Hypothesis / aims of study
To assess and compare the effectiveness and safety of 4 points ATOM with SSLF or PIVS and 6 points ATOM for treating cystocele and uterine prolapse.

Study design, materials and methods
This retrospective cohort study was conducted with 161 women who previously had the surgery, ATOM due to 2nd degree or above cystocele and uterine prolapse between February, 2006 and March, 2016. 106 women received it by the method of 4 points ATOM with SSLF or PIVS, and 55 women received it by 6 points ATOM. Patients who have completed follow up more than one year were enrolled in this study. We compared the effectiveness and safety between these two treatments groups.

Results
There are three recurrence cases in the 6 points ATOM (5.45%). These three cases showed development of rectocele and no cystocele nor uterine prolapse. There are also three recurrence cases in the 4 points ATOM with SSLF or PIVS (2.83%). Two of them who experienced the 4 points ATOM had a recurrence in the same site, cystocele or uterine prolapse. Stress Urinary Incontinence was slightly higher in 4 points group (13.2% vs 5.45%). Voiding difficulty (19.8% vs 21.8%), constipation (16.0% vs 16.4%) and erosion (4.7% vs 3.6%) were not statistically different between the two groups.

Interpretation of results
Relapse of bulging symptom has been reported in both groups. However, all 3 cases of relapse in 6-points ATOM group turned out to be a new case of rectocele occurring in sites different from those corrected by surgery. Also, the incidence of relapse in the two groups did not show a significant difference. Comparing the incidence of postoperative complications, the incidence of stress urinary incontinence appeared to be slightly higher in 4-points ATOM group. However, this difference between the two groups was also not statistically significant.

Concluding message
In comparison of the postoperative recurrence rates, 6-points ATOM may be comparable to 4-points ATOM with SSLF or PIVS. However, further studies may be warranted to support these findings.

References

Disclosures
Funding: none  Clinical Trial: No  Subjects: NONE