Abstract Book of Xth International Interdisciplinary Scientific Congress. - Kharkiv, 2017. – P.158-159

*Sesay-Tlahyoni A.*

**ANOMALIES OF FEMALE SEXUAL ORGANS AND THEIR**

**COMMUNICATION WITH ANOMALIES OF THE URINARY SYSTEM**

Kharkiv National Medical University

(Department of Obstetrics and gynecology №2)

Research advisor: Gayvoronskaya S.

Kharkiv, Ukraine

**Introduction**. Anomalies in the development of female genital organs are very rare without a concomitant anomaly of the urinary system, since the formation and development of the organs of these two systems occurs in close interrelation. The causes of congenital malformations are not only genetic disorders, but also teratogenic factors can alter the genetic material of the embryo.

**Aim:** To analyze the anomalies of development of female genital organs, their relationship with urinary disorders, and types of treatment.

**Materials and methods.** This study included 23 cases of women aged 14 to 38 years with complaints of primary amenorrhea, infertility without the use of contraceptives, etc. Ultrasound (ultrasound), X-ray contrast, magnetic resonance imaging (MRI) or computed tomography (CT) diagnostic methods were performed to identify abnormalities of female genitalia and other complications.

**Results of research.** With abnormalities of the ovaries revealed: 1 patient with a complete absence of ovaries, 5 patients - ovarian dysgenesis with Turner syndrome. With anomalies of the fallopian tubes: 1 patient with unilateral absence of the fallopian tube - due to hemorrhage into the cavity and its reabsorption as a result of the asymptomatic overturning of the fallopian tube in adulthood, at pediatric age, or even during intrauterine life. With anomalies of the development of the uterus: 4 patients with no uterus or vagina - Rokitansky-Kustner-Hauser syndrome (RKH syndrome) in combination with agenesis of one kidney and ureter, 5 patients - with unilateral development - a unicorn uterus in combination with ureteric atresia. Some of the vaginal defects: 6 patients - unperforated hymen, 1 patient - atresia of the vagina due to transverse vaginal septum, which can be one or more.

**Conclusions.** Treatment of all malformations, as a rule, is surgery. If the vagina is

invaded, and if plastic repairing of altered tissues is not possible, an artificial vagina is created from the skin flap, sections of the thin and sigmoid colon. The presence of partitions in the uterus creates the need for their excision, in cases of more serious malformations, an individual approach is required. Defects in the ovaries, in turn, require prolonged or lifelong application of hormone therapy. In the detection of urogenital disorders in women, there are two basic principles. Rough malformations of the uterus and tubes are usually associated with abnormalities of the kidney and ureter. Development of gonads is separated from development of ducts. Therefore, functioning ovaries are usually present when the uterus and vagina are absent.