

13th ISPP'S INTERNATIONAL ANNUAL CONGRESS ON PELVIC FLOOR DISORDERS ABSTRACTS

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PREFACE

Dear Readers;

We held the 13th ISPP's International Annual Congress on Pelvic Floor Disorders between the dates of May 29–30, 2021 on a virtual platform.

We were happy with the large number of participants from all over the world.

The congress topics covered all issues of pelvic floor. Hence, the congress days were full and we were able to allocate only one hour for oral presentations.

The reviewers scrutinized the abstracts of these proffered presentations and, due to time constraints, only eleven of them were chosen for oral presentation.

These abstracts are being published in the Journal of Pelviperineology, which is the official journal of the ISPP.

Prof. A. Akin SIVASLIOĞLU, M.D.

Co-President of the 13th ISPP Congress

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Prof. A. Akin SIVASLIOĞLU, M.D.
Co-President of the 13th ISPP Congress

MANAGEMENT OF PELVIC FLOOR DYSFUNCTIONS: COMBINED VERSUS SINGLE SURGICAL PROCEDURE IN A MULTIDISCIPLINARY APPROACH: A RETROSPECTIVE STUDY

S. ASCANELLI, L. CHIMISSO, M. PORTINARI,
R. MARTINELLO, S. MONTORI, C. IPPOLITO, E. FORINI,
P. CARCOFORO

University Hospital Ferrara, Department of Surgery, Ferrara, Italy

ABSTRACT

Background: The combined and consensual surgical treatment of multiple pelvic dysfunctions in the same surgical operation still causes much controversy. The objective of this study was to compare the outcome of combined surgical treatment of multicompartamental pelvic floor defects versus single procedures within a multidisciplinary path in order to try to clarify what is the most effective surgical approach.

Methods: A retrospective series of consecutive patients with pelvic floor dysfunction undergoing single- specialty pelvic procedure (SP=30) was compared to patients operated on at the same institution with

a combined multi-compartment surgical procedure (CP=30) after discussion at a joint pelvic floor multidisciplinary team over a 12-month period in a tertiary referral center.

Results: Clinical evaluation of prolapse at 12 months after surgery showed a statistically significant postoperative improvement of prolapse (reduction in POP-Q) compared to the preoperative grade in both groups, but with a statistically significant difference between the SP and CP groups ($p=0.03$). We observed more de novo defects in the SP group ($p=0.01$) 12 months after surgery, especially affecting the posterior compartment. More recurrences occurred in the SP group (33% vs 23%) although the difference was not statistically significant. Only grade I and II complications occurred (SP group: 26%, CP group: 20%) with no differences between the two groups. There was a statistically significant clinical and quality- of-life improvement ($p<0.001$) in both groups after surgery, regardless of the procedure.

Conclusions: The multidisciplinary approach is safe and feasible with a better restoration of the pelvic plane anatomy and less need for subsequent correction.

Correspondence:

Simona Ascanelli; ass@unife.it

PRESACRAL (RETRORECTAL) TUMOR FUNCTIONAL OUTCOME AFTER RESECTION IN ADULTS – A SYSTEMATIC REVIEW

Mohammad Bukhetan ALHARBI

Imam Mohammad Ibn Saud Islamic University (IMSIU), Medical College,
General and Colorectal Surgery Riyadh, Saudi Arabia

ABSTRACT

Introduction: Presacral (Retrorectal) lesions and tumors are quite rare. No solid reports about the functional outcome after resection have been reported so far.

The aim of this article is to assess the functional outcome of pelvic organs after resection of presacral (retrorectal) mainly benign tumors.

Materials: A systematic review was performed through Pubmed, Medline, and Scopus search to identify functional outcomes of pelvic organs of presacral (retrorectal) tumors after resection.

Result: A total of six articles met the inclusion criteria. Two hundred and seventy-one patients were identified. Those patients who suffered from neurogenic bladder made up 15.4% (42), dyesthesia cases were 3.3% (9), fecal incontinence cases were 4.4% (12), massive bleeding cases were 2.5% (7), and retrorectal abscess cases were 1.1% (3).

Conclusion: The long-term functional outcome of presacral (retrorectal) resection of mainly benign tumors is rarely addressed in the literature. More studies are needed to estimate complications in benign and malignant conditions.

Correspondence:

Mohammad Bukhetan Alharbi; harbimbh@gmail.com