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PELVIC ORGAN PROLAPSE: A REVIEW

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ABSTRACT

Pelvic organ prolapse (POP) is a common condition that can lead to genital tract dysfunction and diminished quality of life. The etiology of POP is multifactorial and each factor is not known but the proposed risk factors that remain controversial are macrosomia, prolonged second-stage labor, episiotomy among others however, the commonest risk factor cited is vaginal childbirth, signs and may Symptoms include descent of the cervix, anterior vaginal,vaginal bulging, pelvic pressure, POP is considered a disease state if reduction relieves the symptoms, restores unction, and improves quality of life.

Keywords: *pelvic organ, prolapse, genital tract, risk factors*

Introduction

Pelvic organ prolapse (POP) is a common gynecological condition that can lead to genital tract dysfunction and diminished quality of life. POP refers to theabnormal descent or herniation of pelvic organsfrom their normal attachment or position in the pelvis. It develops gradually over a span of years, and its etiology is multifactorial [1].

Pelvic organ prolapse (POP) is a very common problem that it affects millions of women worldwide with prevalence estimates ranging from 3.4 to 56.4%, In the United States, it is the third most common indication or hysterectomy. Moreover, a woman has an estimated cumulative lifetime risk o 12 percent to undergo surgery or POP [2].

Risk Factors

The etiology of POP is multifactorial and the commonest risk factor cited is vaginal childbirth, other risk factors include Genetic factors,Race, Connective tissue disorders Menopause, Aging Hypoestrogenism chronic increased intrabdominal pressure but the proposed risk factors that remain controversial are macrosomia, prolonged second-stage labor, episiotomy anal sphincter laceration, epidural analgesia, forceps use, and oxytocin stimulation of labor. it is the cumulative sum of all these events occurring as the fetus traverses the birth canal that predisposes to POP [3-4].

Pathophysiology

Pelvic organ support is maintained by complex interactions among the pelvic floor muscles, pelvic or connective tissue, and vaginal wall. Th ese work in concert to provide support and also maintain normal physiologic function of the vagina, urethra, bladder, and rectum.Several actors are implicated in failure of this support, but none fully explain its pathogenesis. These include genetic predisposition, loss of pelvic for striated muscle support, vaginal wall weakness, and loss of connective attachments between the vaginal wall and the pelvic floor muscles and pelvic viscera [5].

Clinical Manifestation

Many women with mild to advanced prolapse lack bothersome symptoms. Pelvic organ Prolapse rarely creates severe morbidity or mortality, however, greatly diminishes quality of life. symptoms includeSensation of vaginal bulging or protrusion, Pelvic or vaginal pressure, Urinary incontinence, feeling of incomplete emptying, Constipation, Anal incontinence of flatus, liquid, Manual reduction of prolapse to start or complete voiding, Dyspareunia,Decreased lubrication, Pain in vagina, bladder, or rectum, Symptoms include vaginal bulging, pelvic pressure, and splinting or digitation [5-6].

Descent of one or more of the following: the anterior vaginal wall, posterior vaginal wall, uterus and cervix, vaginal apex, or the perineum [7].

Pelvic Prolapse Quantitative Scoring

Stage 0; No descent of pelvic organs

Stage I; Leading edge of the prolapse remains 1 cm or more above the hymenal ring.

Stage II; Leading edge of the prolapse extends from 1 cm above to 1 cm below the hymenal ring.

Stage III; From 1 cm beyond the hymenal ring but without complete vaginal eversion.

Stage IV; Essentially complete eversion of vagina

TREATMENT

For women who are asymptomatic or mildly symptomatic, expectant management is appropriate. For women with significant prolapse or those with bothersome symptoms, nonsurgical or surgical therapy may be selected. Treatment choice depends on the type and severity ofsymptoms, age and medical comorbidities, desire or future sexual function and/or fertility, and risk actors or recurrence. Most common indication or vaginal pessary is POP. Study demonstrated that pessaries provide a modest improvement in urinary obstructive, irritative, and stress symptoms [8].)

A pessary may also be placed diagnostically to identify which women are at risk or urinary incontinence after prolapse-correcting surgery [9].

Conclusion

By exploring the risk factors, symptoms, diagnosis and management of pelvic organ prolapse the paper aims to contribute to the body of knowledge surrounding this condition. It important of discussion of the management plan with patient for a satisfactory outcome.

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