## Natural history of pelvic organ prolapse in symptomatic patients actively seeking treatment

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## Abstract

Introduction and hypothesis At our institution many symptomatic patients must wait months or years for surgery. Our aim was to determine the rates of clinically significant pelvic organ prolapse (POP) progression and identify risk factors associated with POP progression. Methods Data from a prospectively maintained database of POP patients evaluated between 2008 and 2013 were analyzed. Women with symptomatic POP and two or more POP-Q examinations prior to surgery were included. POP progression was defined as having any of the POP-Q points Aa, Ba, C, D, Ap or Bp above the hymen at the baseline examination and at or below the hymen at the follow-up examination. Multivariable logistic analysis was preformed and the results are presented as odds ratios (OR) with 95% confidence intervals (CI). Results Of consecutive patients evaluated between July 2008 and June 2013, 388 met the inclusion criteria and were included. The median time between the POP-Q examinations was 9.9 months (IQR 7.8 to 13.8 months). The POP progression rate was 29.1% (95% CI 24.6-33.6%). Predictors of progression included age (OR 1.7, 95% CI 1.01-2.87) and the baseline status of points Ba, C, Bp and gH (OR 1.91, 95% CI 1.01-3.62; OR 0.53, 95% CI 0.3-0.94; OR 0.54, 95% CI 0.32-0.93; OR 2.15, 95% CI 1.13-4.1; respectively). POP-Q point correlations showed that anterior and posterior compartment points evolve with apical compartment points and gH evolves with both the anterior compartment and the apex. Conclusions Up to 29.1% of symptomatic patients with POP showed clinically significant progression over a median follow-up of 9.9 months. The likelihood of progression was not significantly associated with time. Those  $\geq 60$  years of age as well as those with point Ba  $\geq 4$ cm or  $qH \ge 5$  cm at baseline were at increased risk of POP progression...

## Keywords

pelvic organ prolapse, natural history, observation, risk factors.