

PECULIARITIES OF THE PERINEUM IN MORPHOCLINICAL ASPECT

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Introduction. Women's health is one of the strategic priorities of contemporary gynecology and at the same time it is one of the primary factors determining the demographic situation in the Republic of Moldova. Genital prolapse (GP) encompasses a wide spectrum of disorders, from a barely modified anatomy of the vagina and clinically asymptomatic cases, to a complete vaginal eversion associated with severe urinary, defecation and sexual disorders. The morphological aspect of the pelvic diaphragm (PD) and perineal muscles (PM) requires a deep and extensive study, as they represent the main support for the pelvic organs and can provide us with understanding of the causes and mechanisms of genital prolapse occurrence. The aim of the study was to identify the morphoclinical peculiarities of the PD and PM in women with genital prolapse.

Materials and methods. The study was carried on 103 patients diagnosed with GP, hospitalized in the Surgery Department of the Medical Center *Galaxia*, Chisinau, Republic of Moldova, during the period of 2021-2024. The age of the patients ranged from 20-71 years, with a mean age of 52.5 ± 2.3 years. The 1st degree GP (1st group) was recorded in 35 patients (they received conservative treatment). The 2nd and 3rd degree GP (2nd group) was established in 68 patients (treated by surgery).

Results. Incidence by age: 24.7% of patients were of reproductive age; 38.1% – were in premenopause and 37.2% – in postmenopause. Clinical picture: 30.8% of patients had urinary disorders (urinary incontinence, frequent or difficult urination); 58.3% complained of a foreign body sensation and pain in the lower abdominal region; 10.9% – difficult defecation. Number of symptoms: 1st group: 68.6% had a single symptom and in 31.4% two symptoms were registered; 2nd group: 14.7% of patients had a single symptom; 70.5% – 2 symptoms; 10.3% – 3 symptoms and 4.41% – 4 symptoms. Obstetric anamnesis: 7.2% patients of the 1st group and 26% patients of the 2nd group had perineal ruptures in labour. The ultrasound parameters of the perineum were low in all patients: perineal thickness – 9.4-9.8 mm; perineal height – 10.2-11.7 mm; height of the perineal body (perineum tendinous center) – 8.9-12 mm; thickness of the bulbospongiosus muscle – 8.2-11 mm; thickness of the levator ani muscle – 9.12-10.42 mm.

Conclusions. Genital prolapse occurs due to a disruption of the perineal muscles' integrity. The main methods of early diagnostics of the structural and functional changes of the perineum are the transvaginal and transrectal ultrasound examination.

Keywords: perineum, perineal muscles, genital prolapse.