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Author(s):	TL Griebling, TE Takle, KJ Kreder					
	Double Spacing					
Institution City Country	The University of Iowa, Iowa City, Iowa, USA					
	Double Spacing					
Title (type in CAPITAL LETTERS)	PREVALENCE OF GENITAL ORGAN PROLAPSE IN WOMEN WITH INTERSTITIAL CYSTITIS					

<u>Aims of Study:</u> The impact of pelvic floor anatomy in interstitial cystitis (IC) patients has not been well documented. It has been hypothesized that irritative voiding symptoms in IC patients may be exacerbated by increased pelvic floor muscle tonicity. This case-control study was designed to compare the prevalence of genital organ prolapse in women with and without IC.

<u>Methods</u>: Clinical records for 83 women with a confirmed diagnosis of IC evaluated during the past 6 years were reviewed. An age-matched control group of 166 women evaluated for non-neurogenic voiding dysfunction during the same time period was used for comparison. Demographic and clinical data obtained for each patient included age; past medical, surgical, and gynecological history; and pelvic examination results. Genital organ prolapse including cystocele, rectocele, and urethral hypermobility was categorized according to a 4-point scale (0 to 3+). Intergroup differences for each clinical parameter were compared using Chi-square analysis or Fisher's exact test as appropriate.

<u>Results</u>: The median age in both groups was 49 (range 21-83). Thirty-nine percent of subjects in both groups had undergone prior hysterectomy. The prevalence of urethral hypermobility was significantly lower in IC patients compared to controls (p<0.0001). Although not statistically significant, the prevalence of both cystocele and rectocele were lower in IC patients.

	Cystocele		Rectocele		Hypermobility	
Prolapse Degree	IC	Control	IC (Control	IC	Control
None (0)	73%	60%	83%	69%	71%	36%
Mild $(1+)$	16%	29%	14%	25%	22%	50%
Moderate (2+)	8%	9%	2%	4%	7%	13%
Severe (3+)	2%	2%	0%	2%	0%	1%

<u>Conclusions</u>: Women with IC appear to have a decreased prevalence of genital organ prolapse compared to controls. Theoretically, this could be due to increased pelvic floor muscle tonicity which could impact on the irritative voiding symptoms associated with IC.