IS THERE A DIFFERENCE IN PELVIC FLOOR MUSCLE PRESSURE IN NATURAL AND SURGICAL MENOPAUSE? (#561)

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INTRODUCTION

The natural aging of the muscle fibers with consequent hypotrophy or replacement by adipocytes can contribute in an effective way to muscular dysfunctions. Besides the aging, factors such as menopause time and age of onset of menopause may influence the functional of pelvic floor muscles (PFM) and there is a strong correlation with the appearance of alterations in the PFM, such as urinary incontinence (UI) [1]. Thus, this study aims to compare the PFM pressure of postmenopausal women with a history of natural and surgical menopause.

DESIGN

- The study was approved by the Ethics Committee.
- A cross-sectional study of 117 volunteers allocated by spontaneous demand and divided into two groups: natural menopause (NM; n = 62) and surgical menopause (SM; n = 55).
- It was used the Peritron 9300V. The patients were instructed on the correct way to contract PFM avoiding the Valsalva maneuver, and to perform muscle contraction with the greatest strength possible. Volunteers were also instructed to empty their bladders before the manometry.
- The probe was inserted with the equipment turned off. Three maximum voluntary contraction of PFM was requested, with two to three seconds of duration each. The command was "squeeze the probe".

RESULTS

- It were analyzed 109 volunteers. Three volunteers were excluded because they felt pain during the introduction of the probe and five because they could not dissociate the contraction of the PFM. The mean age was 57.96 years (± 6.99; CI: 55.98 - 59.97) in NM and 56.00 years (± 8.07; CI: 53.80 - 58.20) (p = 0.79).
- The mean time of menopause was 8.38 years (± 6.45; CI: 6.50 - 10.26) in the NM and 15.01 years (± 10.69, CI: 12.09 - 17.93) in the SM (p = 0.00).
- Regarding the PFM pressure, NM presented a mean of 34.38 cmH2O (± 23.67; CI: 29.89 - 38.88) and the SM was 27.35 cmH2O (±18.84; CI: 22.21-32.49) (p = 0.04).

CONCLUSION

There was difference in pelvic floor muscle pressure of postmenopausal between women with history of natural and surgical menopause.

Reference

Thompson JA, O’Sullivan PB, Briffa NK, Neumann P. Assessment of voluntary pelvic floor muscle contraction in continent and incontinent women using transperineal ultrasound, manual muscle testing and vaginal squeeze pressure measurements. Int Urogynecol J Pelvic Floor Dysfunct. 2006;17(6):624–630
