817

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PERSISTENT VAGINAL POLYPROPYLENE MESH EXTRUSION : LONG TERM FOLLOW-UP

Hypothesis / aims of study
The surgical treatment of cystocele may require the placement of a synthetic mesh below the bladder by vaginal route. This procedure decreases the risk of pelvic organ prolapse (POP) recurrence, especially for severe POP (stage 3 or 4). However, the placement of a synthetic mesh by vaginal route is associated with specific complications such as vaginal mesh extrusion or erosion. The prevalence of vaginal mesh extrusion is about 10%. The treatment of vaginal mesh extrusion involves antiseptic/antibiotics and estrogen therapy, or surgical removal. Nevertheless, in sexually inactive and asymptomatic patients (no bleeding, no vaginal discharge, no infection and no pain), expectative management may be proposed. To our knowledge, data are lacking concerning long term follow-up of persistent vaginal polypropylene mesh extrusion.

Study design, materials and methods
Prospective case series of 9 patients presenting with persistent vaginal polypropylene mesh extrusion following the placement of polypropylene mesh (GYNEMESH) by vaginal route for cystocele repair. One patient was lost to follow-up. The remaining 8 patients completed follow-up (symptoms, clinical exam, ICIQ-SF, PFDI-20, PFIQ-7). Patient's satisfaction was assessed using a semi-quantitative scale: 1 (not satisfied) ; 2 (neither unsatisfied nor satisfied) ; 3 (satisfied). Initial menopausal status at POP surgery : post-menopausal (7/8, 87%); hormonal replacement therapy (1/7, 14%). All the patients have undergone hysterectomy associated to the placement of the synthetic mesh. In 3 (37%) cases a mid-urethral sling was placed during the procedure

Results
Median follow-up 126 months (Interquartile range, IQR : 119-138). Median age at last follow-up : 80.5 years old (IQR : 74-82). For all patients, a medical treatment (estrogen and or antiseptic/antibiotics therapy) has failed. Among these women, 3 (37%) have underwent a partial surgical removal of extruded mesh. One (13%) woman have underwent two successive surgical removal procedures. None of them presented with abnormal vaginal discharge. No pelvic or perineal abscess occurred during the follow-up. None of them complained with abdominal or vaginal pain. Only one of them was sexually active; she complained with dyspareunia but refused reintervention. Clinical examination: POP-Q ICS : Ba -4 to -2 (n=7 ; 88%) Ba -1 (n=1 ; 12%) Ba 0 or more (n=0). Median surface of vaginal mesh extrusion: 1 cm2 (IQR : 0 .9-1.4). The pelvic vaginal examn was painful in one case. None of them complained with urinary stress incontinence. Among them, 2 (25%) presented with overactive bladder syndrome. One patient complained with bladder outlet obstruction without post-void residual urine volume. Concerning global satisfaction, 1 patient (12%) was « not satisfied », 2 (25%) patients were « neither unsatisfied nor satisfied » and 5 (63%) patients were « satisfied ».

Interpretation of results
The current study provides new data concerning the long term follow-up of patients presenting with persistent vaginal macroporous polypropylene mesh extrusion. No major complication occurred. However, these results should not be extended to other meshes. Indeed, the risk of mesh infection seems to be decreased with macroporous polypropylene meshes, when compared to multifilament meshes for example. However, the removal of the extruded mesh should remain the gold standard for the treatment of vaginal mesh extrusion. Expectative management of vaginal mesh extrusion should only be proposed for sexually inactive and asymptomatic patients.

Concluding message
Persistent vaginal polypropylene mesh extrusion is associated with few complications at long term follow-up.

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