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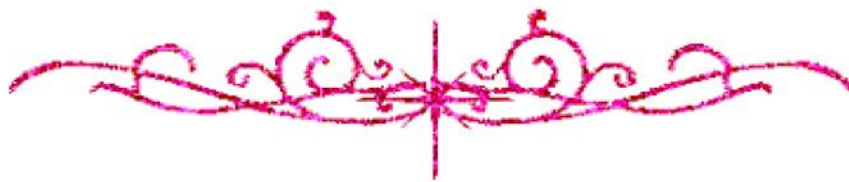
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بالرسالة صفحات

لم ترد بالأصل



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THE RELATION BETWEEN BENIGN JOINT HYPERMOBILITY SYNDROME AND GENITAL PROLAPSE IN WOMEN AT REPRODUCTIVE AGE

A Thesis

submitted for partial fulfillment of
the requirement of Master Degree in

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Dedicated to

My Parents

My Wife

&

My Kids

Hamed & Hadwah

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INTRODUCTION

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Genital prolapse which occurs in women, is one of the commonest gynecological condition. It affects mainly mid-aged and elderly multiparous women and is often predisposed to by weakness of ligaments, difficult child birth and exacerbated by natural tissue wasting, hormone deficiency and disorders that may raise intra-abdominal pressure (Fregusson, 1981).

Although multiplicity is becoming less common in western society in which deliveries are generally conducted by trained personnel, genital prolapse continue to be a considerable problem in gynecological practice. The discovery of new aetiological factors may help in prevention of this condition.

Joint laxity has been described in patient with heritable connective tissue disorder such as Ehlers Danols and Marfan syndrome. Features associated with joint laxity in these syndromes include hyperplastic skin, easy burising, poor wound healing, hernias and lenticular abnormalities (Hollister et al., 1982).

A distinct syndrome of hypermobility of joints has been brought to attention by Kirk et al., (1976) in which subjects may complain of muscloskeletal syndrome but have no stigmata of other hereditary connective tissue disorders.

Wood (1971) suggested that subjects with this syndrome represent the extreme of a normal variation in joint mobility. However, the view of earlier investigations emphasized its being nature has recently been challenged by a number of discrete reports each supporting the presence of an association between joint hypermobility and one of variety of individual physical abnormalities.

Thus, Garham et al., (1981) described the significant occurrence of mitral valve prolapse among patients with joint mobility. Likewise, generalized joint hypermobility has been implicated in the pathogenesis of motor delay in infancy (Joiffe et al., 1988), rectal prolapse (Marshman et al., 1987), juvenile episode arthritis (Gedadila et al., 1985), osteoarthritis and chondrocalcinosis (Bird et al., 1978).

Taken together, this report suggested that joint hypermobility is more widespread than previously appreciated and should encourage the undertaking of more comprehensive studies to characterize the syndrome.

The pelvic joint relax during pregnancy and laxity of peripheral joints during pregnancy has been suggested (March et al., 1988). Since ligamentous laxity may predispose to genital prolapse, we decided to study the association between hypermobility syndrome and genital prolapse.

In another study, hypermobility syndrome is found with multiple articular and extra-articular abnormalities as varicose vein 27.9%, piles 50.5%, neurological abnormalities 9.4% and uterine prolapse 39.4% (El-Shahaly and Sherif, 1991).

AIM OF THE
WORK

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1- To study the correlation between benign joint hypermobility syndrome and genital prolapse in women at reproductive age.

2- The possibility of use of the test for benign joint hypermobility syndrome to predict those young women who are liable to have a genital prolapse if they are exposed to server obstetric vaginal trauma.

3- To predict those women who are liable to suffer from recurrent genital prolapse after surgical correction.

REVIEW OF
LITERATURE