

that prolongation of the latency period increases the risk of infectious diseases, others believe that antibiotics reduce the risk of infection to the minimum. According to the studied medical records the major part of patients with prolonged latency period received antibiotics as recommended by standardized clinical protocol. The literature data show that the main danger of prolonged latency period represents intrauterine infection of the fetus. 31, 2% of premature newborns had the risk to develop an intrauterine infection, 21.8% of them developed unilateral or bilateral congenital pneumonia, 35.5% were subject to antibacterial therapy. Congenital pneumonia, neonatal sepsis and respiratory distress of the newborn are the major causes of perinatal morbidity and mortality.

Conclusions:

1. PPRM occurred in 42 % of pregnancies with the gestational age < 36 weeks and 6 days which correlates with the literature data. This means that every second the preterm birth is due to the preterm rupture of membranes.

2. Infection represents the leading cause of PPRM (vaginal infection was detected in 19, 86 % of cases, choriodecidual infection in 8.58% of cases).

Key words: preterm premature rupture of membranes, latency period, vaginal and choriodecidual infection.

SURGICAL TREATMENT OF VAGINAL PROLAPSE

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Introduction: Vaginal prolapse is characterized by a portion of the vaginal canal protruding from the opening of the vagina. The type of treatment depends on the cause and severity of the prolapse.

Materials and methods: The study was based on 117 cases. Medical history, gynecological examination, bladder function test and pelvic floor strength, ultrasound, cystourethroscopy were performed.

Results: Some types of vaginal prolapse were appreciated: cystocele in 28 cases (23,9%), rectocele in 12 cases (10,3%), uterine prolapse (75 cases – 64,1%) and vaginal vault prolapse after hysterectomy in 2 cases (1,7%). Factors that caused vaginal prolapse were: multiple births (80,4%), menopause (17,9%), hysterectomy (1,7%), advanced age in 47,9%. The following symptoms associated with vaginal prolapse were established: pressure in the vagina or pelvis (98 cases – 83,8%), pain that increases during long periods of standing (112 cases – 95,7%), enlarged vaginal opening (87 cases – 74,4%), difficulty of emptying bladder (48 cases – 41,0%), urinary stress incontinence (38 cases – 32,5%), constipation (17 cases – 14,5%), dyspareunia (72 cases – 61,5%). The symptoms affected sexual function in 79 cases (67,5%). Surgery was usually performed under spinal epidural anesthesia. Women`s hospitalization required approximately 3-5 days. Patients were discharged from the hospital in a satisfactory condition. Long-term results were good. Many patients followed an estrogen replacement therapy, which helped strengthen and maintain muscles in the vagina.

Conclusion: Surgery is the treatment of option for most sexually active women who develop a vaginal prolapse, due to the fact that the procedure is usually effective.

Key words: Vaginal prolapse, uterine prolapse, pelvic floor, surgical treatment.