

P348. Sacrosuspension vs fixation at sacrospinous ligaments in pelvic organ prolapse treatment

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Objectives: Safety analysis of the procedures of restoration of the anatomy of the posterior perineal compartment in cases of genital prolapse of grade 2-3 and 4.

Methods: Retrospective study (January 2010 – December 2017), which analyzed the cases of genital prolapse of grade 2-3 and 4 (POP-Q grading system). Posterior perineal compartment repair was performed by two different interventions: group 1 – transvaginal colpo/cervicosuspension at the sacrospinous ligaments level and group 2 – open abdominal colposacrosuspension. The statistical analysis was performed using JMP IN software, with statistical significance for $p < 0.05$.

Patients: Group 1 included 50 cases (86.20 %), and group 2 included 8 cases (13.79 %).

Results: Age distribution was similar in both groups. Abnormal PAP smear, associated uterine pathology and concomitant benign hysterectomy were significantly more frequent in group 2 compared with group 1 (respectively, 25% vs. 2%, $p = 0.0283$; 37.5% vs. 6%, $p = 0.0213$; 50% vs. 2%, $p = 0.0003$). Lesser degree of prolapse, severe systemic pathology / significant history of abdominal surgery were more frequent in group 1, compared with group 2 (respectively, 56% vs. 37.5%, NS; 30% vs. 12.5%, NS). Perioperative complications were more frequent in group 2, compared with group 1 (12.5% vs. 6%, NS). Hospitalization was significantly shorter in group 1 compared to group 2 (4.59 days versus 6.57 days; $p = 0.0180$).

Conclusions: Colpo/cervicosuspension in sacrospinous ligaments is a safe procedure in patients with grade 2-3 and 4 of genital prolapse with severe systemic pathology associated or with a significant history of abdominal surgery. Colposacrosuspension is an safe alternative treatment for grade 2-3 and 4 genital prolapse in patients with associated uterine pathology, who eventually requires hysterectomy.

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