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Management Of Pelvic Organ Prolapse Across Age Groups: A Case Series

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Abstract
Background: The aim of this study was to discuss different management strategies in cases of Pelvic Organ Prolapse (POP) tailored to various age demographics.
Case description: Hereby discussing three cases of grade 3 pelvic organ prolapse spanning across age groups with their diverse management.
Conclusion: Different management strategies can be used for Pelvic Organ Prolapse tailored to various age demographics, focusing on evidence-based interventions and considerations for clinical practice. A patient-centered approach that considers age- specific factors, individual preferences and the variety of symptoms is paramount in management of POP across all age groups.
Keywords: *Pelvic organ prolapse, pessary, pectopexy, hysterectomy.*

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I. Introduction

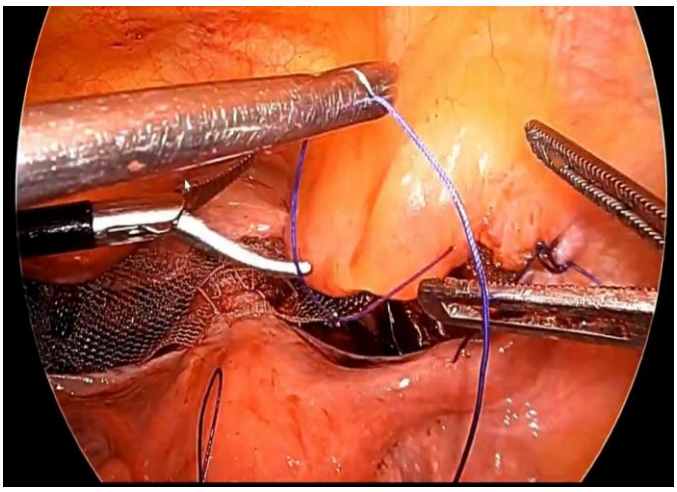
Pelvic Organ prolapse (POP) is defined as herniation of pelvic organs into or out of the vaginal canal. It is the third most common cause of hysterectomy.[1] The incidence of pelvic organ prolapse is highly associated with increased age and parity. Many women with symptomatic POP suffer physical and emotional distress, leading to a negative impact on a woman's social, physical, and psychological well-being.

Although about 41% to 50% of women present with POP on physical examination, only about 3% are symptomatic.[6] The incidence of pelvic organ prolapse is projected to increase by 46%, to 4.9 million, by 2050.[3]

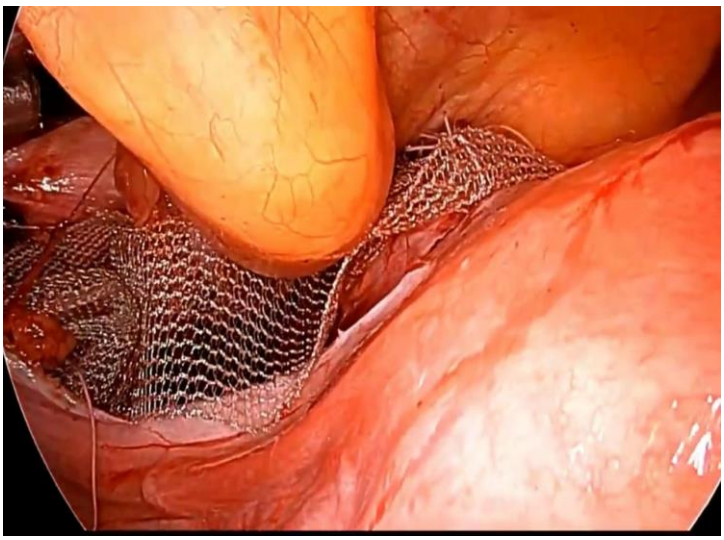
Here are 3 different case scenarios from reproductive, perimenopausal and postmenopausal age group and their diverse management.

CASE 1:

A 30 year old female, parity three living three with all previous vaginal deliveries came to the OPD with chief complaints of protrusion of tissue through vagina since 2 years. The patient was vitally stable and a known case of chronic bronchitis since 5 years. She had regular menses and no other co- morbidities. On examination, the patient had grade 3 uterovaginal prolapse. Owing to the reproductive age group and coital function the decision of laparoscopic pectopexy and round ligament plication was taken. Subsequent follow up of the patient showed a good outcome.



T shaped polypropylene mesh on the cervix



Horizontal part of the mesh fixed to the iliopectineal ligament

CASE 2:

A 49 year old female, Parity 4 Living 4 with previous vaginal deliveries presented to the OPD with grade 3 UV prolapse since 3 years. The patient was a known case of type 2 diabetes mellitus and hypertension controlled on medications and had a perimenopausal status. Since the family was complete with no desire of future fertility, after taking anaesthetic fitness, patient underwent vaginal hysterectomy. Subsequent follow ups were uneventful.

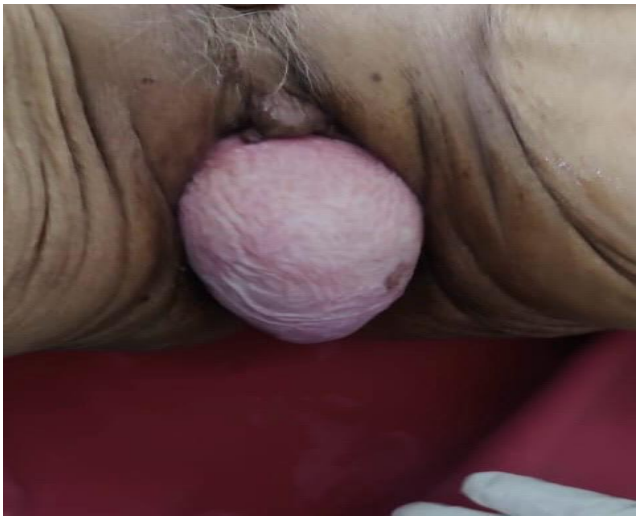
Grade 3 UV prolapse

CASE 3:

A 90 year old female, Parity 3 Living 3 with previous vaginal deliveries presented to the OPD with grade 3 uterovaginal prolapse with cyctocoele . Given the patient's preference for non-surgical management, the decision of conservative management using vaginal pessary was taken. After manually repositioning of the prolapse ring pessary was placed in the posterior fornix of the vagina.

The initial pessary of choice is a ring pessary that is folded in half for insertion and fits between the pubic symphysis and posterior vaginal fornix. A successful pessary fit remains more than 1 fingerbreadth above the introitus when the patient bears down. After fitting, the patient should sit, walk, and void to ensure comfort and urinary retention. Patients should be instructed that removal and cleaning are necessary nightly, weekly, biweekly, or monthly. [3]

Regular follow up of the patient was done to assess pessary fit, efficacy and patient satisfaction which showed good results.



Grade 3 UV prolapse with cystocoele.

II. Discussion:

Pelvic organ prolapse poses a significant healthcare challenge across different age groups of women, impacting their quality of life and well-being. Anything that puts increased pressure in the abdomen can lead to pelvic organ prolapse. Common causes include:

- Pregnancy, labour, and childbirth (the most common causes)
- Obesity
- Respiratory problems with a chronic, long-term cough
- Constipation
- Pelvic organ cancers
- Surgical removal of the uterus (hysterectomy)
- Genetics may also play a role in pelvic organ prolapse.
- Connective tissues may be weaker in some women, perhaps placing them more at risk. [2]

III. Conclusion:

Both conservative and surgical management may be appropriate depending on the patient's age, desire for future fertility and coital function, symptoms severity, and concomitant medical problems. The compartment of descent additionally dictates treatment. Goals of management include symptomatic relief, maintenance or improvement of sexual function, prevention of new support defects and incontinence, and restoration of adequate pelvic support. [3]

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