274

Harvey M[1], Eason E [2], Wells G[2]
1. Queen's University, 2. University of Ottawa

PELVIC ORGAN PROLAPSE QUANTIFICATION (POPQ) SYSTEM: SHOULD WE CHALLENGE THE ANTERIOR AND APICAL STAGING?

Aims of Study

To describe pelvic floor function in a population of nulliparous at no more than 20 weeks gestation and to generate a discussion on the recommended pelvic organ prolapse staging system.

Methods

100 women were recruited in a prospective study evaluating the effect of childbirth on pelvic floor function. Before 20 completed weeks, subjects answered various validated (Urogenital Distress Inventory-6, Prolapse/Incontinence specific Sex Questionnaire –short form, Prolapse Quality of Life) and non-validated (anal incontinence) questionnaires and underwent prolapse staging (Pelvic Organ Prolapse Quantification). An evaluation is repeated 6 months post-partum.

Results

100 women are recruited thus far. Mean age (standard deviation) is 28.7 year-old (4.5), BMI 24.4 (6,6). Previous pregnancy outcome include: spontaneous loss (11%) therapeutic abortion (11%), both (2%). All other women were primigravida. Race was white in 97%. Mean scores on UDI-6 was 0.4 (SD 0.4), and on PISQ 40.1 (3.5). Perineometry (Oxford scale) showed a mean strength of 4.1 (0.9). Overall POP-Q staging was: stage 0 (4%), stage 1 (87%) and stage 2 (8%). Staging by compartment was as follow: apex = stage 0 (11%), stage 1 (89%) (point C being measured on average at –5, with a TVL of 8 cm)), anterior = stage 0 (20%), stage 1 (71%), stage 2 (8%) and posterior = stage 0 (83%), stage 1 (16%). Overall POPQ staging was not different based on perineometry, PISQ or UDI scores, BMI or age in univariate analyses. Abdominal wall striea was associated with larger (stage 2).

Conclusions

Our population presents a high prevalence of stage 1 pelvic organ prolapse. We noted that POPQ-staging of the anterior and apical compartments suggested a greater stage than clinically suggested. In our population, point Aa is generally located at –2 (2 cm proximal to the hymen), as the mid-urethal opening is itself located 1 cm distal to the hymen. We suggest that point Aa be relocated 3 cm from the hymen opposed to the mid-urethra. Point C is always at least < [TVL-2], as the cervix is located on the anterior fornix in a plane parallel to the vagina and is usually 2 cm or more in diameter. The POPQ system has previously been validated in a mostly post-menopausal population (mean age 61 yo).