

TITLE: CASE REPORT OF TREATMENT OF 3RD DEGREE UV PROLAPSE BY EXTENDED MESH PECTOPEXY

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DESIGN: We included 2 group of 65 patients with group 1 is a 50 patients having mesh repair compared with a group 2 is a 15 patients with native tissue repair.

Introduction:

Traditionally, women with pelvic organ prolapsed were treated by abdominal sacrocolpopexy, vaginal sacrospinous fixation or laparoscopic sacrocolpopexy. In the recent years, laparoscopic pectopexy emerged as a newer, less invasive alternative to these procedures.

Objective:

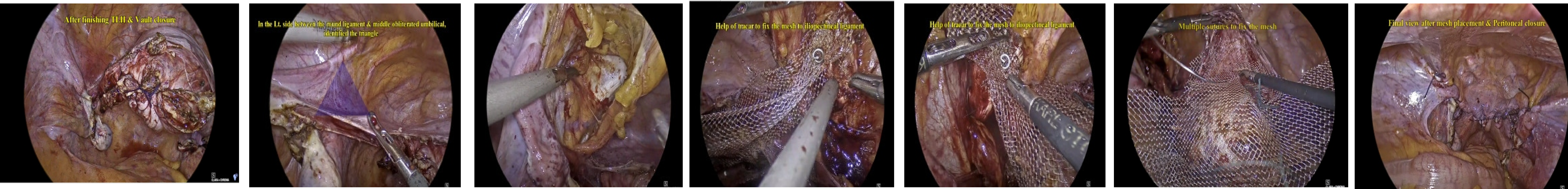
To present our experience with laparoscopic pectopexy in treating women with 3rd degree UV Prolapse with Enterocoele , 3rd degree Cystocoele & 2nd degree Rectocoele by TLH followed by Pectopexy with Anterior & Posterior extension of mesh with High Uterosacral repair & McCall's Culdoplasty.

Methods:

Between September 2019 to December 2021, 65 women presented to us with symptomatic Apical prolapse. Urinary, defecatory, sexual life related symptoms, using POP-Q system All the women had vault and cystocoele and rectocoele prolapse between grades 3-4 and underwent laparoscopic TLH
Group 1, 50 patients have is cross shape mesh 15*15 cm pectopexy and culdoplasty with High Uterosacral repair & McCall's Culdoplasty
An in Group 2, 15 patients with native tissue repair both Group then follow up till 1 year after surgery was done to observe the incidence of recurrence of pathology or Apical prolapse in these women. Both the procedure was done only Laparoscopically.

Results:

Mean duration of laparoscopic pectopexy at our center was 90 minutes. None of the women had any intra operative complications. In Group-1, 1 patient developed SUI after surgery and underwent TOT later. 1 patient has a mesh infection. No recurrent Apical prolapse was observed. In Group-2, 5 patients was failed of treatment with native tissue repair & They was reoperated with pectopexy and culdoplasty with High Uterosacral repair & McCall's Culdoplasty & the follow up period of both group was for 1 year with no complication & no recurrence.



Conclusion:

Laparoscopic TLH with pectopexy and culdoplasty with High Uterosacral repair & McCall's Culdoplasty for Apical prolapse is better & High successful rate than laparoscopic TLH with native tissue repair, procedure is safer, technically easier and an effective endoscopic procedure with excellent patient satisfaction rates & It gives better anatomical and surgical outcomes and Improve Quality of Life.