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TREATMENT OF ANTERIOR WALL PROLAPSES WITH OR WITHOUT APICAL VAGINAL DEFECT USING A TRANSVAGINAL ANTERIOR MESH WITH APICAL FIXATION: A PROSPECTIVE MULTICENTRIC STUDY

Hypothesis / aims of study
Surgical treatment of genital prolapse has significant failure rates. Polypropylene prostheses have been employed to improve the effectiveness of surgical treatment. Despite good anatomic results, complications have been reported and new methods are being proposed. This study evaluated the safety and efficacy of a new surgical technique for correction of anterior and apical vaginal prolapse.

Study design, materials and methods
The study included 101 women with anterior and apical vaginal wall prolapse stage ≥ 2 according to the Pelvic Organ Prolapse Quantification (POP-Q). Objective cure was considered with POP-Q ≤ 1 and subjective cure was assessed by Quality of Life Questionnaire (ICIQ-VS). All patients underwent a single incision surgical repair through a type I polypropylene mesh fixed at the apical part of the sacrospinous ligament bilaterally and in the sub urethral portion in internal oblique muscle membrane. Statistical analysis used Fisher's method, Odds Ratio and Wilcoxon test.

Results
Mean Aa, Ba and C points before surgery was +1.7 (±1.2), +3.1 (± 1.7) and -0.3 (± 3.3). At 24 months point Aa and Ba was -2.1 ± 0.9 Ba and -2.3 (± 1.1) and point C was -6.7 (± 2.4) ($p<0,01$). Pre-op ICIQ-VS was 28.8 (± 15.3) for vaginal symptoms, 10.0 (± 15.3) for sexual symptoms and 7.7 (± 6.4) for quality of life. At 6 months, there was a significant reduction on vaginal symptoms 8.4 (± 6.4) ($p<0.01$) and quality of life scores 1.1 (± 2.0) ($p<0.01$) that remains stable for 24 months. No bleeding and no surgical revision was observed. Mesh exposition occurred in 7 patients (7.2%). Five (5%) patients presented urinary retention and 7 (7.2%) urinary tract infections.

Interpretation of results
This technique is effective, with significant improvement of POP, vaginal symptoms and quality of life. It is also safe, with low incidence of mesh exposition, urinary retention and urinary tract infections.

Concluding message
Our results demonstrate that the technique is safe and effective for the treatment of anterior/apical vaginal prolapse.

Disclosures
Funding: None **Clinical Trial:** Yes **Registration Number:** Clinical trial registry (ICTRP-WHO) / (ICMJE): ACTRN12610000879066 **RCT:** No **Subjects:** HUMAN **Ethics Committee:** CONEP **Helsinki:** Yes **Informed Consent:** Yes