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PELVIC ORGAN PROLAPSE QUANTIFICATION IN WOMEN REFERRED WITH OVERACTIVE BLADDER

Hypothesis / aims of study
To investigate the relationship of anterior vaginal wall descent or prolapse to overactive bladder (OAB) and its potential mechanisms, advancing the management of OAB.
Study design, materials and methods
Two hundred and twenty-six consecutive women with OAB symptoms were prospectively studied using Overactive Bladder Questionnaire (OAB-q) and pelvic organ prolapse quantification (POP-Q). For statistical analysis a one-way ANOVA was used to test for significant differences with Student-Newman-Keuls Post-Hoc analysis for continuous variables, Chi-squared test for discrete variable. A p value < 0.05 was considered statistically significant.
Results
Twenty-two women (9.73%) did not show any prolapse on examination, 204 (90.26%) had anterior vaginal wall descent or prolapse. According to POP-Q staging, they were divided into 3 groups: Stage 0, I and II. The outcome statistics denoted that the difference in OAB-q scores among 3 groups has statistical significance ($P < 0.05$). This study has demonstrated that anterior vaginal wall descent or prolapse may have associations with OAB. The OAB-q scores correlate with POP-Q staging.
Interpretation of results
OAB symptoms can be due to different pathophysiological mechanisms. A stretching of nervous fibers or BOO caused by an anterior vaginal prolapse has been suggested as one of the possible causes. Prolapse can cause descent of the bladder trigone to stretch nervous fibers or BOO to elicit enhancement of a spinal reflex.
Concluding message
Anterior vaginal descent or prolapse contributes to the pathogenesis of OAB.
References
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What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Medical Ethics Committee of West China Hospital**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**