

PELVIC ORGAN PROLAPSE IN FEMALE PATIENTS PRESENTING TO TRANSITIONAL UROLOGY CARE CLINIC

Hypothesis / aims of study

Patients with congenital genitourinary abnormalities are growing into adolescence and adulthood and their expectations especially in the areas of sexual function, fertility and pelvic organ prolapse are creating unforeseen challenges for health care providers.

Study design, materials and methods

This study is a retrospective chart review of presentation and management of patients seen in our tertiary "Transitional Urology Clinic" with clinically bothersome pelvic organ prolapse between 2012-2015. 43 female patients with mean age of 22.8 were identified.

Results

Seven patients (16.28%) with mean age of 22.8 presented with bothersome pelvic organ prolapse. Four patients had myelomeningocele, two sacral agenesis, and one bladder exstrophy. All were on self-catheterization (six through a continent stoma and one through her native urethra). Three patients were sexually active and one had an intact uterus desiring fertility in the future. Main presenting symptoms included vaginal bulge (6), difficulty with vaginal intercourse (1), and difficulty with catheterization (1). Mean staging for anterior compartment prolapse was 2.5 (range 1-3), posterior compartment prolapse 2.5 (0-3), and vaginal vault or cervical prolapse 2.5 (1-3). Management plans included pessary (1), hysterectomy with bilateral uterosacral ligament suspension (4), robotic sacrocolpopexy (1), and observation (1). Mean follow-up was 17.6 months (range 1-92). At the last follow-up one of the five patients who had undergone surgical intervention for their pelvic organ prolapse had recurrence of her prolapse in the anterior compartment and vaginal vault.

Concluding message

Females with congenital genitourinary anomalies present with pelvic organ prolapse at a much younger age and a more advanced stage. The literature is significantly lacking with regards to epidemiology, presentation, and management of pelvic organ prolapse in this patient population. As these patients grow to a more functional status, transitional care becomes a topic of vital importance, specifically in the field of female pelvic floor reconstructive surgery demanding further research.

Disclosures

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