

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 re-organization 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.

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