

CLINICAL EXAMINATION AND DEFACOGRAPHY IN THE EVALUATION OF ENTEROCELE

Hypothesis / aims of study

To evaluate the correlation between clinical examination and defecography in patients with pelvic organ prolapse.

Study design, materials and methods

Patients with complaints of pelvic organ prolapse and urinary and fecal dysfunction were recruited prospectively in a pelvic floor dysfunction center. A detailed pelvic examination was performed including POP-Q scoring. Points C and D were used to quantify the existence of enterocele. Patients with rectocele grade ≥ 2 , obstructed defecation, rectal pain or suspected rectal prolapse were referred to a rectal physiology lab for evaluation including defecography. Oral and rectal contrasts were given for defecography. Data was entered prospectively into a central database.

Results

Twenty-five women, average ages 62.7 years (range 39-85) were evaluated. Eight patients had clinical evidence of an enterocele based on pelvic exam and POP-Q points C or D. Three of the 8 had evidence of an enterocele on defecography. Four patients were diagnosed with an enterocele by defecography but had no clinical findings. Seven patients were noted to have an enterocele on defecography but only 3 of these findings were clinically apparent.

Interpretation of results

Using a 2x2 data table the positive predictive value of clinical exam was calculated to be 37.5% and the Negative predictive value was 76.4%. The positive and negative predictive values for defacography were calculated to be 42.8% and 72.2% respectively.

Concluding message

Clinical examination quantified by POP-Q points C and D correlates poorly with defacography for the diagnosis of enterocele. Understanding the limitations of defacography and clinical examination, further studies are needed to evaluate the clinical significance of such discrepancies.