

EP 18.14 Ultrasound-based triage in the management of pelvic organ prolapse: long-term surgical outcome.

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Objective: To assess the impact of a strict 3D- and 4D-transperineal (TPS) ultrasound-based triage in the surgical management of pelvic organ prolapse (POP).

Methods: Patients presenting with POP, including uterine prolapse with or without cystocele, were prospectively enrolled. Patient assessment included a standardized interview, clinical examination, and TPS. Cystocele was classified according to defect type as either anterior median or lateral. Levator ani muscle (LAM) avulsion was assessed by TPS according to a standardized protocol. LAM avulsion was assessed using volume contrast imaging (VCI) analysis and tomographic ultrasound imaging (TUI) obtained on pelvic floor muscle contraction. According to US findings, vaginal pelvic floor fascial surgery (VS) or laparoscopic subtotal hysterectomy with mesh (LSH) were proposed in absence (Group A) or presence (Group B) of LAM avulsion and anterior lateral defect, respectively.

Results: 161 patients were enrolled. 53 (33%) and 108 (67%) presented with or without LAM avulsion and/or anterior lateral defect, respectively. Mean age ($\pm$ SD) was 68 ± 10 and 55 ± 9 in Group A and Group B, respectively ($p < 0.05$). Postmenopausal status was observed in 89/108 (82%) and 37/53 (70%) of patients in group A and in group B, respectively. Mean parity was 2 ± 1 in both Groups. Mean BMI was 25 ± 4 and 25 ± 6 in Group A and Group B, respectively. Follow-up was available with a median duration of 60 months (IQR 24–92). Urinary stress incontinence, constipation and prolapse symptoms were observed in 22%, 20% and 7% of cases, respectively. 14 POP clinical recurrences (9%) were observed, 9 and 5 after VS and LSH, respectively.

Conclusions: A strict transperineal ultrasound-based triage revealed to be a reliable tool in identifying patients at high risk of recurrence, thus determining an overall low prevalence of unsuccessful surgery. Further large-scale, long-term studies are needed to confirm the effectiveness of this ultrasound-based tailored approach.