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Zafirakis H [1], Shah P[2], Grahame R[2]
1. Ipswich Hospital NHS Trust, 2. University College London

INCIDENCE OF BENIGN JOINT HYPERMOBILITY SYNDROME IN WOMEN PRESENTING TO UROLOGY OUTPATIENTS WITH STRESS URINARY INCONTINENCE.

Aims of Study

Benign Joint Hypermobility Syndrome (BJHS) is a heritable disorder of connective tissue matrix proteins (formerly, EDS III). It has a high prevalence and is usually under-diagnosed. Although 59% women with BJHS have stress urinary incontinence (SUI), only 29% have uterine prolapse (McIntosh, et al 1995). The aim of this study was to establish the incidence of BJHS in women presenting to a Urology clinic with stress incontinence and to characterise the nature of the urological abnormality in women diagnosed with BJHS and to compare them to incontinent women who do not have BJHS to determine if this group of patients requires special investigation and treatment.

Methods

102 women presenting to a Urology outpatients clinic with video-urodynamically proven SUI were examined for clinical features of BJHS according to the revised Brighton Criteria (Grahame R, et al et 2000). This group was compared with 91 women who presented with lower urinary tract symptoms but no SUI.

Results

Both groups were of comparable age and parity with a mean age of 51 years and a mean parity of 1.8. 16/102 (15.7%) of the SUI group and 4/91 (4.4%) of the non-SUI group had BHJS. Within the SUI group, those patients who fulfilled the criteria for BJHS had a greater degree of visceral prolapse ($p=0.0023$), in the form of a statistically significant greater degree of uterine prolapse ($p=0.0140$), a greater mean span to height ratio ($p=<0.0001$), a greater number of soft tissue lesions ($p=0.0045$) and a higher Beighton score ($p=<0.0001$). No significant difference was found in the degree of anterior prolapse or in the pelvic floor strength between those with and without BJHS in the SUI group. The degree of SUI, measured by number of incontinence pads used, was comparable in both groups.

Conclusion

The prevalence of BJHS in women presenting to Urology outpatients with SUI is significant. It seems that these patients do not have a higher degree of anterior wall prolapse or weaker pelvic floor strength as might be expected from the pathogenesis of BJHS. These patients do, however, have a higher degree of uterine prolapse. Patients with SUI and BHJS may be treated in a similar way to those without BJHS.

References

Grahame R, Bird HA, Dolan AL, et al. The 1997 “Brighton” diagnostic criteria for the Benign Joint Hypermobility Syndrome. J Rheumatol 2000; 27: 1777-1779.
McIntosh LJ, Mallett VT, Frahm JD, et al. Gynacologic disorders in women with Ehlers-Danlos Syndrome. J Society Gynecol Investig 1995; 2(3): 559-564.