PSYCHOLOGICAL IMPACT IN YOUNG WOMEN OF ANNOUNCEMENT OF A UTERO-VAGINAL MALFORMATION (Mayer-Rokitansky-Küster-Hauser – MRKH syndrome) AND ITS TREATMENT

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**Background**: Few studies have addressed the question of the psychic impact and long term outcomes, including well-being, emotions and feelings, in MRKH patients.

**Objective and hypotheses**: Our multi-centric study aimed to assess patient experience in the syndrome announcement, medical treatment perception, impact on psychic functioning, social-professional integration, affective and sexual life and quality of life in a cohort of MRKH patients.

**Subjects and Method**: First 40 MRKH patients aged 19 to 34 recruited from 137 included and who accepted this protocol with a semi-directive interview and two projective tests (Rorschach and TAT). Diagnosis is made at 15.2 (9-18). Medico-surgical management takes place at 17.6 (14-24). 75% had surgery and 25% just vaginal dilatations. 20% underwent one psychological interview or psychotherapy between diagnosis and treatment.

**Main results**: 30% stated diagnosis had an impact of school life; 100% displayed depressed mood and disruption of social and family life; 50% had feelings of shame with taboo sometimes, and “fear of being discovered” and unaccepted during an intimate encounter with a man ; 100% were heterosexual but with complaints (desire, pleasure and pain) despite a normal gynecological examination; 77.5% were in couple, 15% were single and 7.5% had never had love relationships; 87.5% revealed desire for children, with 1 adoption and 4 currently adoption processes.

**Interviews underline different issues in the narratives**

- Long wandering before diagnosis
  - Denial and repression (in girls, parents and doctors) generating blur and ignorance in 52.5%
  - Trauma to the announcement
  - At the announcement, MRKH is considered as a disease
  - Focus on the absence of uterus until the treatment decision
  - Feelings of being different
  - Frequency of transient and reversible eating disorders in post-announcement (12.5%/0.5% in general population)
  - 5 patients of whom : 2 with anorectic and 4 with bulimia disorders (1 with both)
  - Reasons for medical treatment decision : « to get rid of the syndrome », « be normal » or « have sex »
  - Frequency of the parent’s influence, specially mothers, for all the medical decision.

**Conclusion**

- Avoid the risk of progression to surgical act and wait for the young woman’s treatment demand fueled by her desire for a romantic and sexual life
- Eating disorders in patients as : a psychic reaction to the traumatic announcement; then, as a psychic reorganization post-trauma

We suggest :
- A psychological treatment just after the announcement (psychopathological disorders)
- To avoid rapid surgical correction and favor dilatations
- To wait for the young woman’s demand for treatment fueled by her desire for a romantic and sexual life
- MRKH as a way of increasing our psychopathological knowings on the psychic construction of body interiority in women.