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Combined vagino-abdominal approach for management of vesicovaginal fistulas: A 10 years' experience

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Background: Vesicovaginal fistulas (VVF) are an uncommon but serious complication of gynecological surgery.

Aim: The aim of this study was to report our experience with the repair of VVF using combined vaginal and extraperitoneal abdominal approaches.

Materials & Methods: Between 2000 and 2012, 15 consecutive females with VVF were managed with combined vaginal and extraperitoneal abdominal procedures. After assessment by voiding cystourethrography and urethrocystoscopy, the operation was performed at the standard lithotomy position.

Result: Fifteen patients were included in this study with mean age 51.8±11.9 years. The mean fistula size was 2.1±0.7 cm and all of them were located in supra-trigonal region except one case that fistula defect extend to the bladder trigon. 14 patients reported complete resolution of urinary incontinence during mean follow up of 3.5 years. Fistula was recurred in one female, 1 year after repair due to cancer recurrence and radiotherapy treatment. No intraoperative complication including massive bleeding or ureteral damage was observed.

Conclusion: Our experiment with combined vaginal and extraperitoneal abdominal repair of a vesicovaginal fistula shows its feasibility and safety with good results.

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The long non-coding RNA HOTAIR promotes the proliferation of serous ovarian cancer cells through the regulation of cell cycle arrest and apoptosis

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The long non-coding RNA HOTAIR promotes the proliferation of serous ovarian cancer cells through the regulation of cell cycle arrest and apoptosis: HOX Transcript Antisense RNA (HOTAIR) is a well-known Long Non-Coding RNA (lncRNA) whose dysregulation correlates with poor prognosis and malignant progression in many forms of cancer. Here, we investigate the expression pattern, clinical significance, and biological function of HOTAIR in Serous Ovarian Cancer (SOC). Clinically, we found that HOTAIR levels were overexpressed in SOC tissues compared with normal controls and that HOTAIR overexpression was correlated with an advanced FIGO stage and a high histological grade. Multivariate analysis revealed that HOTAIR is an independent prognostic factor for predicting overall survival in SOC patients. We demonstrated that HOTAIR silencing inhibited A2780 and OVCA429 SOC cell proliferation *in vitro* and that the anti-proliferative effects of HOTAIR silencing also occurred *in vivo*. Further investigation into the mechanisms responsible for the growth inhibitory effects by HOTAIR silencing revealed that its knockdown resulted in the induction of cell cycle arrest and apoptosis through certain cell cycle-related and apoptosis-related proteins. Together, these results highlight a critical role of HOTAIR in SOC cell proliferation and contribute to a better understanding of the importance of dysregulated lncRNAs in SOC progression.

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