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Medicine Update

POST-HYSTERECTOMY PELVIC ORGAN PROLAPSE: A REVIEW

Total hysterectomy performed for benign gynecologic conditions is associated with a higher risk of pelvic organ prolapse, according to a study recently published in the journal *Maturitas*. On the other hand, subtotal and laparoscopic hysterectomy were not associated with an increased risk of pelvic organ prolapse.

This retrospective cohort study analyzed data from the Korean National Health Insurance Service database to evaluate the risk of pelvic organ prolapse after hysterectomy for benign conditions. For this, women who underwent benign hysterectomy between 2002 and 2011 were compared with those who did not have the procedure, but underwent national medical examinations during the same period. Each group had 16,492 participants with a median age of 47 years.

After a median follow-up period of 11.4 years, the incidence of new onset of pelvic organ prolapse, which was the main outcome measure of the study, was 0.5% in women who did not undergo hysterectomy and 0.6% in those who had had the hysterectomy. Overall, the hazard ratio (HR) for the occurrence of pelvic organ prolapse post-hysterectomy was 1.40 and it required the use of pessary or surgical intervention as a corrective procedure.

On subgroup analysis, the risk of pelvic organ prolapse was not elevated among women who underwent subtotal hysterectomy (HR 1.86) and laparoscopic surgery (HR 0.61). However, total hysterectomy was

associated with an increased risk of organ prolapse with HR of 1.63.

These findings show that women who underwent hysterectomy for benign conditions had a higher likelihood of developing pelvic organ prolapse that was severe enough to require intervention suggesting hysterectomy as another risk factor for pelvic organ prolapse. The type of hysterectomy influenced the risk. These findings highlight the importance of surgical technique and procedure type in mitigating long-term risks such as pelvic organ prolapse. Also, women should be counseled preoperatively about the potential complications so that they can make informed decisions about the choice of surgery.

PREDICTIVE FACTORS FOR THE PROGRESSION OF ADENOMYOSIS

Presence and/or worsening of painful symptoms, such as severe dysmenorrhea, dyschezia, and chronic pelvic pain, as well as the presence of focal adenomyosis of the outer myometrium in women with adenomyosis increase the risk of disease progression, according to a study published in the *International Journal of Gynecology & Obstetrics*.

This prospective, observational, cohort study was undertaken at a tertiary referral center in Italy to assess the clinical progression of adenomyosis using ultrasound and clinical data over a period of 1 year. Patients diagnosed with adenomyosis via ultrasound from May 2022 to August 2022 were enrolled for the study. Demographic, clinical, and ultrasound data were

collected at baseline (T0). Data for these parameters was again gathered at 12 months (T1).

The study group was categorized into two groups based on the progression of adenomyosis at T1: the Progression Group with patients who experienced a significant increase in uterine volume, specifically >20% and the Stability/Regression Group with patients whose uterine volume either decreased or increased by 20% or less at T1. Both groups were similar in terms of baseline data.

In the study, the overall rate of adenomyosis progression, the primary study outcome, was 21.3%, with 47 out of 221 patients showing a significant increase in uterine volume (>20%) at T1. The rate was higher (30.7%) in hormonally untreated women, whereas it was lower (18.3%) in hormonally treated women.

The secondary study outcomes were clinical factors associated with the progression of adenomyosis. Presence of focal adenomyosis of the outer myometrium, moderate to severe dysmenorrhea, chronic pelvic pain, dyschezia, and worsening of chronic pelvic pain were associated with progression of adenomyosis.

This study has identified specific clinical symptoms and features that were linked to a greater likelihood of disease progression over time. Their presence in a patient with adenomyosis might help identify at-risk patients allowing more tailored follow-ups and individualized management strategies. Also, the rate of progression was lower among hormonally treated women suggesting that hormonal treatment may play a role in reducing the progression of adenomyosis.

