DYNAMIC MAGNETIC RESONANCE IMAGING FOR PELVIC FLOOR DYSFUNCTION – RESEARCH TOOL OR CLINICALLY VALUABLE INVESTIGATION?

J. Wilkens, R. Connor, P. Granitsiotis, G. Sunderland, D. Wright, K. Guerrero

♦ Objective:
To evaluate whether dynamic magnetic resonance imaging (DMRI) is a useful diagnostic tool in the management of pelvic floor dysfunction (PFD)

♦ Methods:
• Retrospective review of 24 cases
• Assessed by the South Glasgow Pelvic Floor Multidisciplinary Team (MDT) (May ‘10 – Jan ‘11)
• Review of indications for DMRI, findings and impact on clinical management

♦ Results:
• Mean age 57 years (35-74 years)
• Most common symptom relating to bowel function (63%)
• 50% had previous prolapse surgery
• 96% of patients had multi-compartment PFD
• Multi-compartment repair indicated by DMRI in 54% (Fig 1)
• Combined urogynae / colorectal procedure indicated in 29% (Fig 1)
• Conservative approach due to neuromuscular dysfunction advocated in 25% (Fig 2)

♦ Conclusion:
DMRI enhances the understanding of PFD and enables clinicians to make an informed decision about treatment options, particularly for patients with recurrent PFD.
DMRI aids in planning the most appropriate surgical intervention and avoiding unnecessary surgery for dysfunctional problems.
The findings on DMRI also highlight the value of an MDT for the management of multi-compartment PFD.

Figures 1 & 2
Static images obtained from dynamic sequences

1A At rest with full bladder and contrast in rectum
1B Straining to evacuate
2A Significant small bowel enterocoele (arrow) on straining after evacuating rectum
2B Failure to evacuate due to lack of puborectalis relaxation and maintained anorectal angle (arrow)