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ANATOMICAL OUTCOMES AFTER A SACROSPINOUS HYSTEROPEXY AND VAGINAL HYSTERECTOMY FOR UTERINE PROLAPSE.

Hypothesis / aims of study

Pelvic organ prolapse is a major health problem that will increase in the coming decades as the prevalence of pelvic organ prolapse increases with the aging of the population. The standard practice in our centre for uterine descent is a vaginal hysterectomy and a concomitant repair of pelvic support defects. Some studies reported on the sacrospinous hysteropexy for uterine descent in which the uterus could be preserved (1). It is not clear whether removing the uterus is necessary or leads to better anatomical results. The aim of this study is to compare the anatomical outcomes after a vaginal hysterectomy and sacrospinous hysteropexy (sacrospinous ligament fixation of the uterus).

Study design, materials and methods

Prospective non-blinded non-randomized study was done from 1 January 2006 to 30 June 2007. Two hundred women with uterine descent stage 2-4 according to ICS classification (2) were divided into two groups. Group A underwent a vaginal hysterectomy (123 patients) and group B underwent a sacrospinous hysteropexy (77 patients).
History of previous pelvic surgery for pelvic organ prolapse were considered an exclusion criteria. Data were collected from standardized questionnaires about urogenital symptoms and pelvic examination by the treating gynaecologist to assess prolapse recurrence using the POP-Q system at 6 months and 1 year after surgery was carried out.
We compared the recurrence rate stage 2-4 of the apical, anterior and posterior compartment after a vaginal hysterectomy and a sacrospinous hysteropexy. A uterine prolapse stage 2-4 (according to ICS classification) was considered a recurrence. The necessity for repeat surgery was assessed in both groups.
Sample size calculation was done and at least 60 women in each group had to be enrolled. Descriptive statistics, unpaired student t test, a regression analysis were used. A p-value of <0.05 was considered significant.

Results

Mean age of women in group A ($\pm$ 55 years) was significantly higher than group B ($\pm$47 years). At one year, only 110 patients from group A and 70 patients from group B could be followed.
In group A, ten women (9.09%) had a vaginal vault prolapse stage 2-4 .Twenty-one women (30%) were diagnosed with a recurrent uterine descent in group B. The differences in risks of recurrent uterine descent or vault prolapse stage 2 or more after 1 year was 20% in favour of the vaginal hysterectomy. No significant differences in risk of recurrence were found in the anterior and posterior compartment. 3% of patients in group B needed surgical intervention compared to only 1.2% in group A.

Interpretation of results

The two procedures were comparable as regards recurrences of the anterior and posterior compartment. At one year follow-up, women in group B with sacrospinous hysteropexy had a 30% recurrence rate of uterine descent especially when diagnosed pre-operatively as having a higher stage descent. On the other hand, women in group A had fewer recurrences (9.6%) of the apical compartment.

Concluding message

The scarospinous hysteropexy for uterine descent is associated with more recurrent apical prolapse when compared with vaginal hysterectomy.

References

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Is this a clinical trial?	**Yes**
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Specify Name of Public Registry, Registration Number	**The General Organization for Teaching Hospitals and Institutes**
Is this a Randomised Controlled Trial (RCT)?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**The Ethical Committee of the General Organization for Teaching Hospitals and Institutes**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**