple vaginal deliveries, obstetrical trauma, age, obesity, hysterectomy, collagen quality and smoking. Genital prolapse occurs when the network of muscles, ligaments and skin that hold them in its correct anatomical position weaken. Genital prolapse can cause the following symptoms: heaviness or pulling in pelvis, tissue protruding from vagina, painful intercourse, pelvic pain and difficulties with urination and bowel movements.

**Materials And Methods:** The retrospective study is based on 102 patients with genital prolapse. The results was analyzed with Microsoft Excel and Stats Direct Statistical Software Version 1.9.5.

**Results:** Patients age was  $57,93\pm1,008$  years. The patients was divide into two groups, the last one- 16 patients (15,69%) of women(<48 years), the second one-86 patients (84,31%) of women(>48 years). The average number of births to all women was  $2,54\pm0,08(p<0,001)$ . The incidence of births at women with genital prolapse on the first group represent  $15,68\pm3,60\%$ , but at the second group is more freevently- $84,28\pm3,60\%$  (p<0,001). The postoperative complications was in  $5,88\pm2,32\%$  cases.

**Conclusion:** Incidence of genital prolapse is higher in older women, who have more than 48 years. It involves screening of old women to diagnose genital prolapse. Births represent one of the important causes of genital prolapse, observed mainly in old women.

Keywords: Genital prolapse, births, obstetrical trauma

## 76. DRY EYE SYNDROME IN PATIENTS WITH GLAUCOMA

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Purpose: Evaluation of the frequency of dry eye syndrome in patients with glaucoma.

**Methods**: The study included 50 patients, aged 45-75 years, hospitalized in the Clinic of Ophthalmology No.2, in July-December 2013, with the diagnosis of primary open angle glaucoma. Patients were examined at the slit lamp, with appreciation of LIPCOF, fluorescein staining, tear break-up time, Schirmer test.

**Results:** The Schirmer test was decreased in 69% of eyes: 30 eyes – with mild xerosis, 24 eyes – with moderate xerosis, 15 eyes – with severe xerosis. Thirty eyes were treated with betablockers, 46 eyes – with beta-blockers and prostaglandin analogues, 24 eyes – with prostaglandin analogues and inhibitors of carbonic anhydrase. Most dry eyes were recorded in the group treated with blockers and prostaglandins (78%), and in the group treated only with beta-blockers (73%). Thirty-eight eyes underwent surgery: the first group (26 eyes) – antiglaucoma filtering operations and the second group (12 eyes)– combined operations antiglaucoma filtering and cataract extraction. In the first group, the Schirmer test was lower in 23 eyes and TBUT in 20 eyes. In the second group - Schirmer reduced in 12 eyes, TBUT – in 10 eyes. Results of Schirmer tests and TBUT depend on the duration of hypotensive medication administration: less than 5 years – xerosis in 63.33% cases, 5-10 years – in 78.13% cases, over 10 years – in 65.79% cases.

**Conclusions:** The results of our study show the existence of the dry eye syndrome in patients with glaucoma (69% of patients had DES). The presence and intensity of the dry eye syndrome depend on the medication administered (Schirmer and TBUT commonly reduced in patients treated with beta- blockers -58%), surgical treatment applied (92.11% of eyes operated by an antiglaucoma filtering surgery presented DES and 100% of patients who supported a combined surgery) and duration of administration of antihypertensive medication.

Keywords: dry eye syndrome, glaucoma