Surgical treatments of post coital cystitis

Abstract

Chronic recurrent cystitis is one of the most common infectious and inflammatory diseases of the urinary system in women. In Russia, up to 36 million cases are diagnosed each year. A very common cause of acute and chronic recurrent cystitis in women is an anomaly in the form of female hypospadias. According to the authors, treatment of postcoital cystitis against the background of urethral dystopia, hypermobility of the urethra, urethrogimenal adhesions is only surgical. The article reviews the literature on known methods of surgical treatment currently used in Russia and in the treatment of postcoital cystitis in women. A comparative analysis of surgical methods of treatment is carried out, their advantages and disadvantages are highlighted.

Keywords: postcoital cystitis, Russia, surgical treatment, urethral dystopia, urethral hypermobility

Mini review

Chronic recurrent cystitis is one of the most common infectious and inflammatory diseases of the urinary system in women, which is characterized by a prolonged recurrent course, leading to a decrease in the working capacity and quality of life of a woman. By definition, cystitis is an infectious-inflammatory process in the wall of the bladder, mainly in the mucous membrane. This disease is very common: the incidence rate among women 20-40 years is 25-35%. About 30% of women throughout their lives at least once fall ill with acute cystitis. In Russia, up to 36 million cases are diagnosed each year. In 50% of girls and 21% of women, chronic cystitis is accompanied by vulvitis or vulvovaginitis. Chronic cystitis is characterized by a prolonged recurrent course, leading to a decrease in the working capacity and quality of life of a woman. By definition, cystitis is an infectious-inflammatory process in the wall of the bladder, mainly in the mucous membrane. This disease is very common: the incidence rate among women 20-40 years is 25-35%. About 30% of women throughout their lives at least once fall ill with acute cystitis. In Russia, up to 36 million cases are diagnosed each year. In 50% of girls and 21% of women, chronic cystitis is accompanied by vulvitis or vulvovaginitis. Chronic cystitis is characterized by a prolonged recurrent course, leading to a decrease in the working capacity and quality of life of a woman. By definition, cystitis is an infectious-inflammatory process in the wall of the bladder, mainly in the mucous membrane.

Prototype operation O’Donnell is an extravaginal transposition of the urethra. A distinctive feature is the formation of a subcutaneous tunnel, through which the transposition of the distal part of the urethra is performed to the region of the clitoris. The external opening of the urethra is always preceded by a stage of conservative treatment, based on a thorough examination and the results of clinical and laboratory indicators. In 1965-R. Hirschhorn suggested that bilateral hymenotomy can reduce the frequency of recurrence of chronic cystitis and suggested a technically simple corrective operation - hymenoplasty. However, it is effective only with urethrogimenal adhesions and a slight displacement of the external orifice of the urethra from its normal anatomical site. R. O’Donnell pointed out the effectiveness of the surgical method of treatment of postcoital cystitis for the first time in 1959.

In Russia, for the correction of urethral dystopia, O’Donnell’s urethral transposition is the most common. O’Donnell’s surgical technique prototype is an extravaginal transposition of the urethra, non-surgical plasty of the external hole of the urethra with a biodegradable gel. R. O’Donnell developed a surgical technique for moving the external opening of the urethra when he ectopically from the vagina to the region of the clitoris, which was called the transposition of the urethra. The essence of the operation consists in the transposition of the external opening of the urethra and its distal part into the region between the legs of the clitoris. A vertical section of the anterior wall of the vagina is made 0.5cm from the clitoris to the meatus. The urethra is mobilized for 1.5-2.5cm, and then the external urethral opening is fixed at the upper edge of the vaginal incision. The disadvantage of this operation is a single longitudinal section of the vagina to move the mobilized distal section of the urethra to the area of the clitoris. As a result, the resulting tension of the urethra in length creates pressure on the area of the vaginal seams that cover it and makes it unreliable fixation of the external opening of the urethra in a new place. This can lead to insufficiency of the sutures, reverse urethral displacement and relapse of the disease.

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of leading specialists in the field of urology and gynecology, not only in Russia, but also in the world and, as a consequence, the absence of a single algorithm of treatment. The approach to treatment should be interdisciplinary and personalized. Only with the interaction of the urologist and gynecologist can choose the most appropriate method of treatment for a particular patient. Unfortunately, in Russia only single clinics have the possibility of complex management of such patients, and, consequently, it is necessary to develop normative legal acts for maintaining this category of patients, which causes the urgency of this problem.

Acknowledgements
None.

Conflict of interest
The authors do not report any financial or personal connections with other persons or organizations, which might negatively affect the content of this publication and/or claim authorship rights to this publication.

References