

PELVIC ORGAN PROLAPSE QUANTIFICATION (POP-Q) AS A PREDICTOR OF SUCCESSFUL PESSARY MANAGEMENT FOR WOMEN WITH PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

The use of the pessary can be traced to ancient Greece with Hippocrates introducing a half of a pomegranate to securely reduce severely prolapsed pelvic organs in women. Despite a long history of pessary use there is a paucity of research available to assist the health care provider in patient selection and treatment management. Therefore, the purpose of this study is to examine the relationship between the POP-Q score and successful management with a pessary in women with pelvic organ prolapse.

Study design, materials and methods

This was an IRB approved retrospective analysis of women who were evaluated from May 1998 through December 2002. Women were included in the study group if they were diagnosed with pelvic organ prolapse using the POP-Q quantification system and treated with a pessary. Baseline demographic data collected included age, race, parity, past medical and gynecological surgical history, and use of hormone replacement therapy. POP-Q score, stage of prolapse, size and type of pessary, duration and satisfaction of pessary use, and decision to have surgery was gathered.

Results

A total of 226 women were identified who had a pessary placed between May 1998 and December 2002. Of these, 5 records were unavailable for review and 11 were excluded due to the absence of POP-Q measurements. Complete data was gathered on 210 women. Subsequently, 125 women chose to continue with the pessary and 85 chose to have surgery. There was no difference between the two groups in age, race, parity, past medical or surgical history, use of hormone replacement therapy, or desire for sexual activity. There was no difference in POP-Q scores or overall Stage of Anterior, Posterior, or Apical prolapse between the two groups. The type and size of the pessary placed between the two groups was also not significantly different. Duration of pessary use was significantly longer between the two groups, 7.3 months in the surgery group compared to 17.8 months in the no-surgery group.

Table 1: Demographic Data

	Surgery N=85	No-Surgery N=125	P-value
Age (years)	65.7	68.5	NS
Parity	2.8	2.6	NS
Pre-menopausal	11	14	NS
Post-menopausal	74	111	NS
HRT (+)	25	26	NS
HRT (-)	60	99	NS
Sexually Active	16	18	NS
#Months pessary use	7.3	17.8	p<0.0001

Interpretation of results

There was no component of the POP-Q exam or overall Stage of prolapse that was associated with continued pessary use in this cohort of women. Similarly, there was no patient characteristic, such as age or desire for sexual activity, which was associated with either continued pessary use or the choice for surgery.

Concluding message

One study reported that in women with pelvic organ prolapse, increasing age and decreasing prolapse severity were associated with the choice of treatment with a pessary,¹ whereas prior prolapse surgery was associated with the choice of treatment with surgery. However, in this study, age and prolapse severity was not associated with continued pessary use. Similarly, a history of prior surgery did not affect the choice for surgery. Overall, the pessary was tolerated well by both groups and continued use was not associated to the POP-Q scores.

References:

1. Predicting treatment choice for patients with pelvic organ prolapse. *Obstet Gynecol.* 2003;101:1279-84.