MANAGEMENT OF MAYER-ROKITANSKY- KUSTER- HAUSER SYNDROME

CREATSAS VAGINOPLASTY

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ESHRE CAMPUS NOVEMBER 2009

MULLERIAN DEFFECTS

UTERUS TOTALLY OR PARTLY ABSENT

CONGENITAL ABSENCE OF THE VAGINA

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

Creatsas G. J. Gynec Surg 1991
ROKITANSKY- KÜHLEWITZ SYNDROME
THE INTERSEX PATIENTS—HERMAPHRODITES

PATIENTS FOR VAGINOPLASTY

Cancer of the vagina or vulva
TRANSEXUALS

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VAGINOPLASTIES IN USE

VECCHIETTI'S
WILLIAMS VAGINOPLASTY
CREATASAS VAGINOPLASTY
FRANKS OPERATION
OTHERS

McIndoe's technique

Vecchietti's operation
VAGINAL APPLASIA

THE CREATSAS VAGINOPLASTY

• THE VULVAL TISSUES ARE PUT UNDER TENSION BY 4 ALLIS CLAMPS (W)
• ANY HPV LESIONS ARE CAUTERIZED (C)
• THE HYMEN IS OPENED IN 4 SITES (C)
• A U-SHAPED INCISION ON THE LABIA MAJORA (W)
• HAEMOSTASIS (W)
• CLOSURE OF THE FIRST LAYER OF THE SKIN (W)
• THE BULBUS SPONGIOSUS TISSUES ARE UNITED FOR ITS SUPPORT (W)
• THE EXTERNAL SKIN IS CLOSED – USE OF FOLEY CATHETER (W)
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

Creatsas G 2009
### CREATSAS VAGINOPLASTY

#### POSTOP RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Group A: Williams Vaginoplasty</th>
<th>Group B: Creatsas Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>10</td>
<td>101</td>
</tr>
<tr>
<td>NV: depth of 10-12 cm</td>
<td>8 (80%)</td>
<td>98 (97.02%)</td>
</tr>
<tr>
<td>and width of 5 cm</td>
<td>2 (20%)</td>
<td>3 (2.97%)</td>
</tr>
<tr>
<td>NV: depth of 7-9 cm</td>
<td>2 (20%)</td>
<td>3 (2.97%)</td>
</tr>
<tr>
<td>and width of 2-3 cm</td>
<td>2 (20%)</td>
<td>3 (2.97%)</td>
</tr>
<tr>
<td>Postoperative wound opening</td>
<td>2 (20%)</td>
<td>6</td>
</tr>
<tr>
<td>Hemorrhage during first intercourse</td>
<td>1 (20%)</td>
<td>0</td>
</tr>
<tr>
<td>Quality of sexual life 1 year</td>
<td>Happy: 94.4%</td>
<td>Adequate: 4.16%</td>
</tr>
<tr>
<td>after the operation</td>
<td>Unsatisfactory: 1.38%</td>
<td></td>
</tr>
<tr>
<td>NV: Neovagina</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Creatsas G. Fertil Steril 2001

### PATIENTS FOLLOW-UP

#### [Image of patient's posterior]

#### [Image of patient's sexual organs]

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Ultrasound Follow up

**SUGGESTIONS**

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

Creatsas G 2009

**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. Fertil Steril 83,5 1547-1552, 2005

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