

seeing (3.2%), walking (3.6%), and remembering difficulties (2.4%) compared to Malé. Women demonstrate higher disability prevalence (7.8%) than men (6.1%) nationally.

Civil society organizations—including Care Society, Maldives Association of Persons with Disabilities, -play crucial roles in advocacy and service delivery, complementing governmental efforts. The Disability Act (2010) provides legal protection, while Aasandha health insurance and monthly disability allowances (MVR 2000) offer financial support. However, challenges persist: weak enforcement of disability legislation, centralized services in Malé creating access barriers for atoll populations, stigma, infrastructure gaps, and 24% unmet needs, particularly for sensory/cognitive disabilities and low-income groups.

Conclusions. Strengthening community-based rehabilitation, integrating disability services within universal health coverage, addressing geographic and socioeconomic disparities in service access, and promoting anti-stigma initiatives remain priorities for inclusive disability systems. Civil society organizations require continued support to complement governmental services, particularly in atolls. As populations age, robust disability and rehabilitation systems become increasingly essential for promoting health, participation, and dignity for all persons.

LITERATURE

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USING OF HYALURONIC ACID TO TREAT VAGINAL PROLAPSE

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Relevance. Vaginal prolapse refers to a condition characterized by the descent of pelvic anatomical structures, into or beyond the confines of the vaginal canal resulting from the deterioration of the supportive tissues of the pelvic floor.

Vaginal hyaluronic acid (HA) filler constitutes a minimally invasive procedure primarily focused on enhancing functional outcomes such as sexual function and efficiency of pelvic musculature where as aesthetic considerations are viewed as secondary.

There are a lot of the results of researches. Scientists were assessed on the vaginal pH, female sexual function index and one moderate to severe vulvovaginal symptom, where the final outcome was that hyaluronic acid did not alter the vaginal pH. But it did enhance the sexual activity and it did markedly attenuated the intensity of advanced stages vulvovaginal atrophy. In terms of safety profile, using hyaluronic acid revealed a value of 11.3% in comparison to placebo trial of 13.5% nevertheless none of the events led to premature termination of the studies [1,2].

Target. To examine the frequency of vaginal prolapse, main symptoms and effects of different methods of treatment including using of hyaluronic acid.

Research methods. Studying history cases of the patients with vaginal prolapse, analysis results, statistic methods.

Results and their discussion. We have examined 50 cases of vaginal prolapse. The average age of the patients was 54 ± 5 years. Based on our study, the patients had arterial hypertension (60%), kidney pathology (37%), obesity (33%). All women were postmenopausal. The main symptoms were pain, vulvovaginal symptoms, vaginal atrophy, sexual dysfunction and urine incontinence. 20 patients were treated symptomatically, another 30 patients were treated with hyaluronic acid injections. First group patients saved their symptoms during 3 months. The second group of patients has eliminated symptoms during first 3 months in 65% cases. Vaginal atrophy were absent in 2.5 months in all patients, sexual dysfunction stopped after 2 months of treatment using hyaluronic acid. Symptoms of urine incontinence became milder in 3 months.

Conclusions. Vaginal prolapse is one of the common diseases in patients during postmenopausal period. It has such symptoms as pain, vulvovaginal symptoms, vaginal atrophy, sexual dysfunction and urine incontinence. To treat them it is important to choose the best type of treatment. One of them is using of hyaluronic acid injections. It has a great effect and helps to treat the most common symptoms.

LITERATURE

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