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**Introduction & Objectives:** Currently, there are many surgical treatment options for postcoital cystitis. The purpose of all techniques is moving the meatus from the vaginal vestibule as close as possible to the clitoris. However, injury of vaginal vestibule and paraurethral tissues during mobilization of the meatus may result in dyspareunia and anorgasmia. The aim of our study was evaluate efficiency and safety our minimally invasive technique for postcoital cystitis.

**Materials & Methods:** The study included 45 women aged 17 to 40 years with postcoital cystitis who received treatment from 2015 to 2018. The disease debuted at the start of sexual activity in 40 cases (88%) and with regular sexual activity in 5 patients (12%). All women had urethrohymenal adhesions of varying severity and positive O'Donnell-Hirschhorn test. One patient had prior transposition of the urethra with temporary effect. All women underwent removal of urethrohymenal adhesions and suburethral injection of a hyaluronic acid-based filler. The gel (1-2 ml) was injected paraurethrally in fan-shaped manner from a 6 o'clock position. This technique created a "gel cushion" raising the meatus and the distal urethra thus limiting their mobility and preventing injury during sexual intercourse.

**Results:** The maximum follow up was 3 years. Quality of life improved in 35 (77%) patients measured by the PISQ-12. In three patients (6%) postcoital cystitis recurred after 8 months as the gel biodegraded. However, in one patient, the symptoms only resulted in minor discomfort, so no gel reintroduction was required. In two cases, the filler was injected again. In the patient with prior transposition of the urethra, the desired result was not achieved. In 6 patients (13%), postcoital voiding disorders resolved. However, recurrent cystitis persisted prompting cystoscopy. It revealed leukoplakia that was managed with fulguration. Follow up examinations were performed at 1, 6 and 12 months after surgery. The patients are currently under observation. During vaginal examination, the Hirs chhorn test was performed. The meatus did not move inwards and the urethra was located above the vaginal opening. Eighty percent of women treated with the technique reported improvement in sexual life. No patient required transposition of the urethra. Complications were not observed.

**Conclusions:** The proposed minimally invasive technique for postcoital cystitis allowed improving the outcomes. The surgery did not disrupt vaginal or clitoral orgasms, and can be considered an alternative to transposition of the urethra. The main drawbacks are the natural biodegradation of the gel necessitating reinjection in some cases and limited efficacy in patients with significant urethral dystopia.