



# *CENTER FOR WOMEN'S CARE AND REPRODUCTIVE SURGERY*

## *Gynecologic Endoscopic Surgery*

### *PELVIC PAIN & AMENORRHEA IN TEENS*

#### **MAY BE SYMPTOMS OF SERIOUS DEVELOPMENTAL DEFECT**

#### **Center for Women's Care & Reproductive Surgery First to Offer Laparoscopic Correction for Vaginal Abnormality, MRKH Syndrome**

ATLANTA, GA—Up to a half million women in the U.S. are born with anomalies of the urinary and reproductive system. In females thousands of these mullerian anomalies, including the absence of a vagina, may not be discovered until the girl reaches puberty.

MRKH (Mayer-Rokitansky-Kuster-Hausner) syndrome includes failure of the vaginal development, whether or not the uterus is present. Adolescent girls with MRKH syndrome and obstruction defects, may complain that they have not begun menstruation, labeled primary amenorrhea. Patients with these anomalies also may experience a problem with no means of out flowing menstrual blood produced by a functioning uterus. This leads to distention of the uterus by the accumulated blood, which causes significant pelvic pain. Additionally, risks of infection and endometriosis significantly increase, further contributing to the severity of the pelvic pain.

In some cases, female patients have discovered their anomaly after inability to have intercourse because of an absent vagina. For many, multiple painful attempts of intercourse have led to distortion of existing external genital structures and scarring of the area, as well as chronic pelvic pain.

In 2005, the Center for Women's Care & Reproductive Surgery in Atlanta became the sole location in the U.S. to correct this problem laparoscopically with the use of pelvic peritoneum.

#### **Laparoscopy for Vaginal Aplasia, or Non-Development of the Vagina**

Techniques for correction over the years involved use of segments of the rectum, sigmoid colon and small intestine, as well as skin graft. In 1898, using open surgery, Dr. D.O. Ott formed a neovagina using peritoneum of the pelvis. It was then discovered that the cells of the peritoneum (the smooth transparent membrane lining the abdominal cavity) rapidly converted into typical vaginal cells. Different approaches to this technique evolved over time.

Nearly 100 years later, in 1993 Dr. L.V. Adamyan developed a laparoscopy-assisted technique for colpopoiesis (creation of the neovagina), using the pelvic peritoneum. This minimally invasive technique is far easier on the patient, as it involves only tiny incisions and is performed in less than an hour. More than one thousand of them have been performed, proving their efficacy.

The procedure allows achievement of adequate functional vaginal length and elasticity, and the peritoneal epithelium (cellular layer that lines the walls of the abdominal cavity) converts into normal vaginal epithelium within three months after surgery.

In addition, this procedure can be used to correct post-surgical shortening of the vagina, a condition that may have occurred from previous surgeries.

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Correction of the majority of mullerian anomalies, as well as a wide spectrum of treatments for pelvic pain and endometriosis, involves advanced skills in laparoscopy and/or hysteroscopy.

World-renowned head of the Center for Women's Care & Reproductive Surgery, Thomas L. Lyons, M.D., and his Fellow, Assia A. Stepanian, M.D., learned the technique firsthand from its author, and they are the only U.S. surgeons with experience in laparoscopic correction of MRKS syndrome using the pelvic peritoneum.

After researching the Internet and discovering the Center for Women's Care at <http://www.thomaslyons.com>, patients come to Dr. Lyons from around the world for advanced laparoscopic techniques.

Contact Dr. Lyons toll-free at 888-545-0400 or in Atlanta metro area at 770-352-0037. Offices are also in Lake Oconee and Blue Ridge, Georgia.

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