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## COMPLICATIONS AFTER PLEATED COLPOSUSSION

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The case is about a 60-year-old woman with abdominal swelling, lower abdominal cramps, and occasional urine leakage triggered by coughing, sneezing, or laughing. She had no nocturia or urgency symptoms but reported significant social discomfort. Her history included two vaginal deliveries. A pelvic exam revealed mild urethral hypermobility during Valsalva, no significant pelvic organ prolapse, and a highly positive Marshall test for stress urinary incontinence (SUI). Additionally, a firm, mobile mass was palpated in the right abdomen. Ultrasound identified a 13 cm cystic formation in the right ovary with thick edges and no solid components.

To assess malignancy risk, we applied our original ROMI index, evaluating serum CA-125 levels, menopausal status, personal and familial history, and ultrasound features. The patient's ROMI score was 6, indicating low malignancy risk. Laparotomy revealed a large retroperitoneal mass adhering to the right ureter, necessitating J-J stent placement. A successful tumor excision was performed, followed by an abdominal hysterectomy and our modified Pleated Colposuspension after Antovska for SUI correction.

Postoperatively, the patient experienced urinary retention and discomfort, with significant postvoid residual urine. Foley catheterization was required, followed by surgical removal of colposuspension sutures on the left side. During the procedure, a small bladder lesion was sutured. After 14 days of catheter drainage, cystoscopy confirmed healing, and the J-J stent was removed. Residual urine remained at 150 ml, leading to tamsulosin 0.4 mg therapy for four weeks. Upon follow-up, residual urine decreased to 70 ml, and the Marshall test was negative. At the 3-month follow-up, there was no recurrence of stress incontinence, no vesicovaginal fistula, and no tumor recurrence. The patient reported a significant quality-of-life improvement. Histopathology confirmed a cystic vascular malformation (lymphangioma retroperitoneale).

This case highlights the effectiveness of unilateral colposuspension sutures in resolving severe SUI and demonstrates successful use of tamsulosin for postoperative urinary retention after colposuspension. The findings support its potential as a non-invasive treatment for post-surgical voiding dysfunction in women.

**Keywords:** Stress urinary incontinence, colposuspension, tamsulosin