

CLINICAL SCORE PREDICTIVE OF THE ABDOMINAL LEAK POINT PRESSURE (ALPP) <60 CM H2O IN WOMEN WITH STRESS URINARY INCONTINENCE.

Hypothesis / aims of study:

To perform a score predictive of ALPP < 60 cm H2O from clinical factors in women with stress urinary incontinence (SUI).

Study design, materials and methods

We performed a descriptive and observational study of women referred for urodynamic study for stress urinary incontinence. The patients were divided into three groups: ALPP: >90 cm H2O, between 60 and 90 cm H2O and < 60 cm H2O. The univariate analysis was done by Chi square test or t-test for continuous or categorical variables, respectively. The logistic regression study was performed in order to complete clinical predictors of ALPP < 60 cm H2O. The variables that were significant in the multivariate analysis were included in the score. A ROC curve was used to determine the predictive ability of the score.

Results

We studied 158 patients: 65 presented ALPP > 90 cm H2O, 64 between 60-90 cm H2O and 29 < 60 cm H2O. In the multivariate analysis, were presented as independent predictors of ALPP < 60 cm H2O the presence of fixed urethra (p 0.014), the empty bladder test positive (p 0.027) and the presence of symptoms grade III in the classification of Stamey (p 0.05). Patients with a score 0 (no parameter present) were 5.7% chance of ALPP <60 cm H2O, patients with score 1 (a parameter present) had 20.6% of possibility and those with score 2 (2 or 3 parameters) 48% chance of having ALPP < 60 cm H2O. The area under the curve for the predictive score is 0.77.

Interpretation of results

Considering the invasiveness and discomfort when performing a urodynamic study, the usefulness of the score can be of help to discriminate patients with SUI are at increased risk of ALPP less than 60 cm H2O and decide which type of surgical treatment would be the most suitable

Concluding message

The score presented could be a predictive clinical tool to predict the presence of ALPP <60 cm H2O and in this way help in decision-making when choosing a surgical procedure in this group of patients.

References

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Disclosures

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