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POSTERIOR COMPARTMENT DEFECTS DO NOT PROGRESS WITH AGE

Hypothesis / aims of study

Advancing age and parity are risk factors for female pelvic floor dysfunction. The cumulative effects of diminished estrogen, changes in tissue integrity with aging, in conjunction with birth related pelvic floor trauma leads to a variety of pelvic floor symptoms and physical findings. However, there is a paucity of literature regarding patients with multiple symptoms and the effects of aging on their clinical presentation. The objective of this study is to evaluate age related differences in symptoms and physical findings in women with pelvic floor dysfunction evaluated in our multidisciplinary center

Study design, materials and methods

Women with multiple symptoms including urinary dysfunction, pelvic organ prolapse and defecation disorders were evaluated in a multidisciplinary center by a urogynecologist and a colorectal surgeon. IRB approval was obtained from the institution and the information was prospectively entered into a centralized database. A detailed history was taken. Urinary incontinence, urgency, frequency, vaginal and pelvic pressure, fecal incontinence, and obstructed defecation were identified. The pelvic organ prolapse quantification score (POP-Q) was used to measure cystocele, enterocele, and rectocele. Patients were grouped by age, Group I less then 65 years old and Group II more than 65 years old. Statistical analysis with the SPSS software was performed. $P < 0.05$ was considered significant.

Results

Seventy women, average age of 66 years old (range 35-90) were evaluated. Group I consisted of 33 women and group II involved 37 women. Overall symptoms included: 79% with urinary incontinence, 56% with urinary urgency, 54% with fecal incontinence, 40% with obstructed defecation and 31% with rectal pressure. Using Pearson's Chi Square with exact probability, there were no statistical differences in symptoms between the two age groups ($p< 0.15$). For physical findings, cystocele was documented in 61%, enterocele in 21%, rectocele in 64% and rectal prolapse in 7% of all women. Using the Fischers exact T test, group 2 revealed significantly greater anatomic abnormalities: cystoceles ($p< 0.016$), enteroceles ($p< 0.003$) and rectal prolapse ($p<0.006$). Statistical difference with the rectocele defect was not found ($p <0.27$).

Interpretation of results

Older patients are more likely to have physical findings of pelvic organ prolapse with the exception in the posterior compartment, rectocele defects, which were as prevalent in younger as older patients.

Concluding message

From this analysis, it appears that injury to the rectovaginal septum during vaginal delivery causing a rectocele does not progress with age. Further

studies are needed to understand the significance of this finding in the management of pelvic floor disorders in the elderly.