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INFLUENCE OF CHRONIC URINARY INFECTION ON THE MUSCLES ACTIVITIES OF BLADDER AND PERINEUM IN THE PATIENTS WITH URINARY INCONTINENCE

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The problem of urinary incontinence remains rather actual. A lot of unsuccessful outcomes of treatment induce further investigations of this disease. One of uncertain questions is the causes of these failures. We supposed that presence of chronic urinary infection might lead to deeper changes in the nervous and muscular apparatus of bladder and perineum.

The purpose of our study was to compare 2 groups of women with urinary incontinence: with and without of chronic infections. We have examined 96 women with different forms of urinary incontinence. All patients were divided into two groups. The first one (40 pts.) consists of women with chronic urinary infection. The second one consists of women without infection (56 pts.).

The first discrepancy was revealed in dysuria manifestations. 37,5% of patients from first group and 28,6% from second have had severe voiding disorders. On the other hand, incontinence was presented in only 10% from first group and in 30,4% patients from second group. So, voiding problems were more actual in women with chronic urinary infection. Another discrepancy was in the location of the bladder floor on retrograde cystography. Its normal motionless position was found in almost the same percentage in both groups (65% and 69,7%). But during the voiding only 5% of patients in the first group have had the normal location of bladder floor (in comparison with 39,3% in the second group). We think that it testifies the neuro-muscular disturbances in bladder neck and perineum. The treatment effectiveness of voiding disturbance on uroflowgram was also much lower in the group with chronic infection. Thus maximum and mean flow rates were 56,3% and 55,2% less, acceleration was 2,72 times less and hesitancy was 1,98 times more in the first group in comparison with the second one.

So we found that chronic urinary infection leads to more severe voiding disturbances, weakness of perineum, diminishing of effectiveness of bladder emptying. These data may be explained by effecting neuro-muscular apparatus of detrusor and pelvic floor by toxins or direct influence of infectious agents. Failure of conservative or operative methods of incontinence treatment may be caused by insufficient attention to presence of urinary infections.

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