

# DESCENDING PERINEUM ASSOCIATED WITH PELVIC ORGAN PROLAPSE TREATED WITH SACRAL COLPOPERINEOPEXY AND RETRORECTAL MESH FIXATION: PRELIMINARY RESULTS



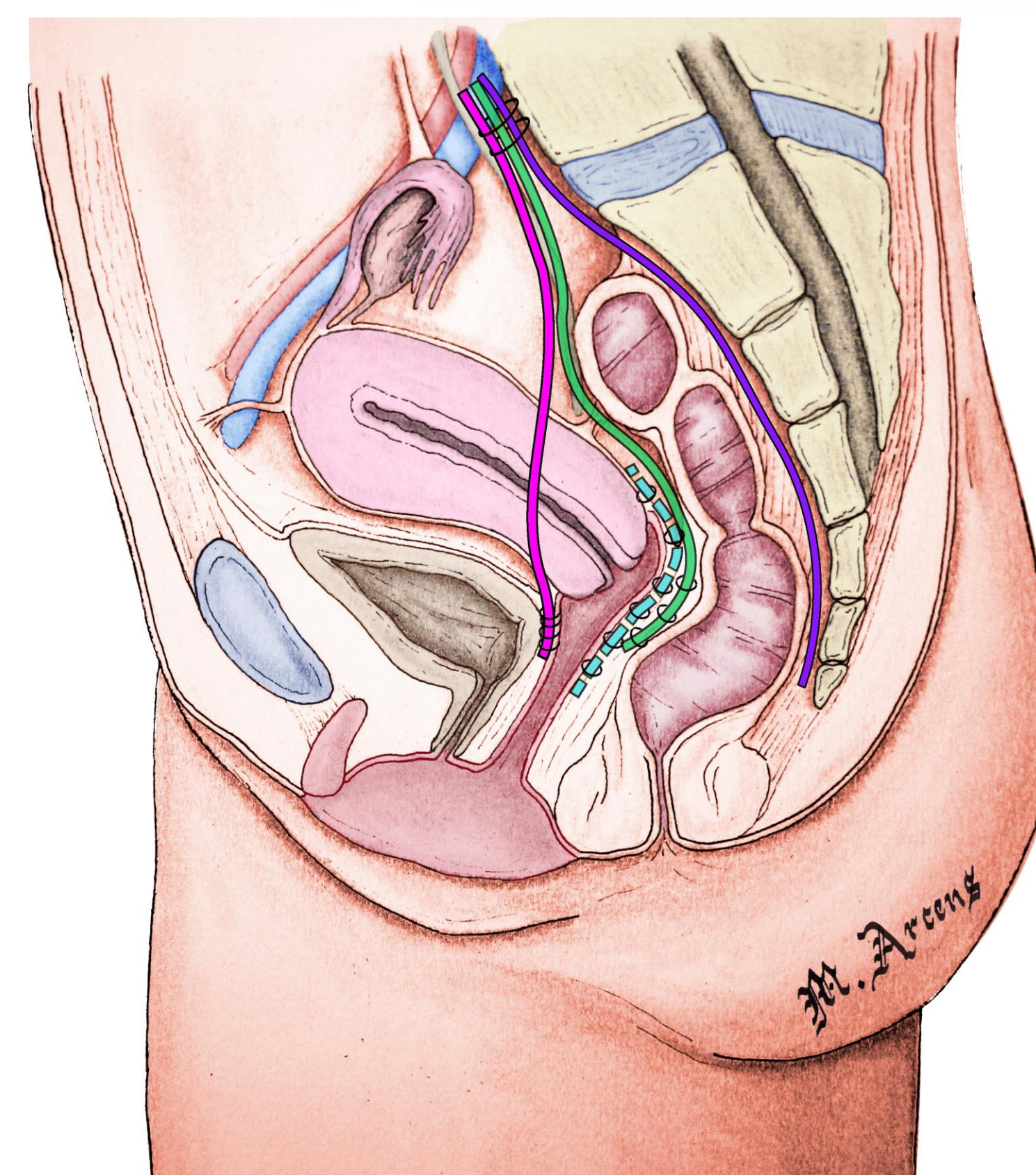
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## INTRODUCTION :

**Descending Perineum Syndrome (DPS)** is a rare coloproctologic disease and an efficient treatment has yet to be defined. DPS is frequently associated with **pelvic organ prolapse (POP)** and it is reasonable to postulate, that treatment of POP will also have an curative impact on DPS . There is a variability concerning results of surgery for DPS in the literature.

## AIM OF THE STUDY :

We aimed to evaluate the subjective and objective improvement of DPS patients who have undergone a laparoscopic sacral colpoperineopexy associated with retrorectal mesh placement for concomitant POP.



## MATERIAL AND METHOD :

- **Retrospective cohort study**, conducted between February 2010 and May 2016 including all women who have undergone surgery for POP and DPS
- Objective improvement of POP was assessed clinically as  $\leq$  POP-Q stage 1
- Satisfaction was assessed with a questionnaire
- Mean follow up 38 months (11 -80 months)

## RESULTS :

36 patients were operated, 31 responded to the questionnaire :  
 77% were satisfied with the surgical procedure.  
 94% were **objectively cured** for POP.  
 There was a 59% **improvement** rate for constipation, 64% and 68% were **cured or improved** for ODS and the need for digital maneuvers respectively

Table 2: Results	POP n=36	constipation n=27	ODS n=22	Digital maneuvers n=22
Recurrence	2 (6%)			
Cured	34 (94%)	1 (3.5%)	2 (9%)	7 (32%)
Improved		15 (55.5%)	12 (55%)	8 (36%)
No change		9 (33%)	7 (32%)	7 (32%)
Worsening		2 (7%)	1 (4%)	0

Table 3: Satisfaction according to history

	Satisfied	Value
Menopausal		
Yes	14/17	82%
No	9/14	64%
History of anorectal surgery		
Yes	3/6	50%
No	21/25	84%
History of POP surgery		
Yes	4/8	50%
No	20/23	87%

Table 1: Patients Characteristics

Characteristic	Value
Age (yr)	53.9 (40-84)
Number of vaginal deliveries	2,6 (1-5)
Postmenopausal	18 (50%)
history of surgery for prolapse	12 (32%)
history of anorectal surgery	6 (16%)
Active sexual life	20 (55%)
Symptoms	
Constipation	33 (89%)
Fecal incontinence	14 (38%)
ODS	26 (70%)
Digital maneuver	29 (78%)
Incomplete excretion	16 (43%)
Sensation of incomplete evacuation	17 (45%)
SUI	13 (35%)
Physical examination	
BMI	23.9 (17,6-31,2)
Prolapse G1	4 (12%)
Prolapse GII	16 (44%)
Prolapse GIII	16 (44%)
Occult SUI	7 (19%)

## DISCUSSION :

Descending perineum is an anatomic description, and is not only frequently associated with anorectal symptoms, therefore defining the DPS, but also with rectocele which is known to induce straining. Several potential causes for DPS have been described: straining, neuropathic degeneration of muscle due to ageing and trauma of the pelvic floor muscles and the pudendal nerves during labor and pregnancy. We hypothesized that **restoration of the anatomy** with the correction of both DP and POP may improve not only POP related symptoms, but also DPS, which **could break the vicious circle at its root**. Nevertheless, this hypothesis does not apply to all patients and working on the “primum movens” would help to suggest a personalized support.

## CONCLUSION :

Patients suffering from DPS are highly satisfied after treatment with laparoscopic sacralcolpoperineopexy associated with the dorsal mesh for combined DP and POP. A prospective long term study on the outcome of patients with DPS who have undergone this kind of surgery would be needed to confirm our results.

## References :

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