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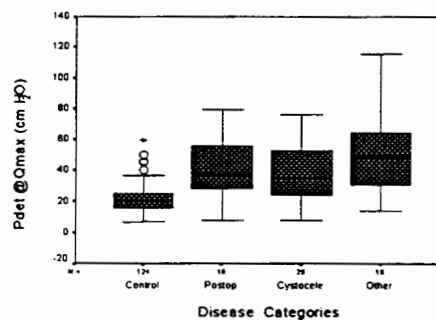
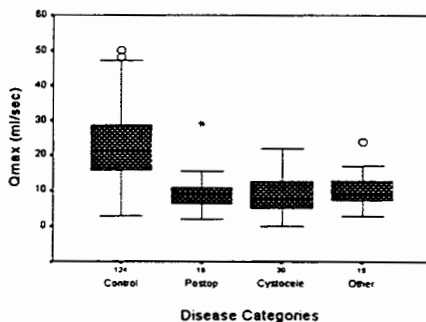
Abstract Reproduction Form B-1

Author(s):	G.E. Lemack, P.E. Zimmern, P. Bernier
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Institution City Country	UT Southwestern Medical Center, Dallas, TX USA
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Title (type in CAPITAL LETTERS)	ARE THERE CAUSE SPECIFIC CUT-OFF VALUES FOR DEFINING BLADDER OUTLET OBSTRUCTION IN WOMEN?

AIMS OF STUDY: Two years ago we proposed cut-off values for defining BOO in clinically obstructed women. In this study we sought to determine if these values differed depending upon the etiology of BOO.

METHODS: Two groups were studied prospectively: 124 control (SUI only) and 65 neurologically normal, clinically obstructed women. Maximum flow rate (Qmax) and detrusor pressure at maximum flow (PdetQmax) were determined. Box and whiskers plots and receiver operator characteristic curves were used to determine optimum cut off values for each etiology of BOO.

RESULTS: The etiology of obstruction was previous anti-incontinence surgery (n=18), cystocele (n=29), and other (n=18, 13 of which were from periurethral fibrosis documented by MRI). Using a combined cut-off value for Qmax of 15ml/sec and PdetQmax of 20 cm H2O, sensitivity was 68.7% and specificity was 91.1%. No significant differences were found between groups.



CONCLUSIONS: After nearly doubling the number of clinically obstructed women prospectively enrolled, our previously determined cut off values for defining BOO in women remain unchanged. Since no differences were found between groups, these results suggest that the dynamic forces required to overcome BOO in women are similar, regardless of the etiology.