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POTENTIAL OCCULT URINARY INCONTINENCE IN SEVERE CYSTOCELE EVIDENCED BY URODYNAMIC TEST WITH ANATOMY SIMULATES RESTORATION.

Hypothesis / aims of study

Genital prolapse is a pathological condition that negatively impacts quality of life in women. The prolapse is found in more than 50% of multiparous and the incidence increases with age. Another frequent condition is the urinary incontinence which may affect 1 in 4 women and also has negative effects in quality of life. The genital prolapse and urinary incontinence are pelvic floor disorders that have the same risk factors. For all these reasons, it is not infrequent to find prolapse in association with urinary incontinence in our patients.[1] Theorically could not be detected urinary incontinence associated with severe prolapse, due to anatomical changes. A good example is the use of pessaries, which can correct a prolapse but appears high number of urinary incontinence in women who previously had no symptoms.[2] The occurrence of stress urinary incontinence after correction of a prolapse can be very frustrating for both the patient and the physician. We hypothesized that we could find a high number of stress urinary incontinence associated in women with severe cystocele and without previous incontinence symptoms. This study aims to know the presence of occult urinary incontinence associated with severe cystocele.

Study design, materials and methods

Prospective study of 120 consecutive patients submitted to correction of symptomatic cystocele degree III or IV (POP-Q), between January 2006 and January 2010, at Clínica Las Condes, Santiago, Chile. The potential stress urinary incontinence was detected by non multichannel urodynamic test made with and without simulated correction of the prolapse by vaginal Bresky valve. The urethral retro-resistance pressure was measured to suspect a possible occult urinary incontinence taking values over 82 cm H_2O as normal. A Cystometry was also performed. The potential urinary incontinence was classified according to the simplified classification of McGuire and cols.[3] All women admitted to study should not have a history of urinary incontinence or surgery for prolapse or urinary incontinence.

Results

In all patients the urethral retro-resistance pressure was normal when the severe cystocele was not reduced. When the severe cystocele was reduced by vaginal valve, in 72 (60%) women the urethral retro-resistance pressure was altered. The potential occult stress urinary incontinence type II and II+III was the most frequently found. The types of SUI according to the urodynamic test are presented in the Table.

The cystometry identify asymptomatic overactive detrusor in 10 (8.3%) women.

Type of SUI according the urodynamic test

Type I	1 woman	1 %
Ttype II	40 women	56 %
Type III	2 woman	3 %
Type II+III	29 women	40 %
Total	72 women	

Interpretation of results

The results show that occult stress urinary incontinence can be found in high numbers of women associated with severe cystocele, as occurred in 60% of cases in this study. Different studies have demonstrated the presence of occult stress incontinence in women with severe cystocele, with a prevalence ranging from 30 to 80%. We can not ensure that all these women will have stress urinary incontinence after surgery for prolapse, but these are cases that potentially may have symptoms of urinary incontinence. This suspicion may allow planning a prophylactic incontinence surgery to avoid that the occult incontinence appears after a severe cystocele surgery repair. The risk factors for genital prolapse are the same as for urinary incontinence, which explains the high association between both disorders. The mechanism by which urinary incontinence is prevented from being expressed in these patients is the urethral obstruction caused by the severe prolapse.

Concluding message

In severe cystocele we must suspect the possible association with occult stress urinary incontinence.

References

1. Bradley CS, Kennedy CM, Nygaard IE. Pelvic floor symptoms and lifestyle factors in older women. J Womens Health (Larchmt). 2005;14(2):128-136.
2. Bhatia NN, Bergman A. Pessary test in women with urinary incontinence. Obstet Gynecol. 1985;65(2):220-226.
3. McGuire EJ, Fitzpatrick CC, Wan J, Bloom D, Sanvordenker J, Ritchey M, Gormley EA. Clinical assessment of urethral sphincter function. J Urol.1993;150(5Pt1):1452-1454.

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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**