

## GENITAL PROLAPSE: A REVIEW OF THE EVIDENCE

**Khudoyarova Dildora Rakhimovna**

**DcS, Professor, Head of the Department of Obstetrics and Gynecology**

**No. 1, Samarkand State Medical University**

**Turazoda Maftuna Ulugbek Kizi**

**1st-year master's student, Department of Obstetrics and Gynecology**

**No. 1, Samarkand State Medical University**

**Samarkand, Uzbekistan**

**<https://doi.org/10.5281/zenodo.14666695>**

**Annotation:** This article focuses on pelvic organ prolapse (POP), a condition marked by the descent of the pelvic floor and its organs. It reviews terminology related to various types of genital prolapse, such as cystocele and rectocele. The article discusses the factors influencing the prevalence of POP, which varies between 2.9% and 53%, depending on the presence of asymptomatic cases. It analyzes findings from the Women's Health Initiative Study, which highlights the high incidence of different prolapse types among perimenopausal women. The significance of diagnosing asymptomatic forms, which can account for up to 50% of cases, is underscored. The findings stress the importance of early diagnosis and prevention of prolapse to enhance women's quality of life.

**Keywords:** pelvic organ prolapse, pelvic floor, cystocele, rectocele, epidemiology, reproductive age, menopause, asymptomatic forms, Womens Health Initiative Study, diagnosis.

**Introduction.** Pelvic organ prolapse is a condition in which the pelvic organs (uterus, vagina, bladder, rectum) are displaced from their normal position. POP is a common condition, but the exact prevalence is difficult to determine. According to international studies, the prevalence ranges from 2.9% to 53%, due to the large number of asymptomatic cases. Pelvic descent can occur as early as the reproductive years and often progresses, especially with the onset of menopause. For example, in the Women's Health Initiative Study of 16,616 perimenopausal women, the prevalence of uterine prolapse was found to be 14.2%, cystocele 34.3%, and rectocele 18.6%. Factors such as study design, inclusion criteria, key symptoms, and the large number of asymptomatic forms account for the large variation in the prevalence of genital prolapse. Studies based on subjective symptom recording report the prevalence of the symptomatic stage of pelvic insolvency ranging from 2.9% to 8.3%. At the same time, it is important to consider asymptomatic cases of pelvic descent, which may account for up to 50%, including minimal anatomical changes detectable on gynecological examination but not symptomatic.

Pelvic organ prolapses (POP) is a pathological process characterized by the prolapse of the pelvic floor and organs located in the pelvic region. Pelvic floor descent can be described as a herniated protrusion at the vaginal entrance. The following terminology is used to better diagnose the different forms of genital prolapse: a cystocele is an isolated prolapse of the anterior vaginal wall, whereas a rectocele refers to a prolapse of the posterior vaginal wall.

POP can lead to a variety of physical and psycho-emotional distress. Prevention of the progression of this condition plays an important role in maintaining women's health. In this

material, we will consider the main causes, symptoms, diagnosis, and methods of prevention of internal genital prolapse.

#### Causes of internal genital prolapse

Pelvic organ prolapses (POP) is a complex condition influenced by various factors. Understanding the causes of genital prolapse is essential for prevention and management. Here are key factors contributing to the development of POP:

1. Loss of Tissue Elasticity: As women age, the connective tissues and muscles in the pelvic floor can weaken, leading to a greater risk of prolapse. The decrease in estrogen levels during and after menopause also contributes to the weakening of pelvic support structures.

2. Childbirth

- Trauma to Pelvic Floor: Vaginal deliveries can stretch and damage the pelvic floor muscles and connective tissues. Multiple births and larger infants can increase the likelihood of significant pelvic floor trauma.

- Episiotomy and Instruments: Surgical interventions during childbirth, such as episiotomy or the use of forceps, can also contribute to pelvic floor damage.

3. Genetics: A family history of prolapse or pelvic floor disorders can indicate a genetic predisposition to weaker connective tissue, making individuals more susceptible to pelvic organ prolapse.

4. Increased Pressure: Excess body weight increases abdominal pressure on the pelvic floor. This pressure exacerbates the risk of prolapse by straining the supportive structures.

5. Increased Intra-abdominal Pressure: Conditions that cause chronic coughing, such as smoking or chronic bronchitis, can elevate intra-abdominal pressure and lead to weakening of the pelvic floor.

6. Straining During Bowel Movements: Persistent constipation can lead to straining, which may weaken pelvic support structures over time, contributing to prolapse.

7. Estrogen Deficiency: Reduced estrogen levels post-menopause can lead to the deterioration of pelvic connective tissue, making prolapse more likely.

8. Strain from Physical Demand: Engaging in vigorous activities, especially those that involve heavy lifting or straining, can put excessive pressure on the pelvic floor and lead to prolapse.

9. Impact on Support Structures: Surgeries involving the pelvic organs, such as hysterectomy, can affect the integrity of pelvic support structures and contribute to the risk of POP.

10. Neurological Conditions. Impact on Muscle Control: Conditions that affect nerve function or muscle coordination may lead to dysfunction of pelvic floor muscles, increasing the risk of prolapse.

Understanding these causes helps in identifying at-risk populations and tailoring preventive measures. Additionally, early diagnosis and intervention can enhance quality of life for those affected by pelvic organ prolapse.

#### *Symptoms of internal genital prolapse*

Internal genital prolapse, a form of pelvic organ prolapse, can manifest through a range of symptoms. Here are some common symptoms associated with this condition:

### 1. Vaginal Bulging or Pressure

- Feeling of Heaviness: Many women report a sensation of fullness or pressure in the vaginal area, particularly after prolonged standing or heavy lifting.

- Visible Bulge: In some cases, a bulge may be visible or felt in the vaginal opening.

### 2. Urinary Symptoms

- Incontinence: This may include urinary leakage during activities like coughing, sneezing, or exercise.

- Urgency: A frequent and urgent need to urinate can occur.

- Incomplete Emptying: A feeling of not completely emptying the bladder after urination.

### 3. Bowel Symptoms

- Constipation: Difficulty in bowel movements or straining can be common.

- Rectal Pressure or Discomfort: Women may experience sensations of pressure or fullness in the rectum.

### 4. Sexual Dysfunction

- Pain during Intercourse: Prolapse can cause discomfort or pain during sexual activity.

- Decreased Libido: Changes in sexual function and sensation can lead to reduced interest in sexual activity.

5. Pelvic Pain or Discomfort - Chronic pelvic pain or discomfort, especially in the lower back or pelvis, may occur, particularly with physical activity.

6. Change in Menstrual Patterns - Some women may notice changes in menstrual flow or patterns as a result of the prolapse.

7. Weakness and Instability - A general feeling of weakness in the pelvic area may be felt, contributing to overall discomfort and instability.

8. Psychological Symptoms - Feelings of embarrassment, anxiety, or depression related to the physical changes and symptoms of prolapse can also occur.

The severity of these symptoms can vary widely among individuals, and some women may have minimal symptoms while others may experience significant distress. If you or someone you know is experiencing these symptoms, it's important to consult a healthcare professional for an accurate diagnosis and appropriate management options.

The following methods may be used to diagnose pelvic organ prolapse:

- Symptom analysis: Gathering a history, discussing symptoms.

- Physical examination: The clinician may perform an examination to assess the degree of prolapse.

- Specialised tests: A urodynamic examination may help to determine functional impairment.

### *Prevention methods*

1. Physical activity: Regular exercise, especially exercise that strengthens the pelvic floor muscles, helps maintain pelvic health.

- Kegel exercises: Exercises to strengthen the pelvic floor muscles.

2. Weight management: Maintaining a normal weight reduces pressure on the pelvic organs.

3. Good nutrition: Eating a balanced diet with enough fiber helps prevent constipation, which can worsen the condition

4. avoiding straining: Reducing the effort of lifting heavy weights and avoiding chronic coughing are also important for prevention.

5. Regular medical check-ups: Visiting a gynecologist for regular check-ups can help in early detection and prevent progression of the condition.

The development of specific primary prevention measures for genital prolapse will help to reduce the likelihood of the disease in the future. Careful management of labour is important in the subsequent risks of genital prolapse in women. Reducing the frequency of operative vaginal deliveries (vacuum extraction of the foetus, application of exit forceps, extraction of the foetus by the pelvic end) and episiotomy, especially in women at high risk of genital prolapse, will improve their quality of life in the future, as it will reduce the risk of developing this condition.

**Conclusion.** Prevention of progression of internal genital prolapse includes various approaches, from strengthening the pelvic floor muscles to weight control and maintaining an active lifestyle. It is important for women to be attentive to their health, seek medical help in a timely manner and follow the recommendations of specialists. The right approach to prevention can significantly improve quality of life and prevent the development of complications.

### References:

1. Healthline. (n.d.). Kegel Exercises for Women: How to Do Them Right. Retrieved from <https://www.healthline.com/health/kegel-exercises-for-women>
2. Centers for Disease Control and Prevention (CDC). (n.d.). Losing Weight. Retrieved from [https://www.cdc.gov/healthyweight/losing\\_weight/index.html](https://www.cdc.gov/healthyweight/losing_weight/index.html)
3. ChooseMyPlate.gov. (n.d.). Dietary Guidelines for Americans. Retrieved from <https://www.choosemyplate.gov/>
4. Shopulotova Z. A., Zubaydiloeva Z. K. PERINATAL CARDIOLOGY: PREGNANCY AND
5. CONGENITAL HEART DEFECTS //Евразийский журнал академических исследований 2023. – Т. 3. – №. 9. – С. 55-59.
6. Shopulotova Z., Kobilova Z., Shopulotov S. NEW OPPORTUNITIES FOR THE TREATMENT OF HYPERACTIVE BLADDER SYNDROME //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 770-773.
7. Shopulotova Z., Kobilova Z., Shopulotov S. INFLUENCE OF PREECLAMPSIA ON SOMATIC DISEASES //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 778-780.
8. National Center for Biotechnology Information (NCBI). (2018). Physical Activity for the Prevention of Constipation in Older Adults: A Randomized Controlled Trial. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5983696/>
9. American College of Obstetricians and Gynecologists (ACOG). (n.d.). Annual Gynecologic Exam. Retrieved from <https://www.acog.org/womens-health/faqs/annual-gynecologic-exam>
10. Шопулотова З. А., Зубайдилоева З. Х. ПЕРИНАТАЛЬНАЯ НЕФРОЛОГИЯ: ПРОФИЛАКТИКА ОСЛОЖНЕНИЙ У БЕРЕМЕННЫХ С ХРОНИЧЕСКИМ ПИЕЛОНЕФРИТОМ

- //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 9. – С. 79-82.
11. Берг П. А. и др. Пропалс органов малого таза: факторы риска и возможности профилактики //Медицинский вестник Башкортостана. – 2022. – Т. 17. – №. 1 (97). – С. 83-88.
12. Shopulotova Z., Shopulotov S., Kobilova Z. MODERN ASPECTS OF HYPERPLASTIC PRO //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 787-791.
13. Быченко В. В. Пропалс тазовых органов у женщин-скрытая угроза (обзор литературы) //Вестник Сыктывкарского университета. Серия 2. Биология. Геология. Химия. Экология. – 2021. – №. 2 (18). – С. 73-80.
14. Худоярова Д. Р., Шопулотова З. А. БЕСПЛОДИЕ: ПРИЧИНЫ И ПУТИ ПРЕОДОЛЕНИЯ //Eurasian Journal of Medical and Natural Sciences. – 2024. – Т. 4. – №. 9. – С. 124-128.
15. Казакова А. В. и др. Пропалс тазовых органов: современные стратегии диагностики и лечения. – 2024.
16. Shopulotova Z., Kobilova Z., Shopulotov S. INFLUENCE OF PREECLAMPSIA ON SOMATIC DISEASES //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 778-780.
17. Shopulotova Z., Kobilova Z., Shopulotov S. URINATION DISORDERS IN PREGNANT WOMEN //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 774-777.
18. Паламаренко М. А., Соколова Е. С. Пропалс тазовых органов //Аллея науки. – 2022. – Т. 1. – №. 1. – С. 64.