

Materials and Methods: Three patients with parasitic leiomyomas, with the mean age 44.6 ± 3.4 years (range from 38 to 49) were selected in the study. Two patients had a history of abdominal subtotal hysterectomy for uterine fibroids. Physical examination, abdominal and transvaginal US and CT scan were used for diagnosis.

Results: Clinical manifestations of parasitic leiomyomas included: chronic abdominal pain and palpable mass (n=2) and in one case – incidentally parasitic leiomyomas. During the surgery in all cases the mass (size from 1 to 9 cm) was separated from the uterus and adhered to the peritoneum (n=2) and small bowel mesentery (n=1). Multiple parasitic myomas were detected in two cases. Mass removal (n=2) and total abdominal hysterectomy + mass removal (n=1) were performed without complications. The histopathological findings of the resected three tumors revealed leiomyomas.

Conclusions: Even though the parasitic leiomyoma is uncommon, it should be included in the differential diagnosis of abdominal mass especially in patients with a history of uterine fibroids surgery. Generally two types of parasitic leiomyomas are described: spontaneous and “iatrogenic”. Surgery is still a method of choice in the treatment strategy of parasitic leiomyomas.

Key words: uterine fibroids, parasitic leiomyomas, treatment.

FUNCTIONAL AND ANATOMICAL RESULTS AFTER CREATION OF A NEOVAGINA BY DAVYDOV'S PROCEDURE IN PATIENTS WITH MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME

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Introduction: Several surgical techniques have been described for the treatment of patients with vaginal agenesis - Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome.

Aim: To investigate the anatomical and functional outcome of Davydovs procedure in patients with MRKH syndrome.

Materials and Methods: A total of 35 patients with MRKH syndrome were operated using the Davydov procedure (peritoneal vaginoplasty) in our unit. Mean age comprised 22.7 ± 0.6 (range – from 17 to 34). The patients then had to use a mould or a vaginal dilator from 10 POD. Functional results and sexuality were evaluated using the Female Sexual Function Index (FSFI).

Results: Three intra-operative rectum and two urinary bladder injuries were repaired without sequelae. Postoperative complications were *zero*. No patient was lost to follow-up. The anatomical results were considered to be satisfactory (>6 cm) in 31/35 (88.6%) patients: the mean vaginal length was 7.9 ± 0.2 cm. According to FSFI: >30 (n=14, 40%), 24-29 (n=18, 51.4%) and <23 (n=3, 8.6%).

Conclusions: Davydovs procedure may be considered a good option for the surgical treatment of women presenting vaginal agenesis. This technique offers advantages such as: short operating time and hospital stay, functional vaginal length and sexual satisfaction.

Key Words: vaginal agenesis, vaginoplasty.