

**MANAGEMENT OF
MAYER-ROKITANSKY- KUSTER- HAUSER
SYNDROME**



CREATSAS VAGINOPLASTY

G. CREATSAS MD FACS FRCOG FACOG
Prof Obstetrics and Gynecology
UNIVERSITY OF ATHENS
MEDICAL SCHOOL ATHENS GREECE

ESHRE CAMPUS NOVEMBER 2009

MULLERIAN DEFECTS

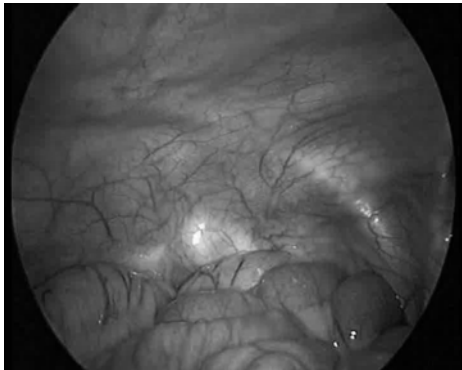
UTERUS TOTALLY OR PARTLY ABSENT

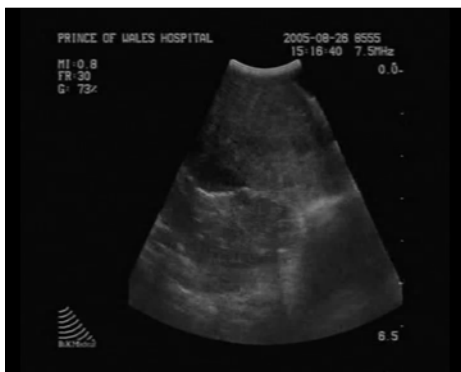


CONGENITAL ABSENCE OF THE VAGINA

- CO EXISTS WITH ABSENCE OF THE UTERUS
- AFFECTS REPRODUCTION AND INTERCOURSE
- PRIMARY AMENORRHEA
- PHYSICAL EX
- PELVIC U/S, LAPAROSCOPY, IVP

Creatsas G. J. Gynec Surg 1991





PATIENTS FOR VAGINOPLASTY

ROKITANSKY K- H SYNDROME
THE INTERSEX PATIENTS- HERMAPHRODITES
CANCER OF THE VAGINA OR VULVA
TRANSEXUALS

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VAGINOPLASTIES IN USE

VECCHIETTI'S

WILLIAMS VAGINOPLASTY

CREATSAS VAGINOPLASTY

FRANKS OPERATION

OTHERS

McIndoe's technique



Vecchietti's operation





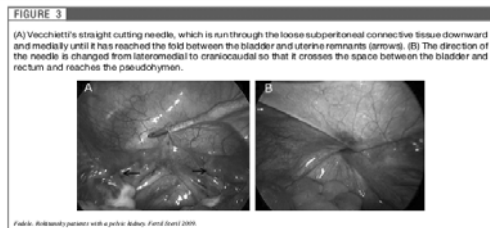
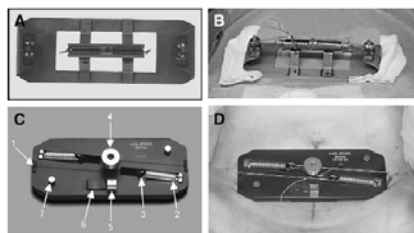


FIGURE 1

The old (A) and new (C) traction devices, their positioning (B, D), and the securing of the traction threads under tension. (C) Numbering indicates the following: 1 and 3 = movable rollers to prevent the traction threads from snapping; 2 = tension spring set at optimum traction; 4 = single traction ratchet for even, stepwise tension via both threads to avoid dehiscence and tearing of the neovagina; 5 = lever to release tension for short periods; 6 = safety lever to fix the traction ratchet and prevent inadvertent release by the patient or attending physician; and 7 = pan-head screw for easy disassembly for autoclaving.



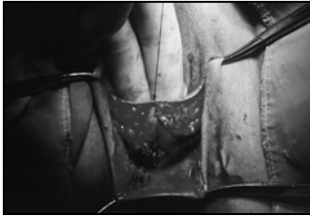
Brooker. Neovagina creation in vaginal agenesis. *Rev Urol* 2008.

The original instrument set developed by Vecchiotti (see text for explanation).



The instrument set newly developed by Storz (see text for explanation).

[illegible]





ADVANTAGES OF CREATSAS VAGINOPLASTY

- NO HEMORRHAGE DURING FIRST INTERCOURSE
- THE NEW PERINEUM DOES NOT COVER THE URETHRA
- NO WOUND OPENINGS OR HEMATOMAS
- QUICK RECOVERING
- NO RECLOSING OR OTHER POST OPERATIVE COMPLICATIONS
- NO NEED FOR DILATATIONS OR IMMEDIATE INTERCOURSE
- INTERCOURSE MAY START AFTER 2-3 M

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CREATSAS VAGINOPLASTY POSTOP RESULTS

	Group A: Williams Vaginoplasty	Group B: Creatsas Modification
Number of patients	10	101
NV: depth of 10-12 cm and width of 5 cm	8 (80%)	98 (97.02%)
NV: depth of 7-9 cm and width of 2-3 cm	2 (20%)	3 (2.97%)
Postoperative wound opening	2 (20%)	0
Hemorrhage during first intercourse	2 (20%)	0
Quality of sexual life 1 year after the operation		Happy: 94.4% Adequate: 4.16% Unsatisfactory: 1.38%
NV : Neovagina		

Creatsas G. Fertil Steril 2001

PATIENTS FOLLOW - UP















Ultrasound Follow up



ULTRASOUND IMAGING TO EVALUATE
CREATSAS VAGINOPLASTY.
D.BOTSIS, E.DELIGEOROGLOU,
P.CHRISTOPOULOS, L.ARAVANTINOS,
V.PAPAGIANNI, G.CREATSAS
Int J Gynecol Obstet 2005;89:31-34

SUGGESTIONS

- EACH PATIENT SHOULD BE TREATED ON INDIVIDUAL BASIS
- USE THE SIMPLEST METHOD TO PROVIDE SAFE AND QUICK FUNCTIONAL RESULTS
- FRANC EXPLANATION
- REASSURANCE AND EMOTIONAL SUPPORT

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REFERENCES

- Deligeoroglou E,Christopoulos P,Creatsas G. A unique case of descending salpingitis and functioning endometrium in a mullerian remnant in a woman with MRKH syndrome. Fert Steril 83.5 1547 2005
- Botsis D. Creatsas G. Ultrasound imaging to evaluate Creatsas vaginoplasty Intern J Gynaec Obst 89.31-34 2005
- Deligeoroglou et al. The Creatsas modification of Williams vaginoplasty J Gynecol Surgery 19.3 121-127.2003
- Deligeoroglou E...Creatsas G. Development o leiomyomas on the uterine remnants of two women with MRKH syndrome. Fertility Sterility 81.5 1385-7.2004
- Creatsas G et al. Creation of a neovagina following William'svaginoplasty and the Creatsas modification in 111 patients with MRKH syndrome Fert Steril 76.5 1 2001



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