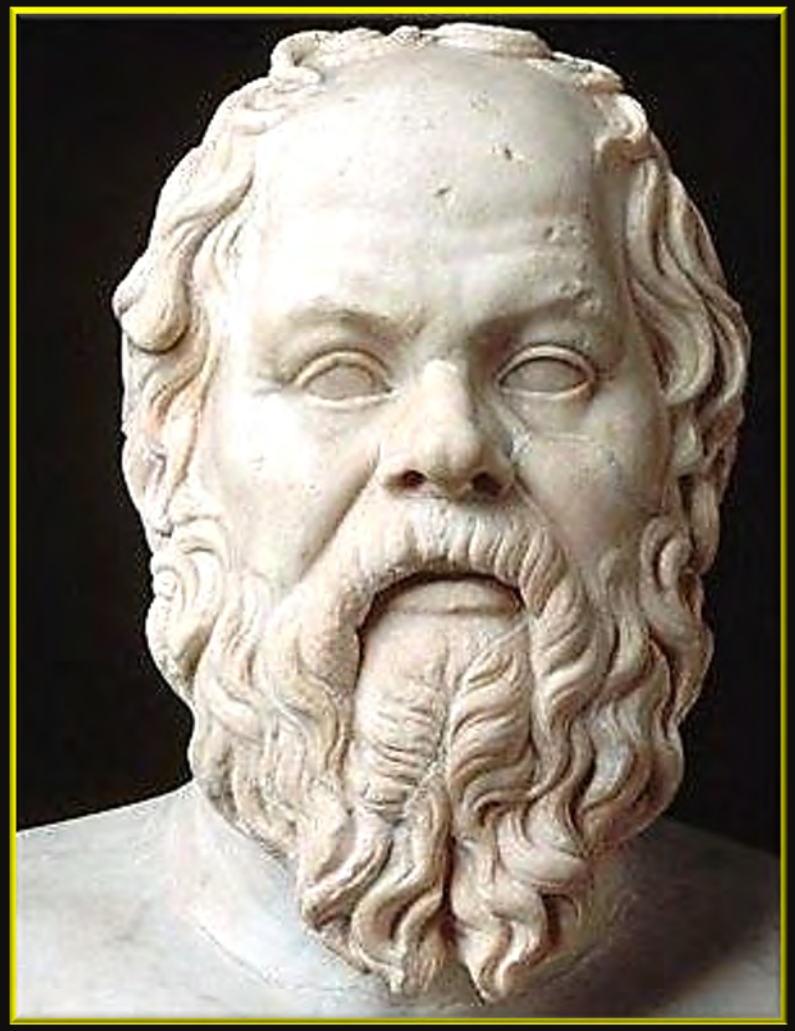
Examen du prolapsus
Tips & Tricks

Dr. Hfaiedh Inès
Pr Mourali Mechaal
Pole mère-enfant . HUB



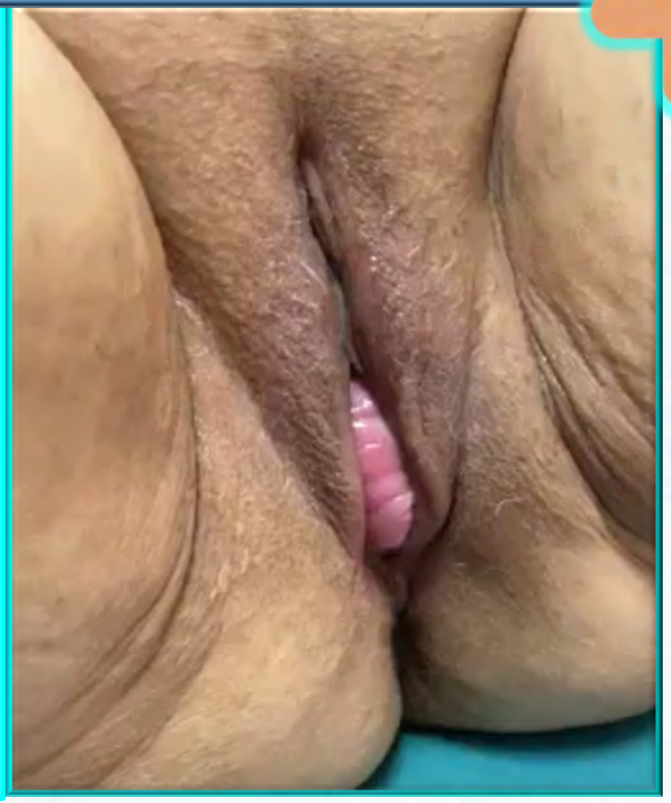
"The beginning of wisdom is the definition of terms."

Socrates

International Urogynecological Consultation: clinical definition of pelvic organ prolapse

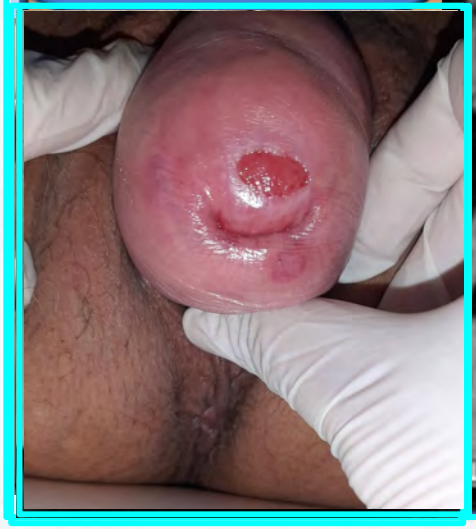
2021

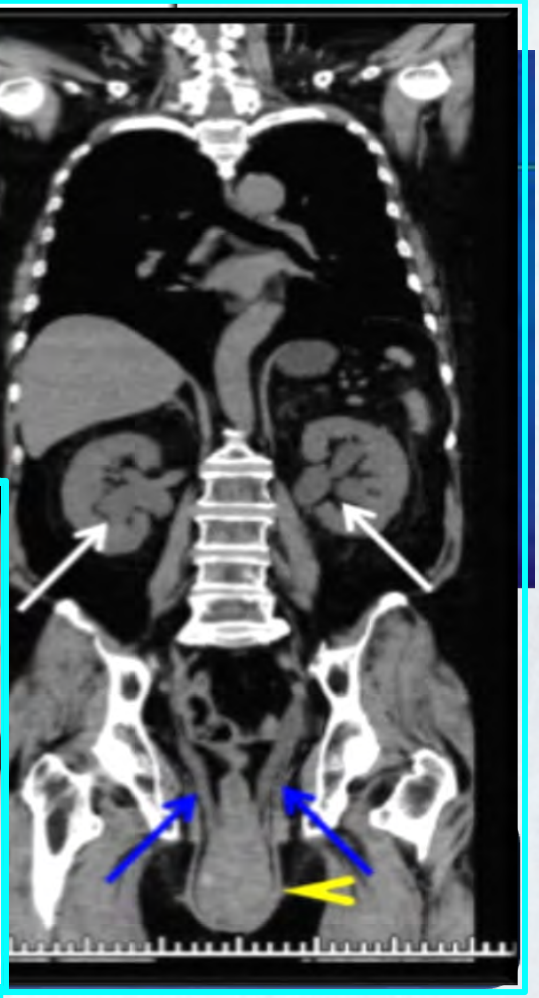
Anatomical prolapse



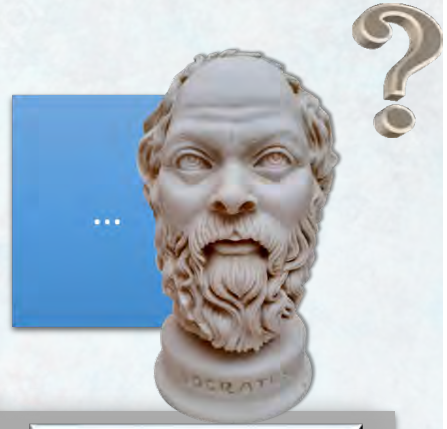
+

functional Or medical compromise





"surgical failure," "persistent",
"recurrence," "relapse," "de novo"
"residual" vaginal descent



Recurrence can be objective, when ≥ POP-Q stage 2b POP is detected on examination, or subjective, when patients experience symptoms attributed to recurrent POP. It can be direct, when it affects a previously operated upon compartment, or indirect, when it affects another compartment (level D).

2016

Interrogatory

- Previous history : Ob-gyn, hormonal status, collagen disease, neuropathy.
- Previous operation
- Actual Pelvic Symptoms: Vaginal ball sensation / Pelvic heaviness. Associated symptoms
- Risk factors: Chronic cough / Defecatory obstruction syndrome / Abdominal thrust during micturition / Carrying heavy loads / Obesity / Sedentary lifestyle
- Discomfort felt and dominant symptom Repercussion :**quality** of life scales: **PFDI-20, APFQ** Physical activities / Sexual / Anxiety, depression
- Expectations and preferences.

dominant symptom

Previous oparation

quality of life

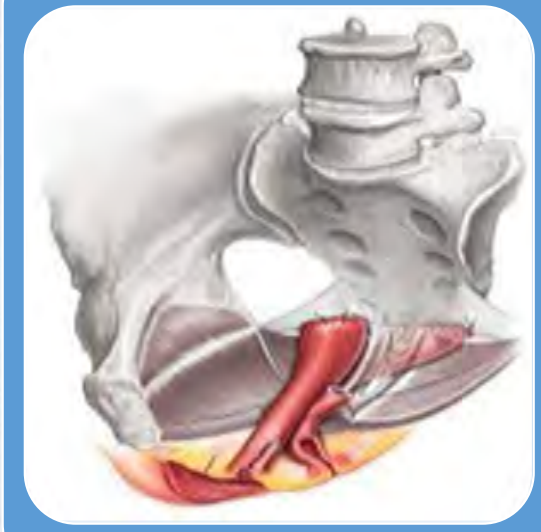
Risk factors
=
RECURENCE FACTORS

Previous oparation

Recurrent pelvic organ prolapse: International Urogynecological Association Research and Development Committee opinion

Sharif Ismail[1] · Jonathan Duckett[2,3] · Diaa Rizk[4] · Olanrewaju Sorinola[5] · Dorothy Kammerer-Doak[6] · Oscar Contreras-Ortiz[7] · Hazem Al-Mandeel[8] · Kamil Svabik[9] · Mitesh Parekh[10] · Christian Phillips[11]

2016



Sacrospinous fixation

is followed by more frequent

anterior compartment prolapse

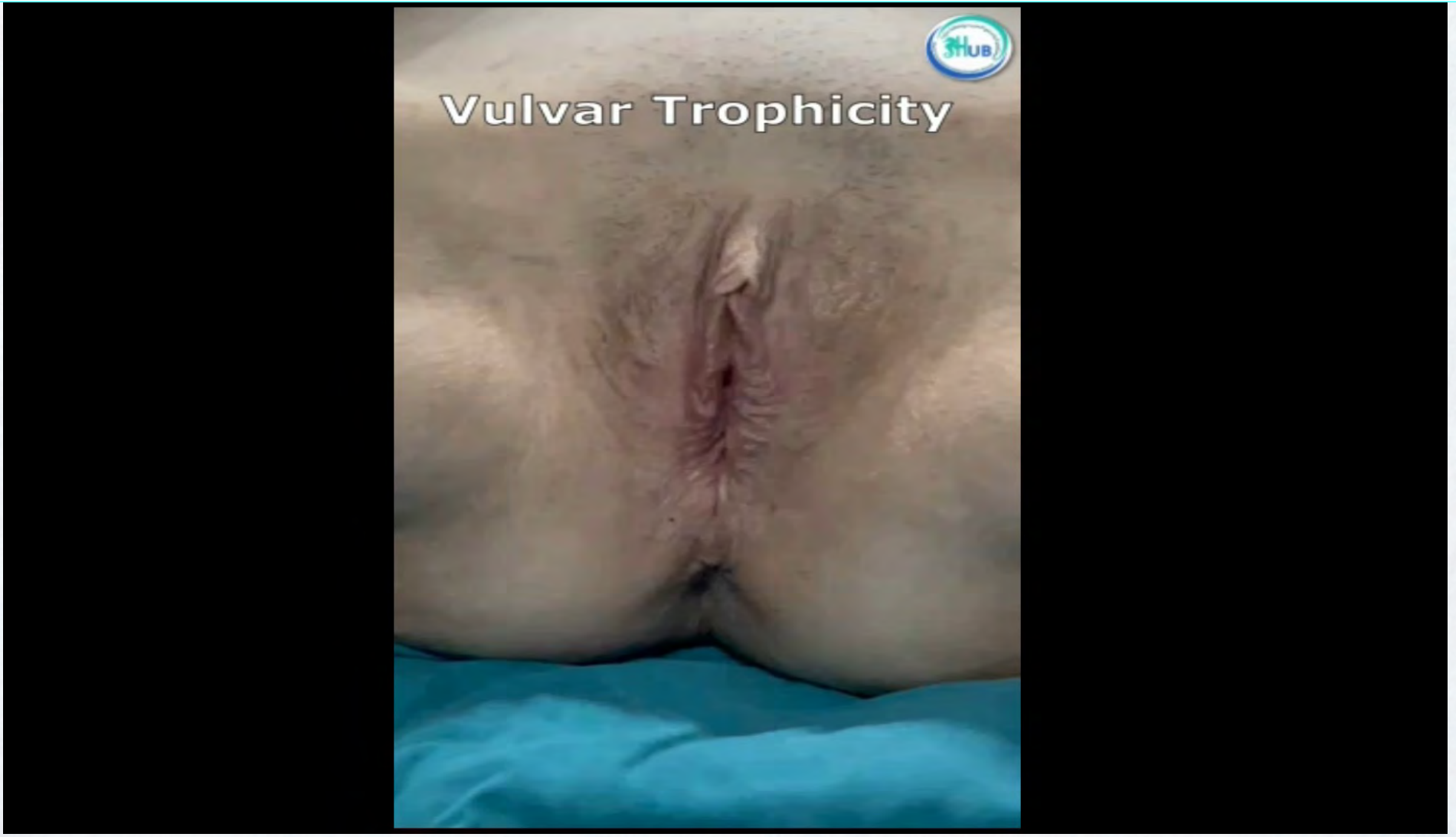
than **sacrocolpopexy**. (level A).

Clinical examination

LITTLE DETAILS MATTER

- to identify risk factors for recurrence
- looking for complication of previous surgery
- establishing the extent of recurrence
- judging the suitability of management options

Inspection

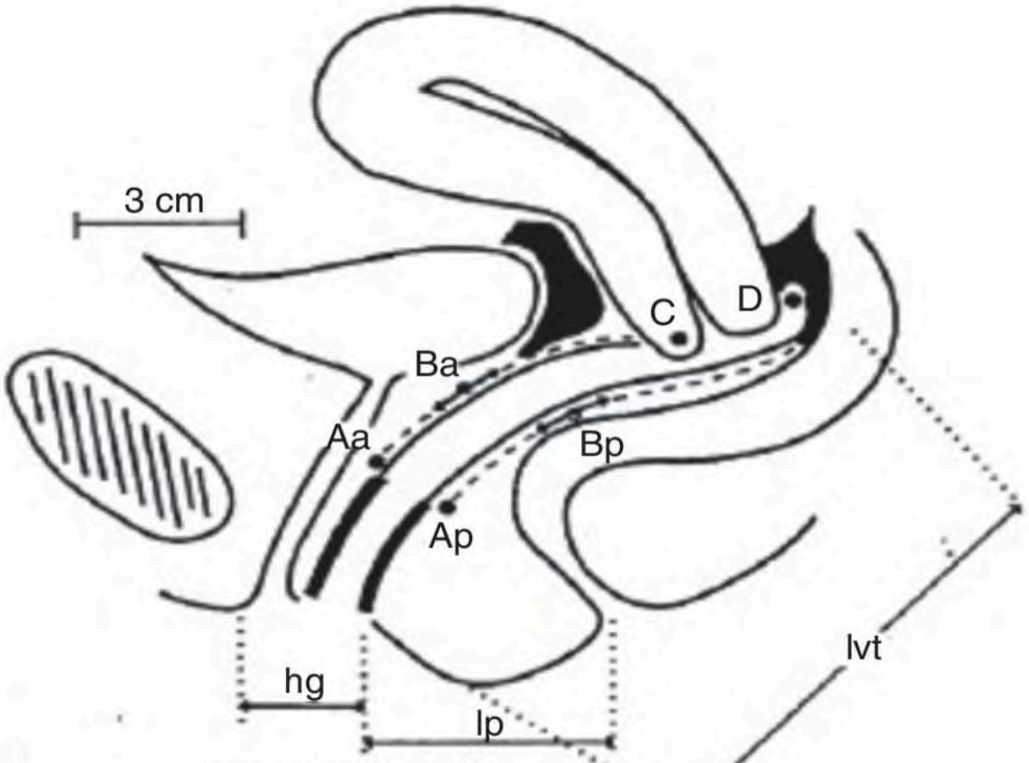


Classification de Baden-Walker

Classification de Baden-Walker

Stade	Localisation du prolapsus
1	Intravaginal
2	Affleurant la vulve
3	Dépassant l'orifice vulvaire
4	Prolapsus totalement extériorisé

Classification POP-Q de l'ICS

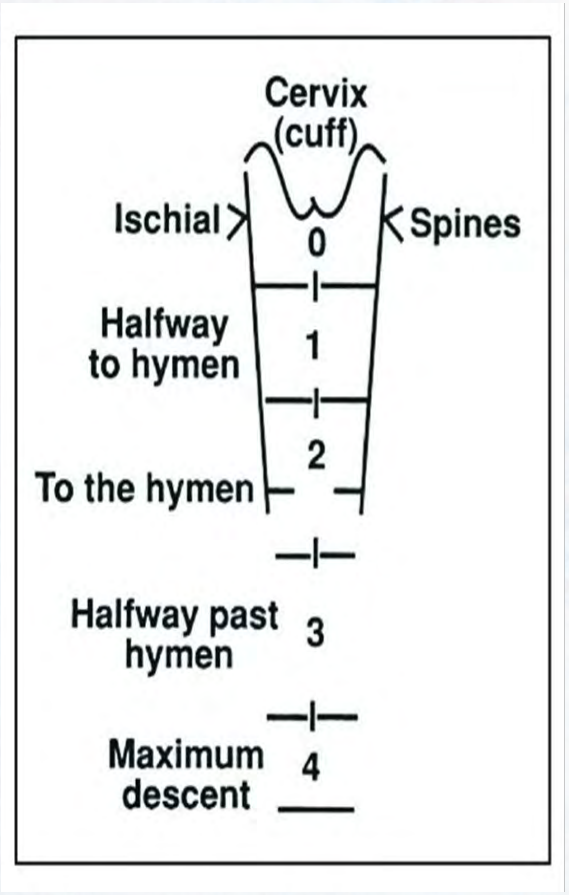


hg = hiatus génital
lp = longueur périnéale
lvt = longueur vaginale totale

Aa (à 3 cm de l'entrée du vagin, paroi ant.)	**Ba** (2/3 supérieurs paroi vaginale ant.)	**C** (col utérin ou fond vaginal)
Hg (hiatus génital)	**Lp** (longueur périnée)	**Lvt** (longueur vaginale totale)
Ap (à 3 cm de l'entrée du vagin, paroi post.)	**Bp** (2/3 supérieurs paroi vaginale post.)	**D** (cul-de-sac postérieur)

The reality of anatomic POP and Grading !

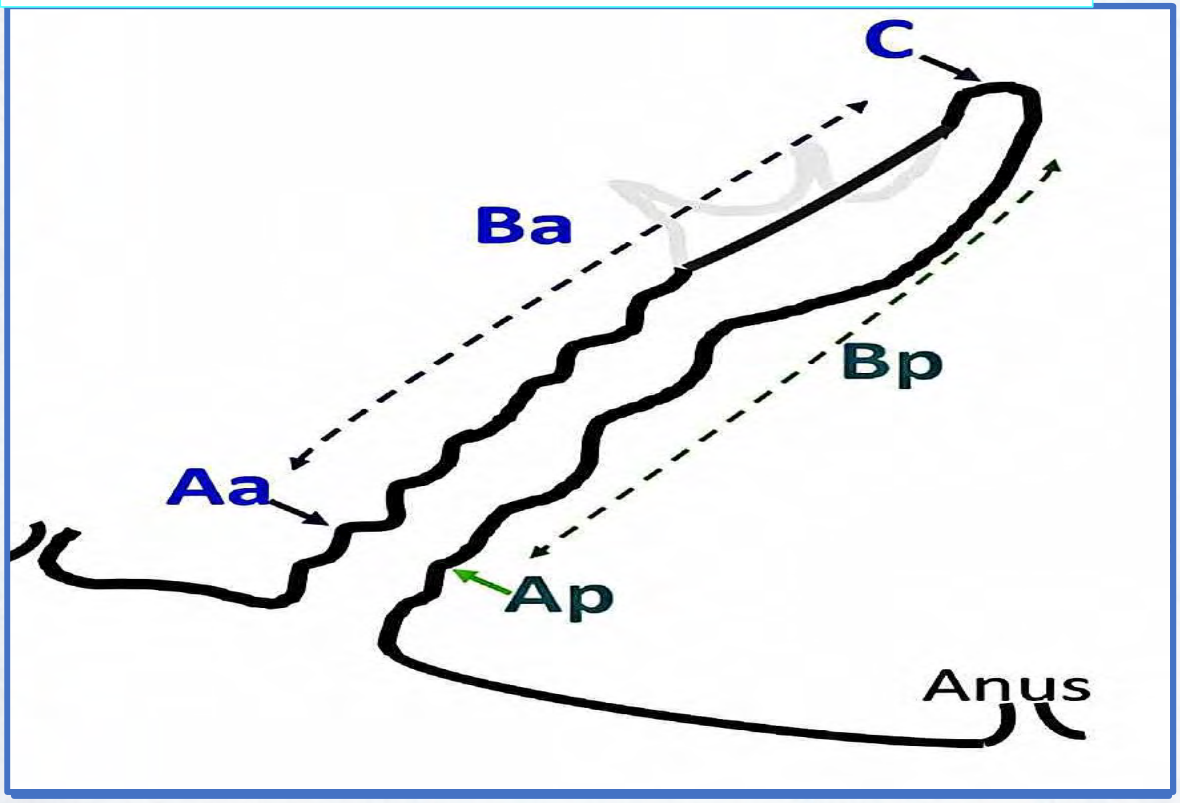
Baden Walker

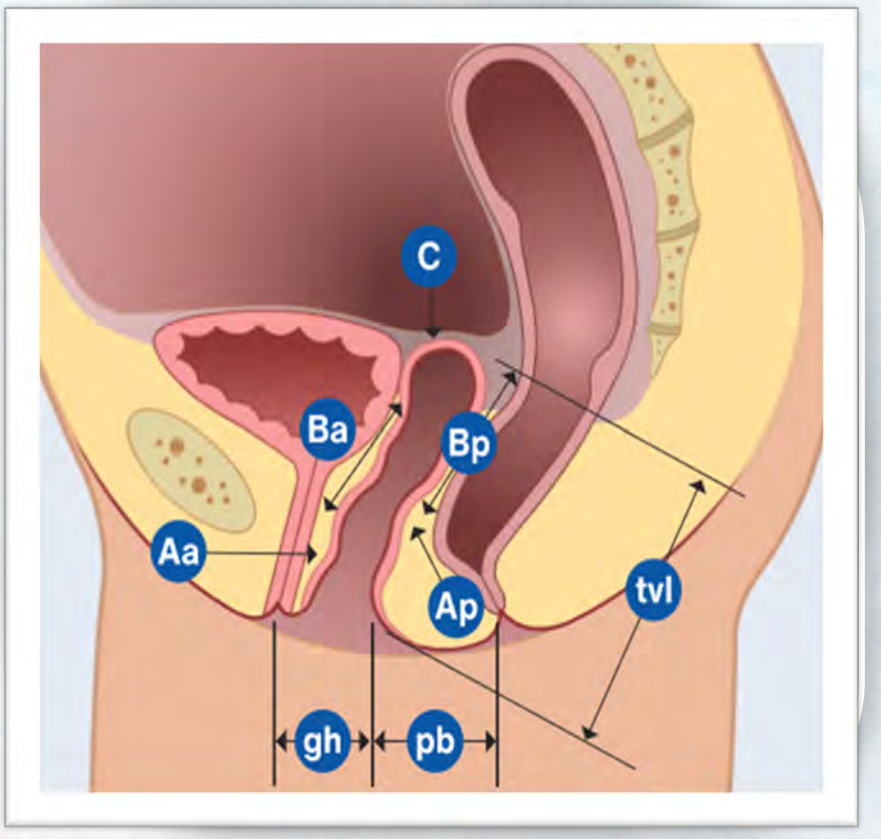


The reality of anatomic POP and Grading !

POP-Q

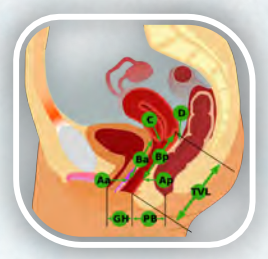
WITHout Uterus / cervix

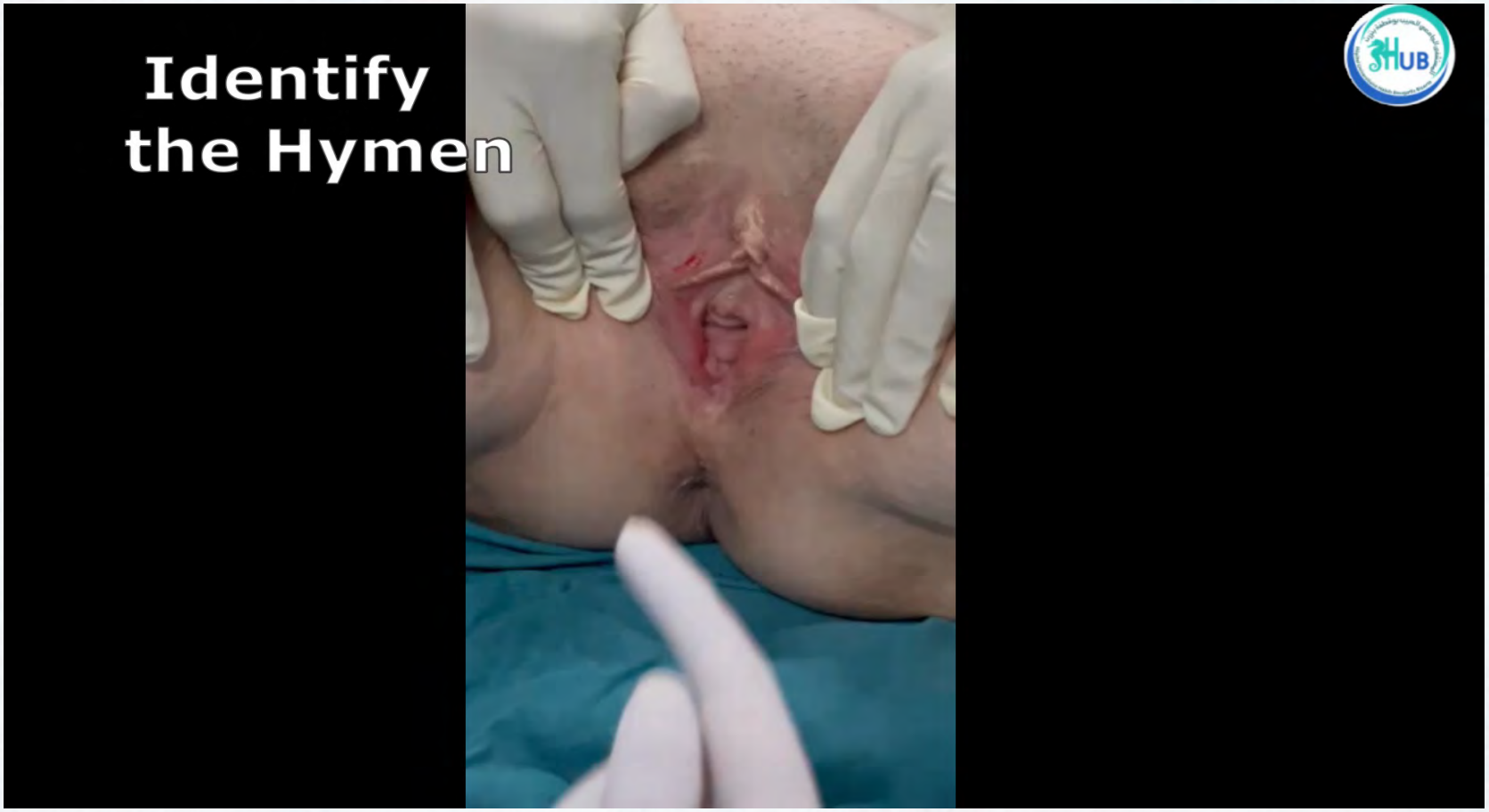




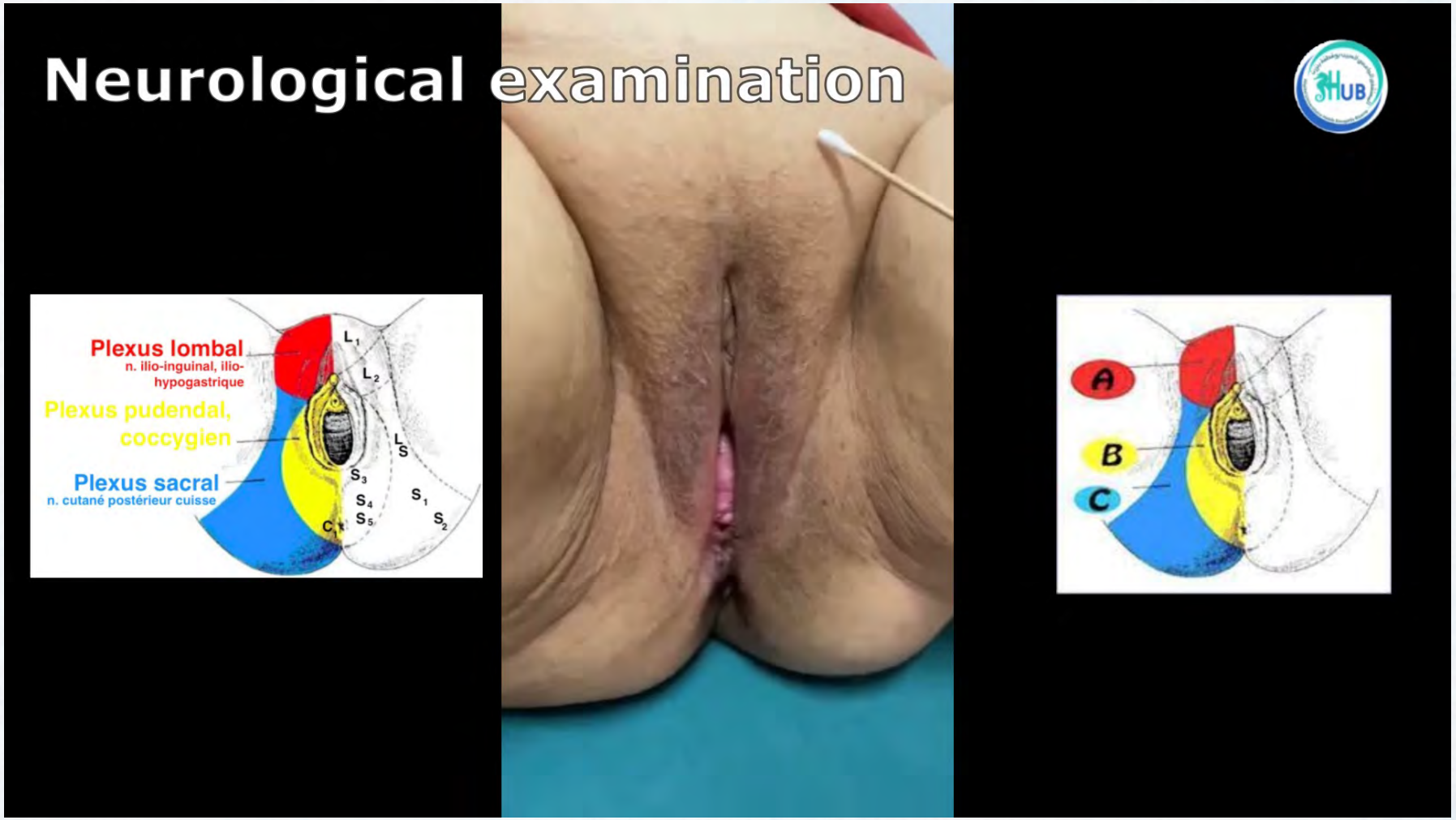
The reality of anatomic POP and Grading

POP-Q



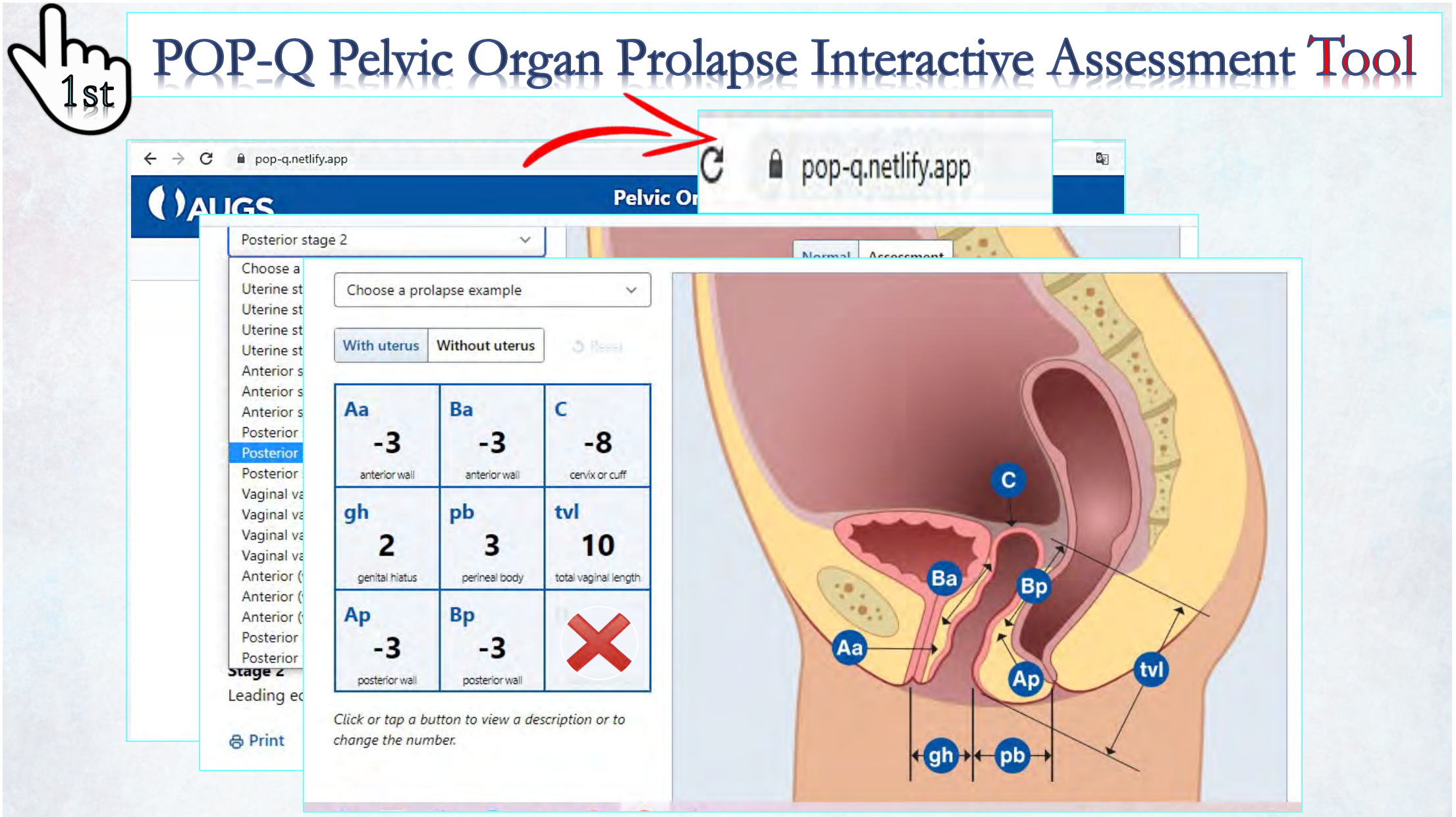


Pelvic neurological examination and pelvic floor muscle testing



Identify all pelvic floor defects

POP-Q Pelvic Organ Prolapse Interactive Assessment Tool



2nd

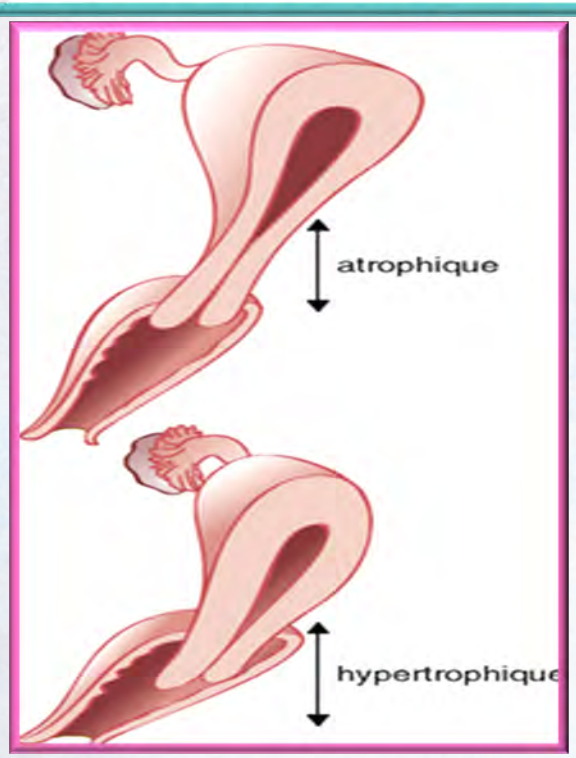
Beware of Cervical elongation

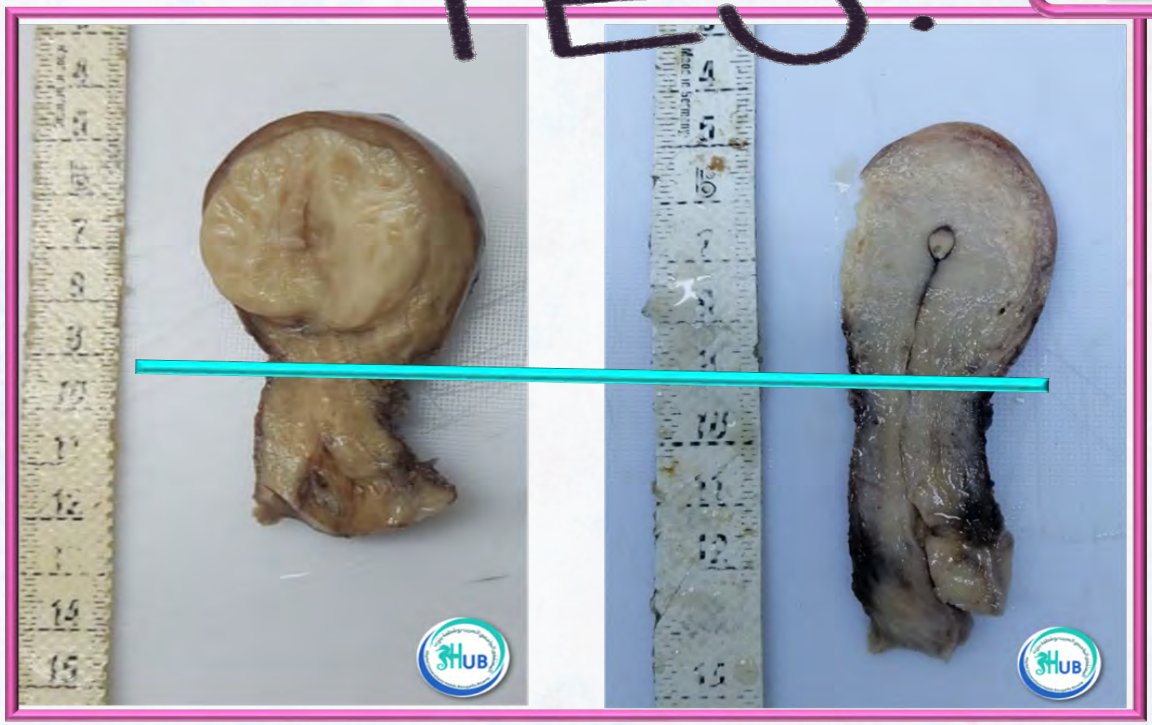
Is cervical elongation associated with pelvic organ prolapse?

Mitchell B. Berger · Rajeev Ramanah ·
Kenneth E. Guire · John O. L. DeLancey

YES!

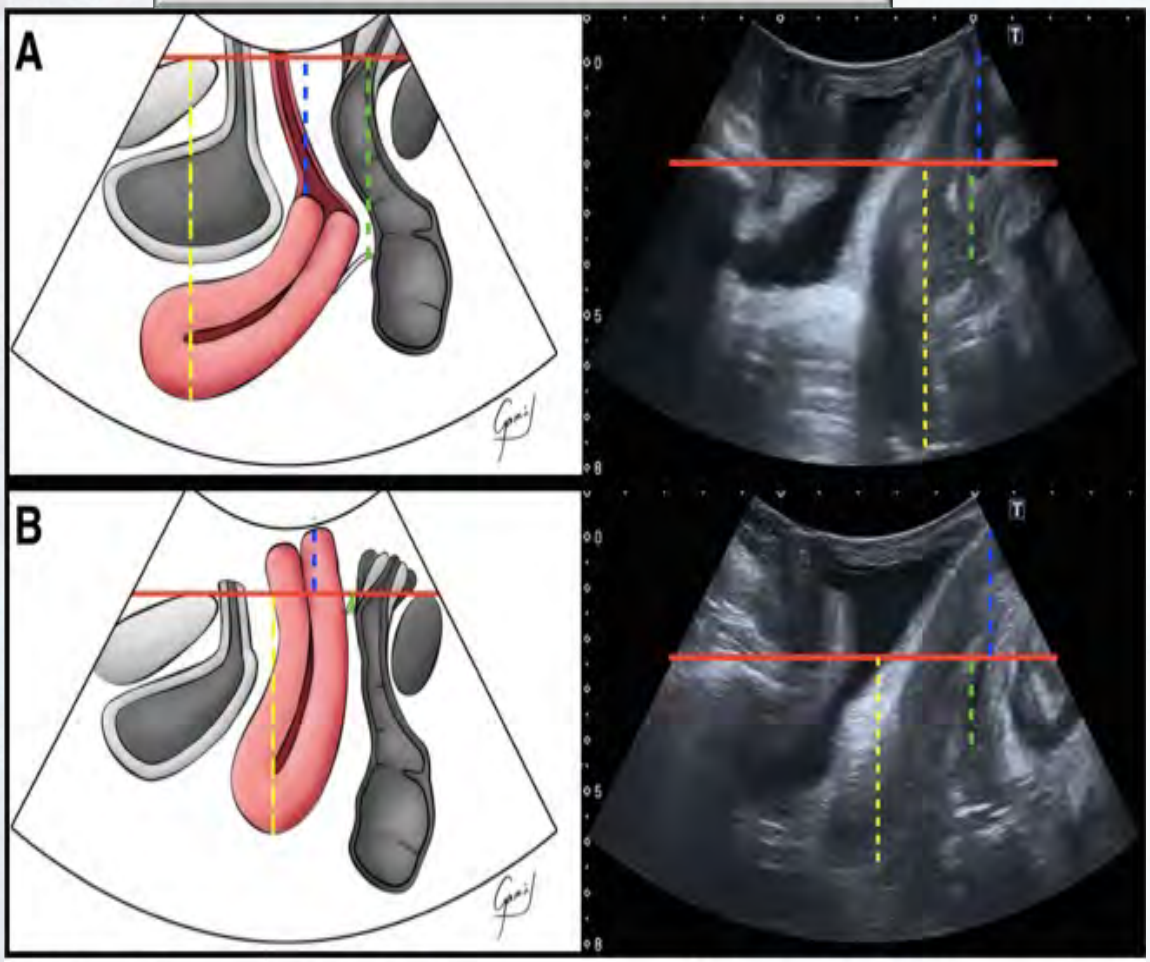
2011



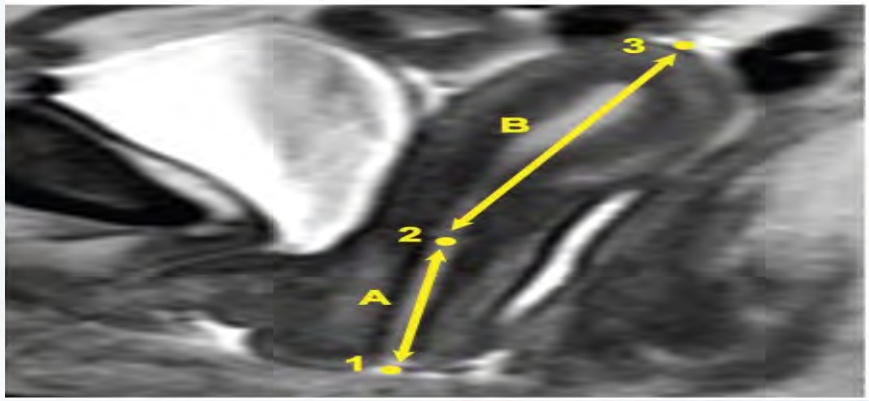


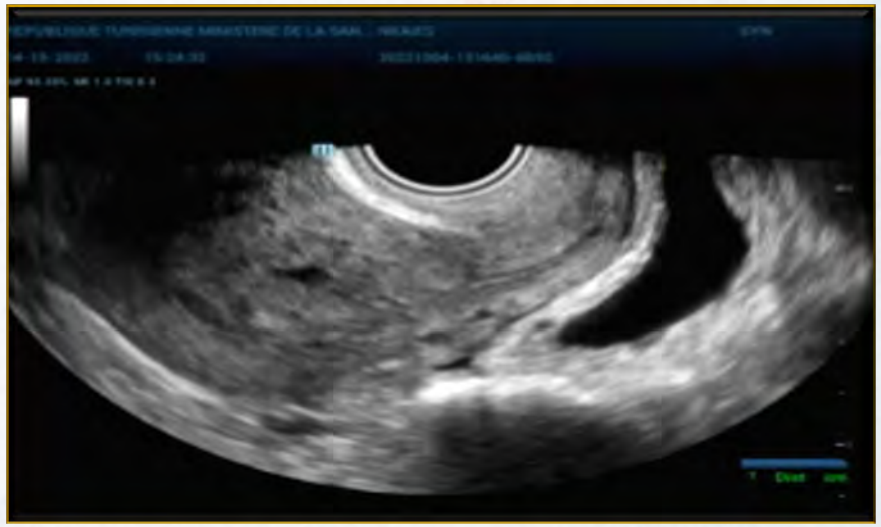
Ultrasound findings

Translabial US

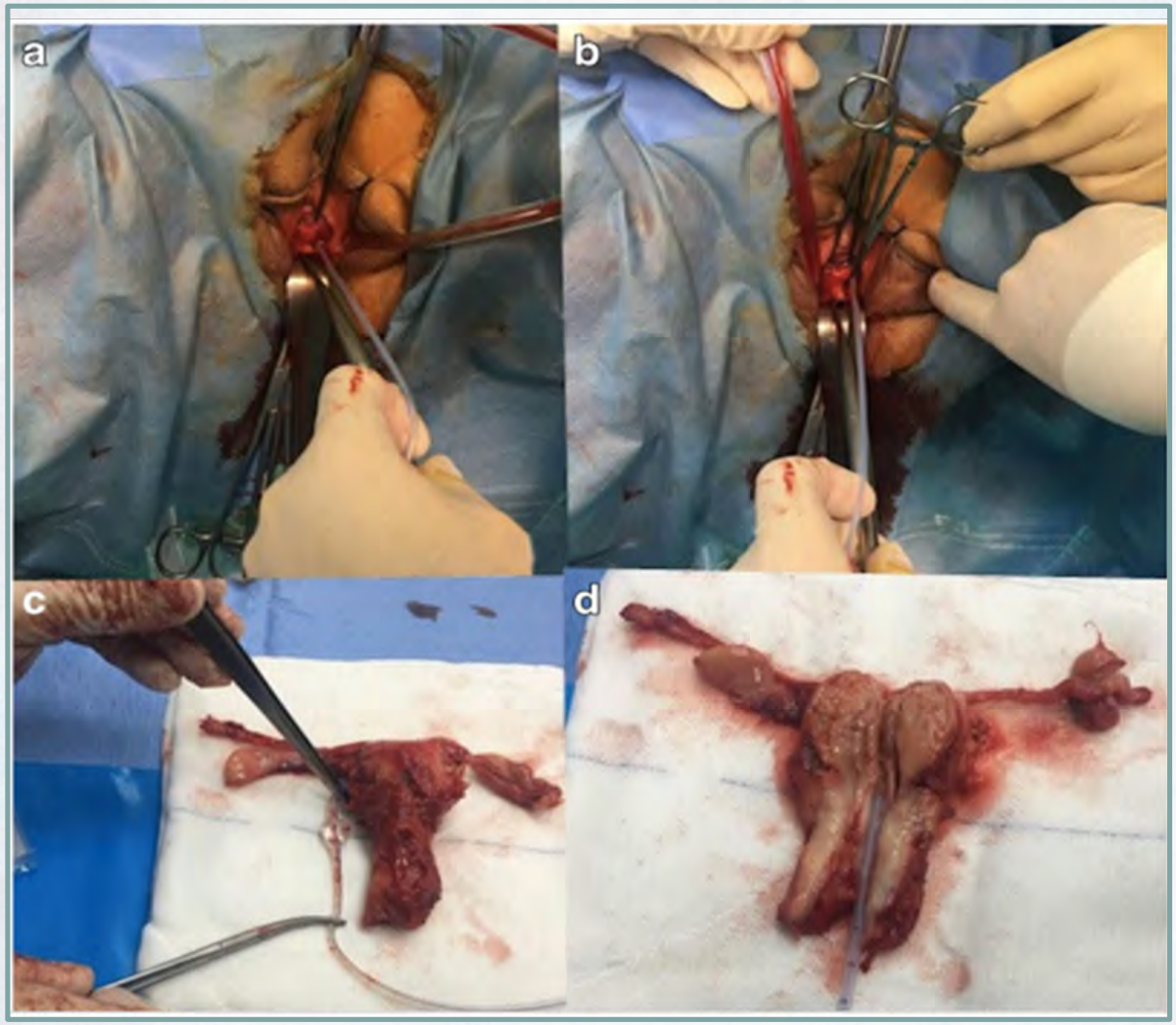


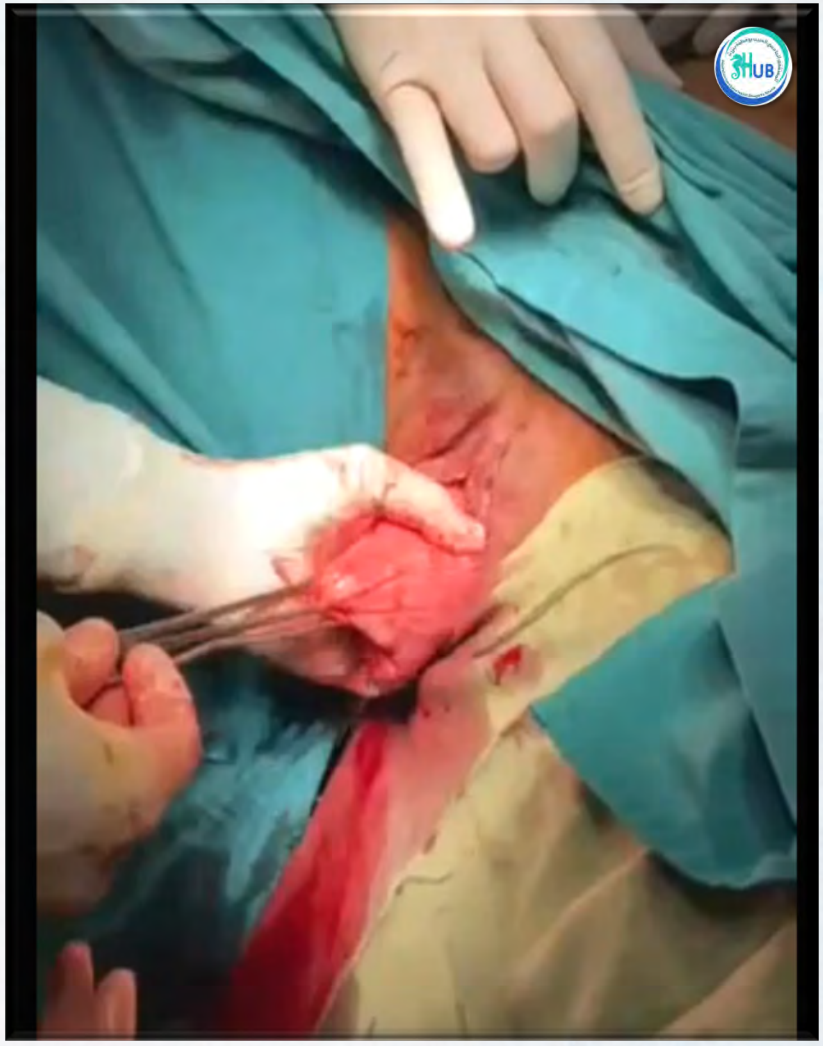
Endovaginal US





Perioperative findings





The Levator Ani Avulsion (LVA)

> Ultrasound Obstet Gynecol. 2016 Oct;48(4):516-519. doi: 10.1002/uog.15837. Epub 2016 Aug 30.

Does it matter whether levator avulsion is diagnosed pre- or postoperatively?

S S Abdul Jalil [1], R Guzman Rojas [1 2 3], H P Dietz [4]

Define a HIGH-RISK GROUP FOR POP recurence

2016

Recurrent pelvic organ prolapse: International Urogynecological Association Research and Development Committee opinion

Sharif Ismail [1] · Jonathan Duckett [2,3] · Diaa Rizk [4] · Olanrewaju Sorinola [5] · Dorothy Kammerer-Doak [6] · Oscar Contreras-Ortiz [7] · Hazem Al-Mandeel [8] · Kamil Svabik [9] · Mitesh Parekh [10] · Christian Phillips [11]

Known patient factors for recurrence include levator avulusion injury (level C)

2016

Review > Int Urogynecol J. 2018 Jan;29(1):13-21. doi: 10.1007/s00192-017-3475-4. Epub 2017 Sep 18.

Risk factors for prolapse recurrence: systematic review and meta-analysis

Levator avulsion = significant risk factor for prolapse recurrence

2018

Levator avulsion = significant risk factor for prolapse recurrence

Pelvic organ prolapse as a function of levator ani avulsion, hiatus size, and strength

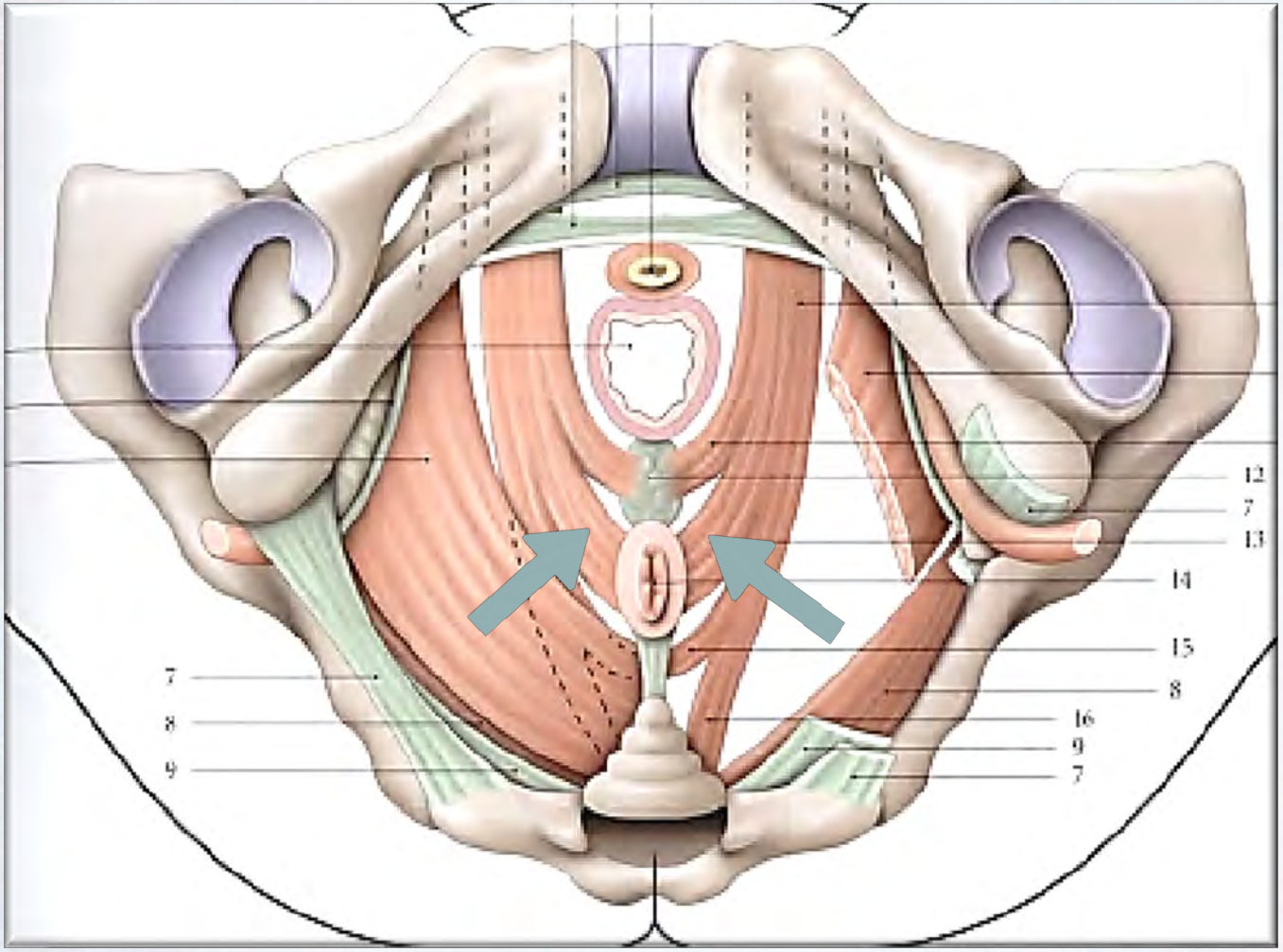
2019

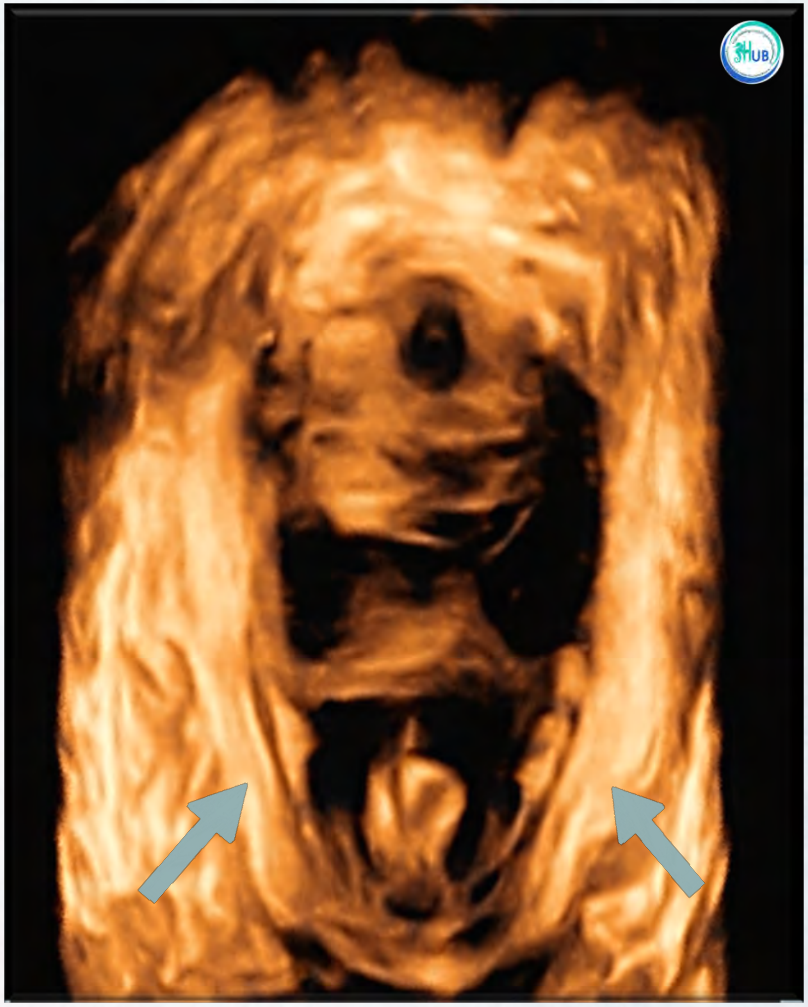
Victoria L Handa [1], Jennifer Roem [2], Joan L Blomquist [3], Hans Peter Dietz [4], Alvaro Muñoz [2]

ELSEVIER

Levator avulsion → **Weaker pelvic muscles** → **Larger levator Hiatus**

The Levator Ani Muscle (LAM)

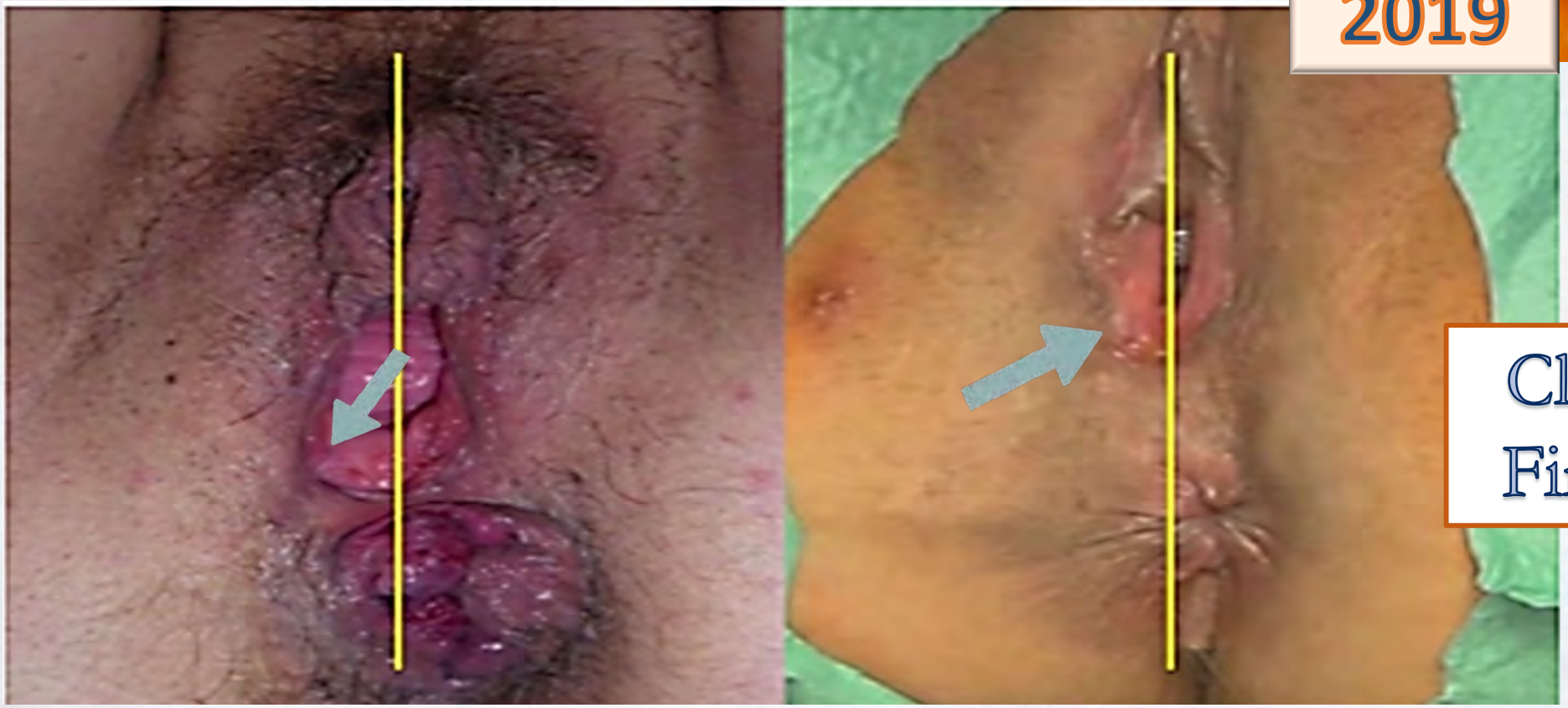




Levator ani repair by transvaginal approach

F. Ris[1] · M. Alketbi[1] · C. R. Scarpa[1] · E. Gialamas[1] · A. Balaphas[1] · J. Robert-Yap[1] · K. Skala[1] · G. Zufferey[2] · N. C. Buchs[1] · B. Roche[1]

2019

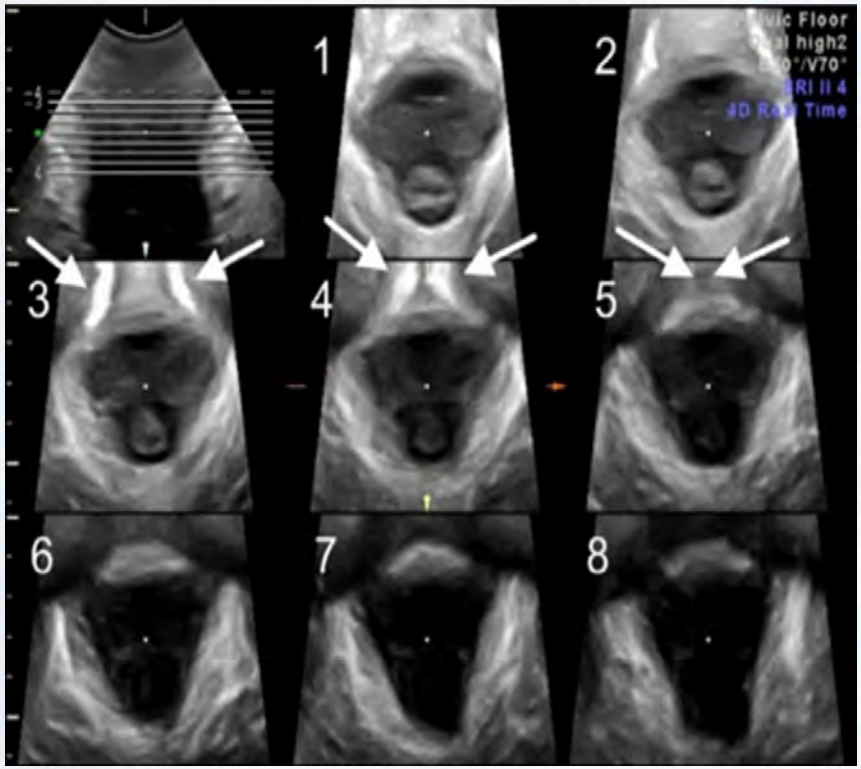


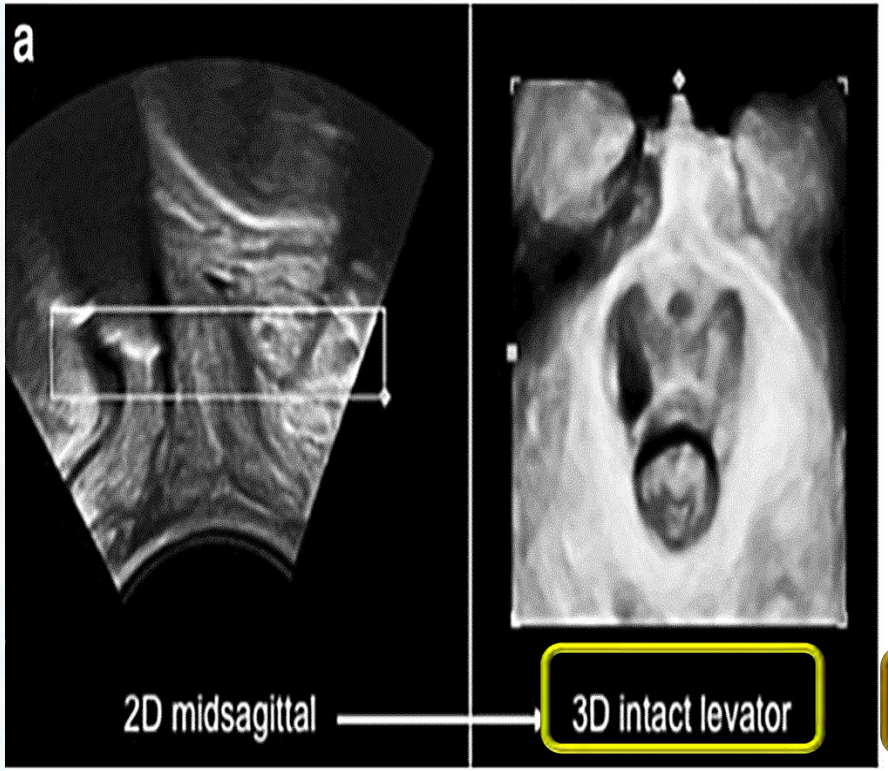
Clinical Finding

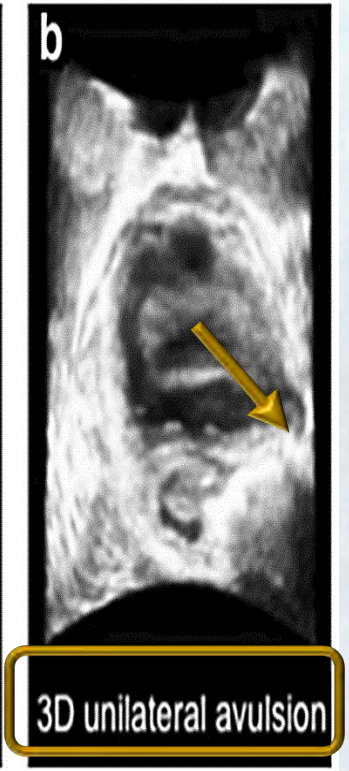
Practice Guideline > J Ultrasound Med. 2019 Apr;38(4):851-864. doi: 10.1002/jum.14953.

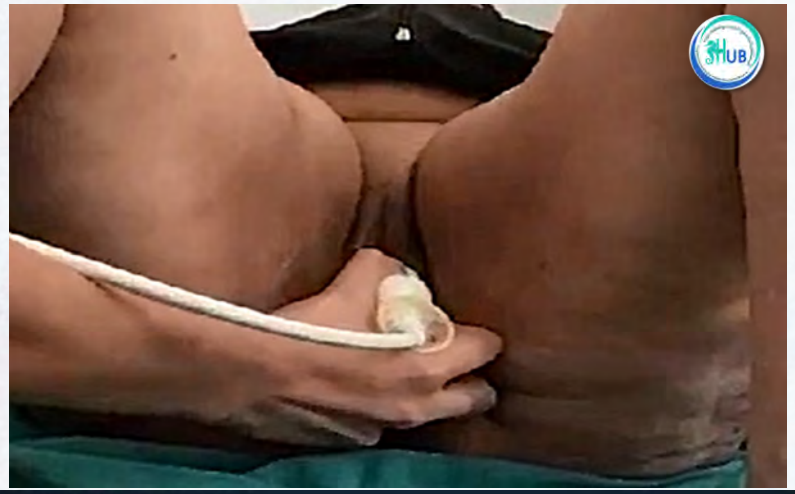
2019

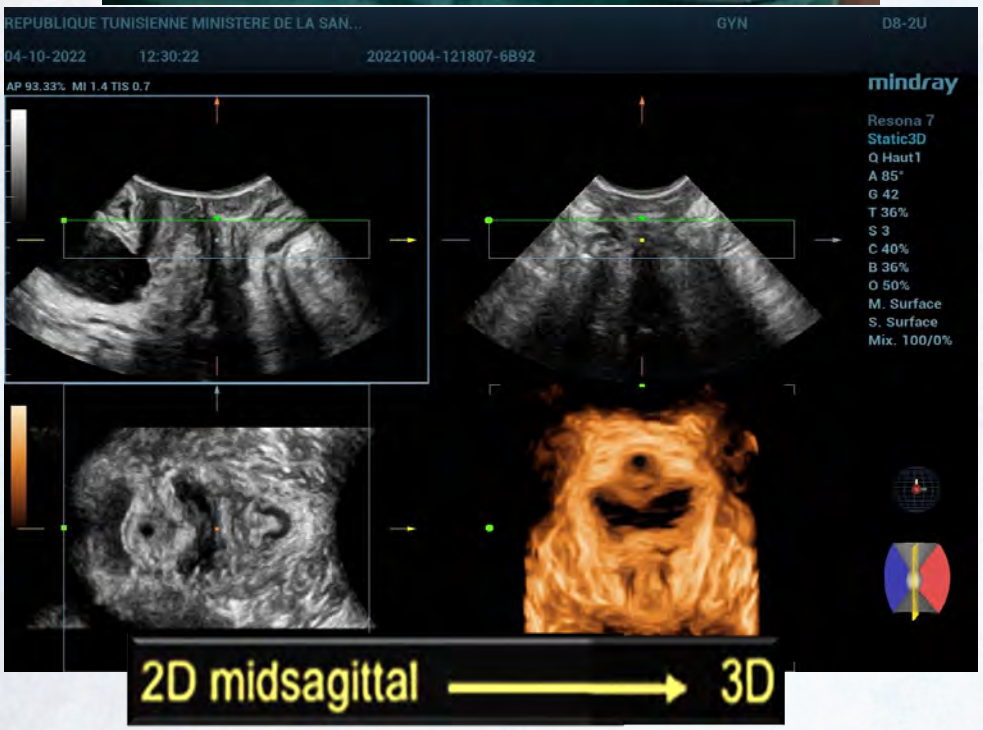
AIUM/IUGA Practice Parameter for the Performance of Urogynecological Ultrasound Examinations: Developed in Collaboration with the ACR, the AUGS, the AUA, and the SRU

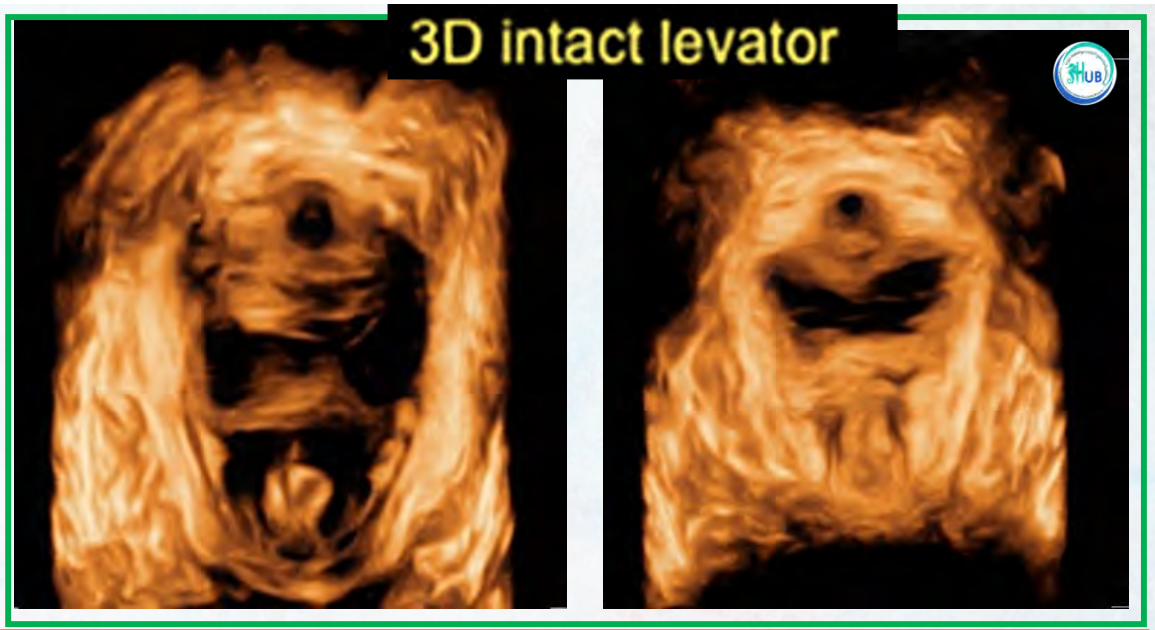


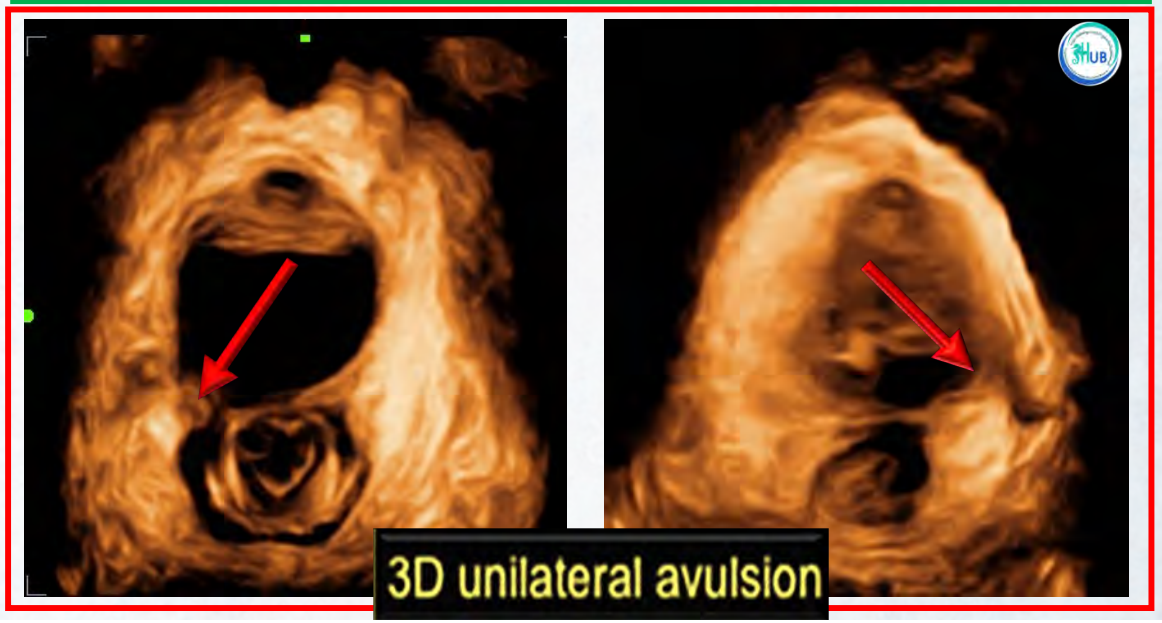







REPUBLIQUE TUNISIENNE MINISTERE DE LA SAN...
GYN
D8-2U
04-10-2022
12:30:22
20221004-121807-6B92
AP 93.33% MI 1.4 TIS 0.7
mindray
Resona 7
Static3D
Q Haut1
A 85°
G 42
T 36%
S 3
C 40%
B 36%
O 50%
M. Surface
S. Surface
Mix. 100/0%
2D midsagittal
3D

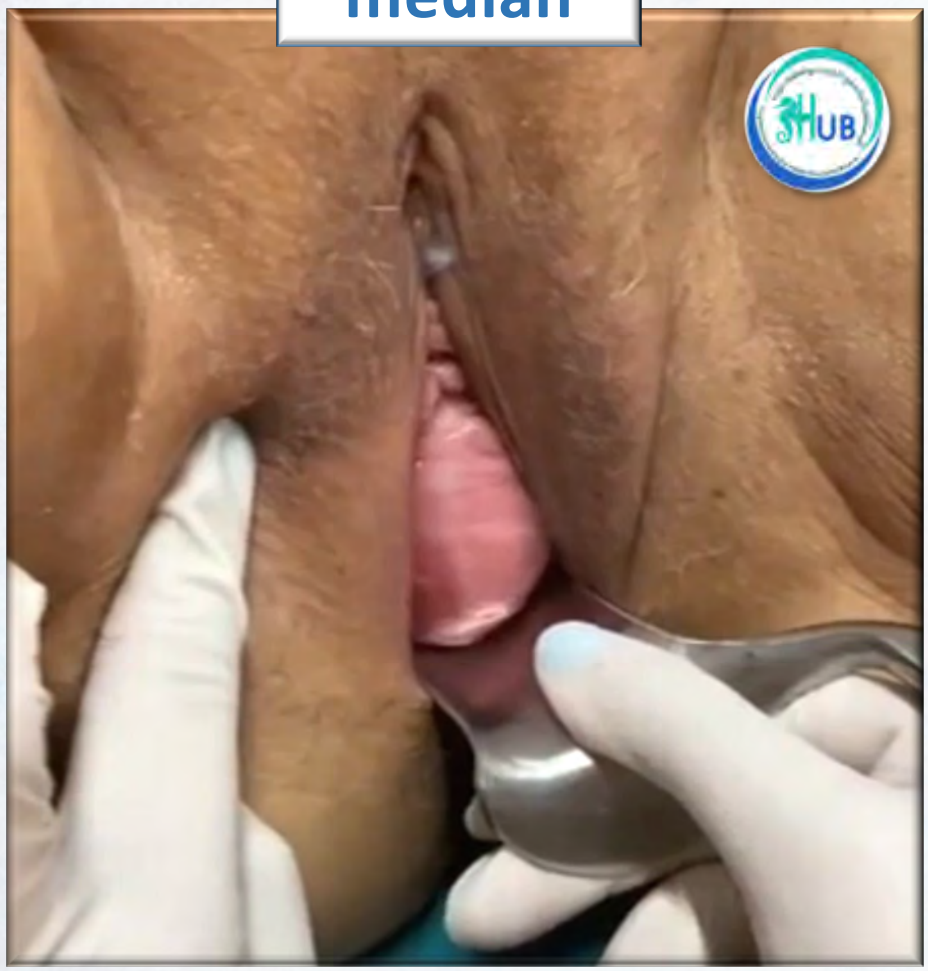

3D intact levator


3D unilateral avulsion

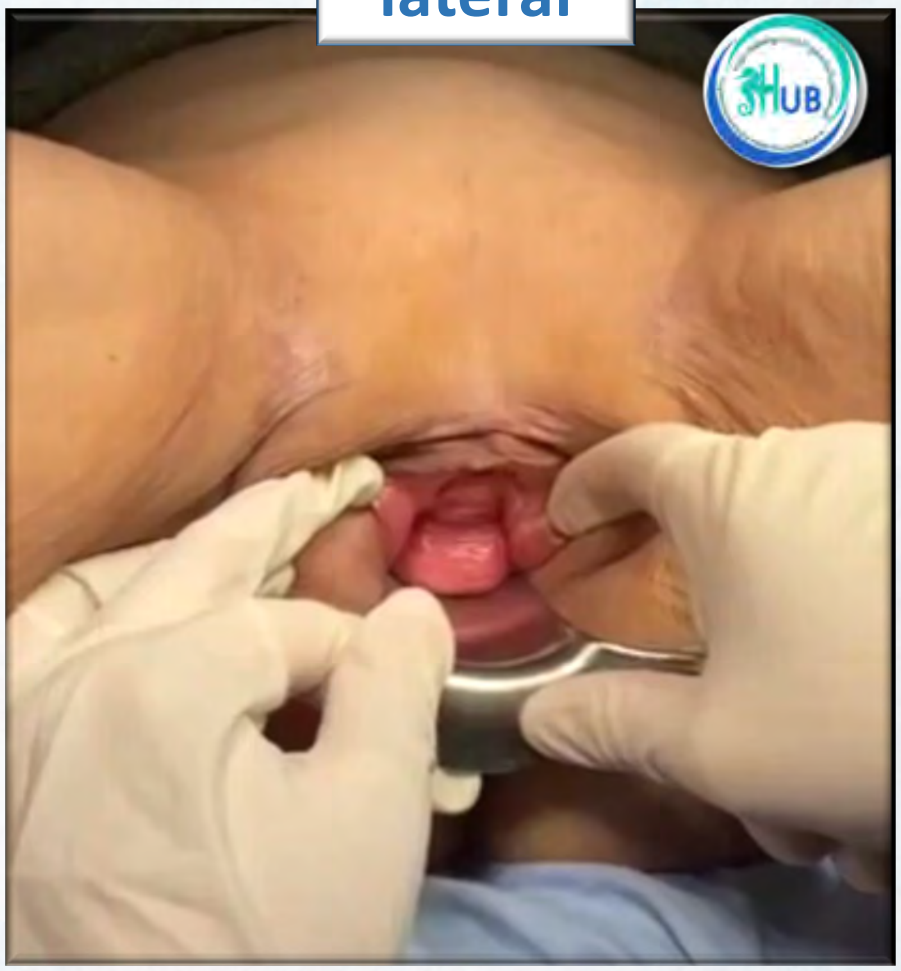
5th

Typing the anterior vaginal wall defect

median



lateral

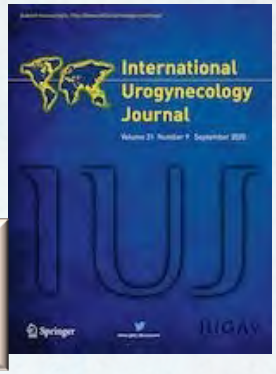


Trans-obturator cystocele repair of level 2 paravaginal defect

Vladimir Kalis [1,2] · Veronika Kovarova [1] · Zdenek Rusavy [1,2] · Khaled M. Ismail [2,3]

Received: 12 February 2020 / Accepted: 8 May 2020

2020



level I defect

- to anchor the uterine cervix / vaginal vault
- to the sacrospinous or the anterior longitudinal ligaments.

However level II defect is more complex.

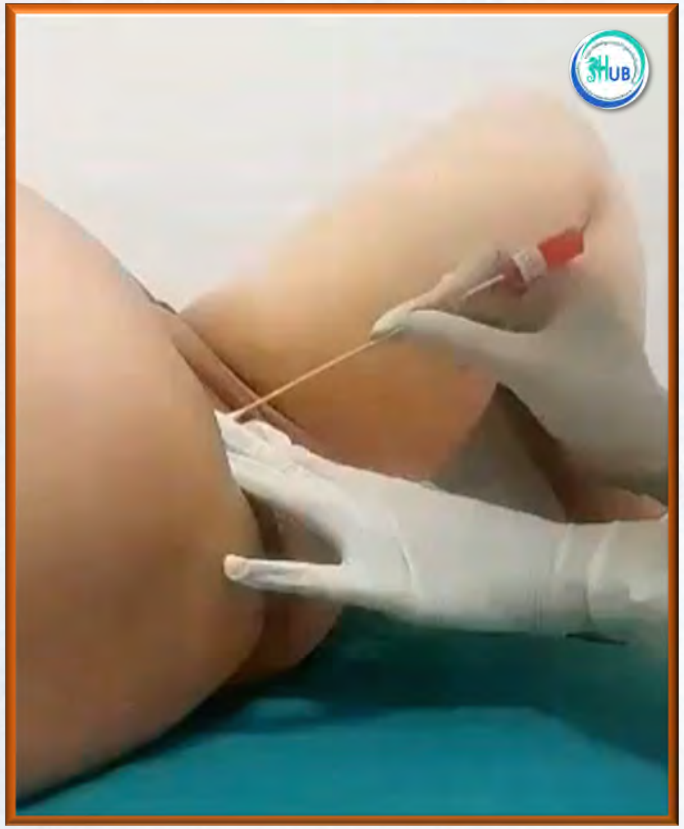
- An isolated midline weakness in the endopelvic fascia: a classical anterior colporrhaphy might be suitable .
- A coexisting lateral defect : it is suboptimal, on its own

Paravaginal defects were diagnosed in 89% of women undergoing surgery for cystocele and stress urinary incontinence

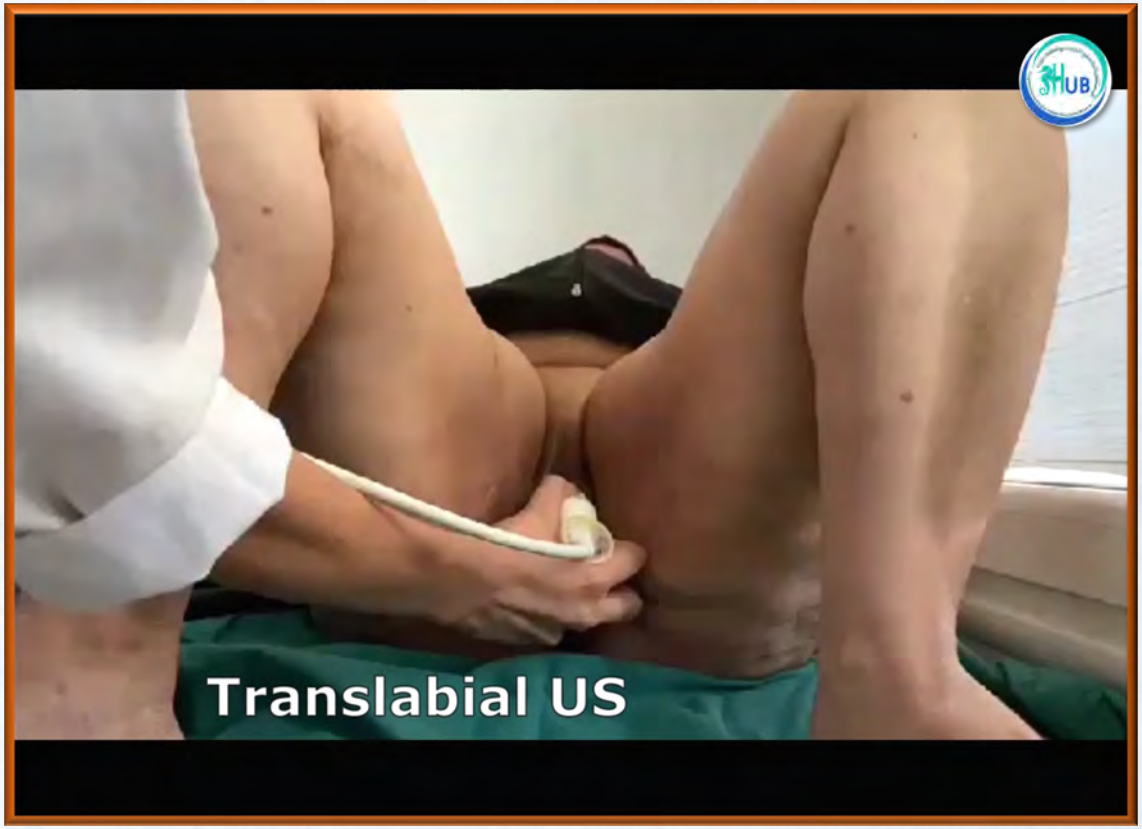
6th

Evaluation of the urethral rotation

Clinical Q-tip test



US Finding



Evaluation of the urethral rotation

J Ultrasound Med. 2022 Mar;41(3):671-677. doi: 10.1002/jum.15748. Epub 2021 May 14.

The Association of Hiatal Dimensions and Urethral Mobility With Stress Urinary Incontinence

Qingling Shi [1], Lieming Wen [1], Baihua Zhao [1], Shanya Huang [1], Dan Liu [1]

Affiliations + expand

PMID: 33987879 DOI: 10.1002/jum.15748

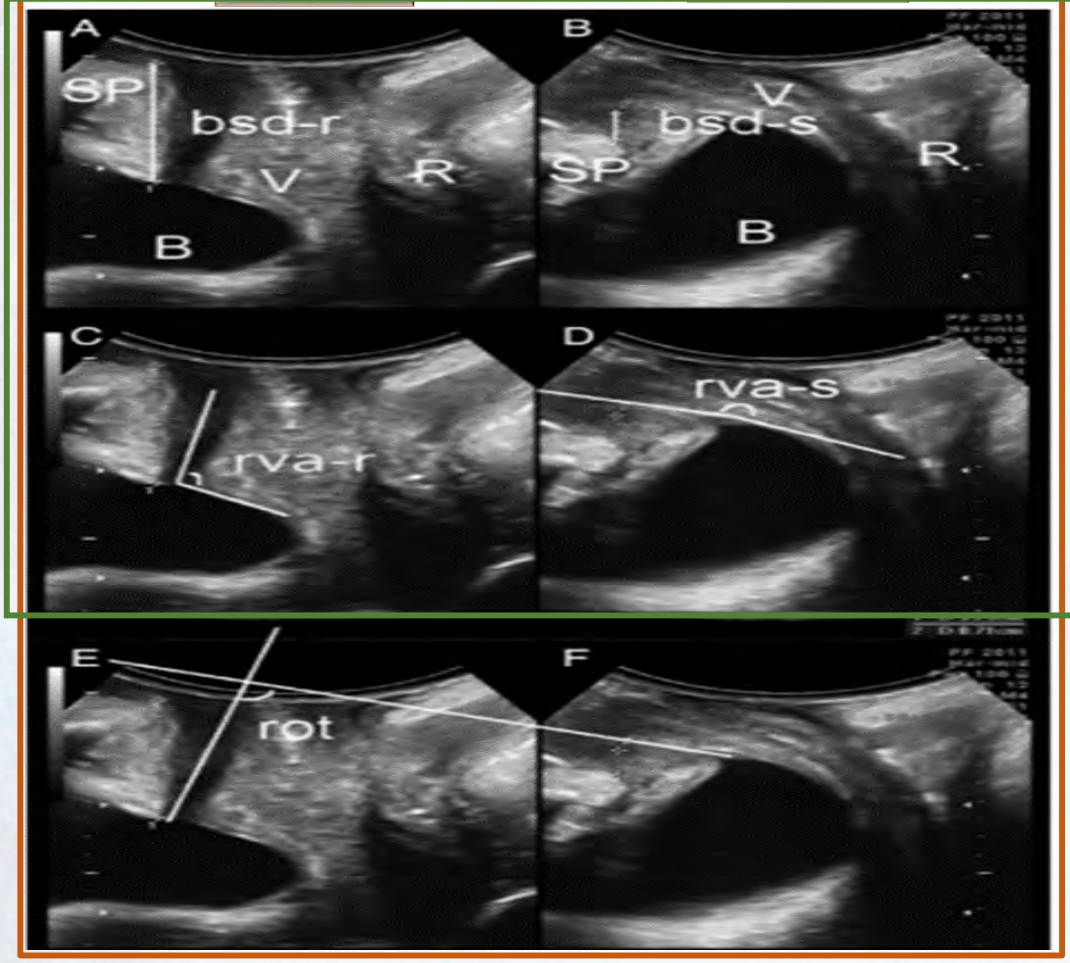
2022

The larger the HA was, the higher the bladder neck mobility.

US Evaluation of the bladder neck descent And urethral rotation

At rest

max valsalva



US Finding

1. Bladder neck descent

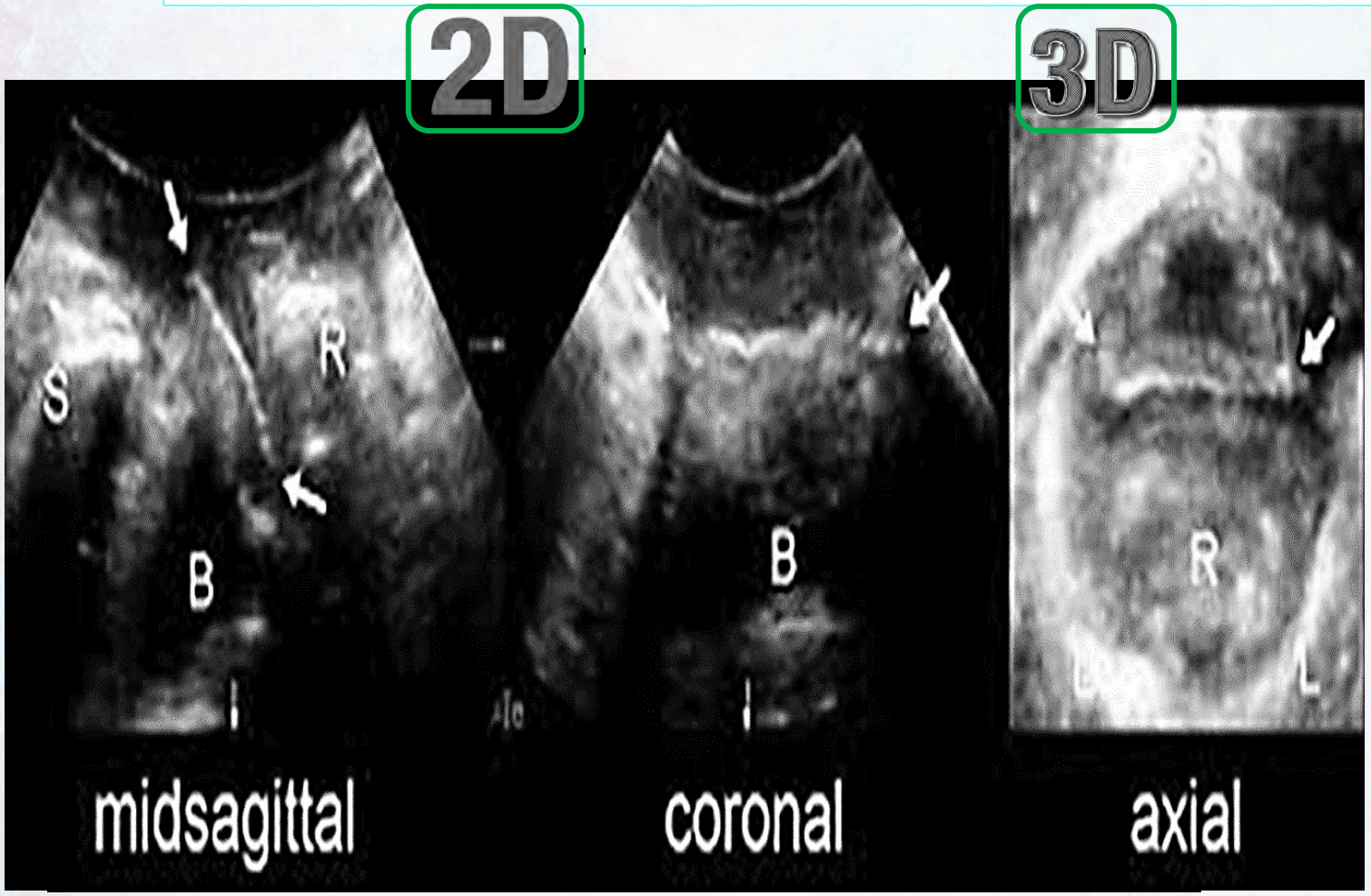
   (bladder neck- symphisis distence)

2. Retrovesical angle

3. Urethral angle rotation

9th

Using US to identify the relation of the prolapse to a previously inserted mesh



- MESH anchorage
- MESH contraction
- MESH mobility
- MESH abcess

10th

Identify a high risk group !

Recurrent pelvic organ prolapse: International Urogynecological Association Research and Development Committee opinion

Sharif Ismail[1] · Jonathan Duckett[2,3] · Diaa Rizk[4] · Olanrewaju Sorinola[5] · Dorothy Kammerer-Doak[6] · Oscar Contreras-Ortiz[7] · Hazem Al-Mandeel[8] · Kamil Svabik[9] · Mitesh Parekh[10] · Christian Phillips[11]

2016

Known patient factors for recurrence include levator avulsion injury, pelvic floor muscle weakness, wide genital hiatus, and advanced prolapse stage. Failure to identify and address all pelvic floor defects at the time of index surgery, especially apical compartment prolapse, can lead to recurrence (level C).

- Levator avulsion injury
- Pelvic floor muscle weakness
- Wide genital hiatus
- Advenced prolapse stage
- Failure to identify all pelvic floor defects

10th

Identify a high risk group !

Risk factors for primary pelvic organ prolapse and prolapse recurrence: an updated systematic review and meta-analysis

Sascha F M Schulten [1], Marieke J Claas-Quax [2], Mirjam Weemhoff [3], Hugo W van Eijndhoven [4], Sanne A van Leijsen [5], Tineke F Vergeldt [2], Joanna IntHout [6], Kirsten B Kluivers [2]

2022

Conclusion: Vaginal delivery, parity, birthweight, age, body mass index, levator defect, and levator hiatal area are risk factors, and cesarean delivery and smoking are protective factors for primary prolapse. Preoperative prolapse stage and younger age are risk factors for prolapse recurrence after native tissue surgery.

1. POP-Q Interactive Assessment Tool
2. Cervical elongation
3. The Levator Ani Avulsion
4. Evaluation of the Levator Ani Hiatus Area (HA)
5. Typing the anterior vaginal wall defect
6. Evaluation of the urethral rotation
7. US Mesurement of Postvoid Residual Volume
8. Identify the viscera involved in vaginal wall prolapse
9. Using US to identify the relation of the prolapse to a previously inserted mesh
10. Identify a high risk group !

Je vous remercie