

## Pelvic Floor Digest

This section presents a small sample of the Pelvic Floor Digest, an online publication ([www.pelvicfloordigest.org](http://www.pelvicfloordigest.org)) that reproduces titles and abstracts from over 200 journals. The goal is to increase interest in all the compartments of the pelvic floor and to develop an interdisciplinary culture in the reader.

### FORUM

**Stem cell differentiation by functionalized micro- and nanostructured surfaces.** Martínez E, Lagunas A, Mills CA et al. *Nanomedicine* 2009;4:65. New nanotechnologies have provided with enormous possibilities when designing customized supports and scaffolds with controlled nanoscale topography and chemistry. This article reviews the main strategies followed to achieve solutions to the challenge for furthering fundamental biology studies.

**Beyond the impact factor.** Watts G. *BMJ*. 2009;338:b553. The article stresses the importance of measuring the social impact of research, and discusses about RAE (research assessment exercise) and its replacement, the REF (research excellence framework).

### 1 – THE PELVIC FLOOR

**Effect of surgically induced weight loss on pelvic floor disorders in morbidly obese women.** Wasserberg N, Petrone P, Haney M et al. *Ann Surg*. 2009;249:72. Bariatric surgery has a beneficial effect on symptoms of pelvic floor disorders in morbidly obese women with a significant reduction in total mean distress scores after surgery attributed mainly to the significant decrease in urinary symptoms but also for improvement in the pelvic organ prolapse domain. Age, parity, history of complicated delivery, percent excess body weight loss, BMI, type of weight loss procedure and presence of diabetes mellitus and hypertension have no predictive value for postoperative outcomes.

**Surgical outcomes of VRAM versus thigh flaps for immediate reconstruction of pelvic and perineal cancer resection defects.** Nelson RA, Butler CE. *Plast Reconstr Surg*. 2009;123:175. The surgical outcomes and complications in 133 cancer patients who underwent immediate reconstruction of defects following abdominoperineal resection or pelvic exenteration with vertical rectus abdominis myocutaneous (VRAM) versus thigh flaps are compared. Immediate VRAM flaps result in fewer major complications without increased early abdominal wall morbidity.

**Combined surgery in pelvic organ prolapse is safe and effective.** Riansuwan W, Hull TL, Bast J, Hammel JP. *Colorectal Dis*. 2009 Jan 17 Epub. Combined surgery for pelvic organ prolapse is safe and effective when considering outcomes of rectal prolapse surgery (93 operations in this study). Surgeons should not hesitate to address all pelvic floor issues during the same operation by working in partnership with the anterior pelvic floor colleagues.

### 2 – FUNCTIONAL ANATOMY

**Circadian variation of rectal sensitivity and gastrointestinal peptides in healthy volunteers.** Enck P, Kaiser C, Felber M et al. *Neurogastroenterol Motil*. 2009;21:52. There are significant differences in the perception of rectal distension stimuli for urge and pain depending on daytime, but the release of gastrointestinal peptides seems not to be involved. This circadian variation needs to be taken into account in patients and volunteer studies.

**Pubo-urethral ligament injury causes long-term stress urinary incontinence in female rats: an animal model of the integral theory.** Kefer JC, Liu G, Daneshgari FJ. *Urol*. 2009;181:397. A novel rat model (pubo-urethral ligament transection that was compared to bilateral pudendal nerve transection) can be used to investigate mechanisms of SUI in females, including the role of urethral hypermobility and potential therapeutic interventions.

**Modulation of opioid actions by nitric oxide signaling.** Toda N, Kishioka S, Hatano Y, Toda H. *Anesthesiology*. 2009;110:166. Endogenous nitric oxide (nitric endothelial, neurogenic and inducible) plays pivotal roles in controlling physiological functions, participates in pathophysiological intervention, and is involved in mechanisms of therapeutic agents. This paper deals with modulation of morphine actions by nitric oxide as being useful in establishing new strategies for efficient antinociceptive treatment.

### 3 – DIAGNOSTICS

**Factors influencing patient satisfaction when undergoing endoscopic procedures.** Ko HH, Zhang H, Telford JJ, Enns R. *Gastrointest Endosc*. 2009;69:883. To identify factors related to patient satisfaction with endoscopy (EGD, colonoscopy) 261 patients were studied and 86.6% were very satisfied with doctor's personal manner and technical skills, nurse's personal manner, physical environment, and more time with doctor discussing the procedure. Initial satisfaction may depend on residual sedation, but it tends to decrease over time possibly because of recall bias.

**Reliability of physical examination for diagnosis of myofascial trigger points: a systematic review of the literature.** Lucas N, Macaskill P, Irwig L et al. *Clin J Pain*. 2009;25:80. Trigger points are promoted as an important cause of musculoskeletal pain, however there is no accepted reference standard for their diagnosis, and data on the reliability of physical examination for trigger points are conflicting and the matter needs to be further investigated with studies of high quality.

**Do patients undergo prostate examination while having a colonoscopy?** Hammitt T, Hookey LC, Kawakami J. *Can J Gastroenterol*. 2009;23:37. Colonoscopy is an ideal opportunity for physicians to use a digital rectal examination to assess for prostate cancer. Physicians performing colonoscopies in men 50 to 70 years of age should pay special attention to the prostate while doing a digital rectal examination before colonoscopy. In a study on 846 colonoscopies performed by 17 physicians only in 15.0% of cases a comment regarding the prostate was made. This novel concept may help maximize resources for cancer screening and could increase the detection rate of clinically palpable prostate cancer.

**CT Colonography: techniques and applications.** Yee J. *Radiol Clin North Am*. 2009;47:133. CTC, also termed virtual colonoscopy, is increasingly accepted at sites throughout the world as a new effective tool for the diagnosis and screening of colorectal carcinoma. This article presents information of related issues of bowel cleansing, stool and fluid tagging, bowel distention, multidetector CT scanning parameters, appropriate applications, and potential complications.

**Importance of gender, socioeconomic status, and history of abuse on patient preference for endoscopist.** Schneider A, Kanagarajan N, Anjelly D et al. *Am J Gastroenterol*. 2009;104:340. Both men and women with a history of abuse are significantly more likely to prefer a woman endoscopist. Physicians should be aware of these high preference rates to increase compliance and optimize patient care.

### 4 – PROLAPSES

**Robotic-assisted sacrocolpopexy: technique and learning curve.** Akl MN, Long JB, Giles DL, Cornella JL et al. *Surg Endosc*. 2009 Jan 27. Epub. Laparoscopic sacrocolpopexy (LSCP) offers a minimally invasive approach for treating vaginal vault prolapse. The Da Vinci robotic

The PFD continues on page 9

surgical system may further decrease the difficulty of the procedure with acceptable complication rates and short learning curve: 2/80 patients had injury to the bladder, one a small bowel injury, and one patient had a ureteric injury, 5 developed vaginal mesh erosion, one a pelvic abscess, and one had postoperative ileus, 4 were converted to laparotomy.

**Clinical pathway for tension-free vaginal mesh procedure: evaluation in 300 patients with pelvic organ prolapse.** Kato K, Suzuki S, Yamamoto S et al. *Int J Urol.* 2009;16:314. Excluding five patients with concomitant hysterectomy, 305 consecutive women with POP-Q stage 3 or 4 between 2006 and 2007 were planned a TVM procedure with removal of the indwelling urethral catheter on the next morning, discharge on postoperative day 3. Perioperative complications were: bladder injury (11 cases), vaginal wall hematoma (2), rectal injury (1) and temporary hydronephrosis (1). The catheters were removed on the next morning in 95.6% of the cases, none required intermittent catheterization at home. Postoperative hospitalization was as planned in 93.3% of the cases. Two patients were re-hospitalized within one month due to vaginal bleeding or gluteal pain. Patients generally accepted the early discharge in spite of the Japanese culture preferring a longer hospital stay.

**Trocar-guided transvaginal mesh repair of pelvic organ prolapse.** Elmér C, Altman D, Engh M et al. *Obstet Gynecol.* 2009;113:127. A prospective multicenter cohort study performed throughout 26 clinics on 261 patients evaluated at 2 and 12 months with POP-Q, Incontinence Impact Questionnaire (IIQ-7), Urogenital Distress Inventory (UDI-6). Anatomic cure (POP-Q stage 0-I) was observed in 79% after anterior repair with polypropylene mesh, 82% after posterior repair. For anterior and posterior repair cure was 81 and 86% respectively for the anterior and posterior compartment. Bladder and rectal perforations occurred in 3.4%, vaginal erosions in 11%. Surgical intervention due to mesh exposure occurred in 2.8%. There were significant quality-of-life improvements in all domains of the IIQ-7. Despite significant improvements in UDI-6 scores, symptoms specific for SUI were not ameliorated.

**Sexual dysfunction after trocar-guided transvaginal mesh repair of pelvic organ prolapse.** Altman D, Elmér C, Kiilholma P et al. *Obstet Gynecol.* 2009;113:127. To estimate sexual dysfunction before and after trocar-guided transvaginal mesh surgery for pelvic organ prolapse in 105 sexually active women participating in a prospective multicenter study using the short form of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12). Overall scores worsened 1 year after surgery due to a worsening of all symptoms in the behavioral-emotive and partner-related items, whereas improvements were observed in physical function. Rates and severity of dyspareunia neither improved nor worsened.

**Nerve injury during uterosacral ligament fixation: a cadaver study.** Collins SA, Downie SA, Olson TR, Mikhail MS. *Int Urogynecol J Pelvic Floor Dysfunct.* 2009 Jan 27. Epub. The inferior hypogastric plexus is vulnerable during uterosacral ligament fixation. Entrapment of S2 and S3 fibers could cause pain in their respective dermatomes and could be responsible for the postoperative pain described in the literature.

## 5 – RETENTIONS

**Proposal for a urodynamic redefinition of detrusor underactivity.** Cucchi A, Quaglini S, Rovereto B. *J Urol.* 2009;181:225. In male patients with nonneurological conditions, no obstruction, mainly voiding lower urinary tract symptoms and detrusor underactivity, intrinsic detrusor speed is more compromised than intrinsic strength. The definition of idiopathic detrusor underactivity of a slower and/or weaker bladder with or without poorly sustained micturition contractions is more effective than a definition of decreased detrusor contraction strength and/or poorly sustained micturition contractions. This may reflect the evolution from an initial stage to obviously impaired voiding function.

**Constipation does not develop following elective hysterectomy: a prospective, controlled study.** Sperber AD, Morris CB, Greemberg L et al. *Neurogastroenterol Motil.* 2009;21:18. There have been retrospective or uncontrolled reports that women develop constipation following hysterectomy. This study challenges existing data: in 132 elective surgery patients with hysterectomy compared to 123 controls there was no difference between the groups at any follow-up point in functional constipation, frequency of stools, stool consistency, straining, feeling of obstruction or need to manually evacuate stool, though many developed abdominal pain.

**Reinterventions after complicated or failed STARR procedure.** Pescatori M, Zbar AP. *Int J Colorectal Dis.* 2009;24:87. The stapled transanal rectal resection procedure has been suggested as a surgical option for patients presenting with evacuatory difficulty in the clinical presence of a rectocele. In 20 patients referred with 13 cases operated upon, reinterventions had to be performed for three complications and ten failures including recurrent OD, severe proctalgia, and fecal incontinence. Overall, 11 patients underwent biofeedback and psychotherapy. Only 5 patients with no psychological overlay became asymptomatic or improved. The STARR procedure requires careful patient selection to determine the associated pelvic floor pathology and pre-existent psychopathology.

**Pilot study on the effect of linaclotide in patients with chronic constipation.** Johnston JM, Kurtz CB, Drossman DA et al. *Am J Gastroenterol* 2009; 104:125. Linaclotide, a novel peptide agonist of guanylate cyclase-C receptors, has been shown in animal studies to stimulate intestinal fluid secretion and transit. In 42 patients with chronic constipation it improved bowel habits and symptoms, Further randomized controlled trials are warranted as this common gastrointestinal disorder has limited treatment options.

## 6 – INCONTINENCES

**Simultaneous laceration of external iliac artery and vein complicating anterior vaginal wall sling operation for stress urinary incontinence.** Gul U, Turunc T, Yarcioglu O. *Int Urogynecol J Pelvic Floor Dysfunct.* 2009 Jan 27. Epub. The needle carrier was inserted from the suprapubic area down to the vaginal lumen. The measures to be taken to avoid this life threatening complication are discussed.

**Physiological, psychological, and behavioural characteristics of men and women with faecal incontinence.** Maeda Y, Vaizey CJ, Holington P, Stern J, Kamm MA. *Colorectal Dis.* 2008 Oct 21. Epub. The factors leading to faecal incontinence in males are less well understood than those in females. In this prospective study physiological, anatomical, psychological, and behavioural characteristics of male (34) and female (75) patients were compared. Nearly 40% of men with faecal incontinence report it in the absence of a definable functional or structural sphincter abnormality. Differences were observed in physiological characteristics and coping behaviours of men and women.

**Post radical hysterectomy urinary incontinence: a prospective study of transurethral bulking agents injection.** Plotti F, Zullo MA, Sansone M et al. *Gynecol Oncol.* 2009;112:90. Macroplastique transurethral injection can be a valid option having no surgical complications (24 patients). This therapeutic strategy is able to treat SUI and improve postoperative well being.

**Radiofrequency energy delivery to the anal canal: is it a promising new approach to the treatment of fecal incontinence?** Kim DW, Yoon HM, Park JS et al. *Am J Surg.* 2009;197:14. The SECCA procedure was used in 8 patients with fecal incontinence. The Fecal Incontinence Severity Index score and the Fecal Incontinence-related Quality of Life scale were not improved significantly and considerable complications (anal bleeding, pain, and mucosal discharge) were associated.

**Effect of mode of delivery on the incidence of urinary incontinence in primiparous women.** Boyles S, Li H, Mori T et al. *Obstet Gynecol.* 2009;113:134. Urinary incontinence is common in the immediate postpartum period after a woman's first pregnancy. Vaginal delivery increases the risk of urinary incontinence, but labor and pushing alone followed by cesarean delivery do not appear to increase this risk significantly.

The PFD continues on page 13

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## Pelvic Floor Digest

continued from page 9

**Anal sphincter structure and function relationships in aging and fecal incontinence.** *Lewicky-Gaupp C, Hamilton Q, Ashton-Miller J et al. Am J Obstet Gynecol. 2009 Jan 9 Epub.* Thickening of the internal anal sphincter occurs with aging. Thinning of the external sphincter and a corresponding drop in squeeze pressure correlated with fecal incontinence but not aging. Rectal hypersensitivity is associated with fecal incontinence rather than aging and may play a role in the mechanism of fecal incontinence.

**A longitudinal population-based survey of urinary incontinence, overactive bladder, and other lower urinary tract symptoms in women.** *Wennberg AL, Molander U, Fall M et al. Eur Urol. 2009 Jan 13 Epub.* Female urinary incontinence, overactive bladder, and other LUTS are highly prevalent conditions with a few studies describing progression as well as remission in the short term, and no long-term longitudinal studies. UI and other LUTS constitute dynamic conditions, a marked overall increase in the prevalence of UI, OAB, and nocturia in the same women from 1991 to 2007 was observed. Both incidence and remission of most symptoms were anyway considerable.

### 7 – PAIN

**Depressive symptoms, anxiety, and quality of life in women with pelvic endometriosis.** *Sepulcri Rde P, Amaral VF. Eur J Obstet Gynecol Reprod Biol. 2009;142:53.* Of 104 women diagnosed with pelvic endometriosis 86.5% presented depressive symptoms and 87.5% with a positive correlation with current pain intensity. A rational approach to endometriosis should include an evaluation of the emotional profile and quality of life reducing the functional damage caused by the disease.

**Treatment of fibromyalgia syndrome with antidepressants: a meta-analysis.** *Häuser W, Bernardy K, Üçeyler N, Sommer C. JAMA. 2009;301:198.* Fibromyalgia syndrome is a chronic pain disorder associated with multiple debilitating symptoms and high disease-related costs. Antidepressant medications are associated with improvements in pain, depression, fatigue, sleep disturbances, and health-related QoL.

**Study on personality and psychiatric disorder in fibromyalgia.** *Rose S, Cottencin O, Chouraki V et al. Presse Med. 2009 Jan 22 Epub.* The importance of psychiatric comorbidities, with mental and personality disorders in patients with fibromyalgia has to be taken into account in the treatment by their impact on doctor-patient relation.

**Macrophages and nerve fibres in peritoneal endometriosis.** *Tran LV, Tokushige N, Berbic M et al. Hum Reprod. 2009;24:835.* Endometriosis is considered to be an inflammatory disease, and macrophages are the most numerous immune cells in endometriotic lesions possibly playing a role in the growth and development of the lesions and in the generation of pain through interaction with nerve fibres.

**Results of lateral internal sphincterotomy with open technique for chronic anal fissure: evaluation of complications, symptom relief, and incontinence with long-term follow-up.** *Kiyak G, Korukluoglu B, Kusdemir A et al. Dig Dis Sci. 2009 Jan 1 Epub.* In this clinical prospective study on 129 patients the complication rate was 41.8%, urine retention being seen frequently in males. Postoperative incontinence was only to flatus and two-thirds of these resolved in 6 weeks. No patient showed improvement of incontinence after 6 weeks.

**A randomized clinical trial for women with vulvodynia: Cognitive-behavioral therapy vs. supportive psychotherapy.** *Masheb RM, Kerns RD, Lozano C et al. Pain. 2009;141:31.* Psychosocial treatments for vulvodynia are effective. Cognitive-behavioral therapy, a directed treatment approach that involves learning and practice of specific pain-relevant coping and self-management skills, yielded better outcomes and greater patient satisfaction than a less directive approach like supportive psychotherapy.

**Pain sensitivity and analgesic effects of mindful states in Zen meditators: a cross-sectional study.** *Grant JA, Rainville P. Psychosom Med. 2009;71:106.* Zen meditators have lower pain sensitivity and experience analgesic effects during mindful states. This may reflect cognitive/self-regulatory skills related to the concept of mindfulness and/or altered respiratory patterns. Prospective studies investigating the effects of meditative training and respiration on pain regulation are warranted.

**Antecedent nonbladder syndromes in case-control study of interstitial cystitis/painful bladder syndrome.** *Warren JW, Howard FM, Cross RK et al. Urology. 2009;73:52.* Probing for clues to the pathogenesis of interstitial cystitis/painful bladder syndrome (IC/PBS) antecedent non-bladder syndromes were found: fibromyalgia-chronic widespread pain, chronic fatigue syndrome, sicca syndrome, irritable bowel syndrome, migraine, chronic pelvic pain, depression, allergy. Most syndromes appear in clusters. Among the hypotheses generated is that some patients with IC/PBS have a systemic syndrome and not one confined to the bladder.

*The PFD continues on page 28*

**8 – FISTULAE**

**Hidradenitis suppurativa presenting as a polypoidal lesion at the anal verge.** *Seneviratne SA, Samarasekera DN. Colorectal Dis. 2009;11:97.* Hidradenitis suppurativa is a chronic disease characterized by painful recurrent abscesses, fistulas and scarring lesions in axilla, groin, perineum and rarely mass lesions at the affected site. A case of hidradenitis suppurativa with a polypoidal growth at the anal verge is presented.

**Modified York-Mason technique for repair of iatrogenic rectourinary fistula: the Montsouris experience.** *Kasraeian A, Rozet F, Cathelineau X et al. J Urol. 2009;181:1178.* Rectourinary fistula is a devastating complication of rectal and genitourinary surgery. Failure in conservative management calls for surgical intervention. A series of 12 patients (after radical prostatectomy and following high intensity focused ultrasound, 6 with fecal diversion) treated by a modified York-Mason technique is presented. The urethra is not closed after fistula excision, only a multilayer, nonoverlapping closure of the anterior rectal wall being performed. Three patients required multiple York-Mason procedures. All patients reported intact fecal continence. Median hospital stay was 4 days.

**Repair of giant vesicovaginal fistulas.** *Ezzat M, Ezzat MM, Tran VQ, Aboseif SR. J Urol. 2009;181:1184.* To repair giant vesicovaginal fistula (35 patients, 7 with a complete loss of the urethral floor), the abdominovaginal approach using a rotational bladder flap was evaluated. Patients had fistula etiology was secondary to obstructed labor in 25 patients, the result of iatrogenic surgical injuries in 5, sling erosion in 3 and pelvic irradiation in 2. The bladder was bisected sagittally, and a bladder flap was rotated downward and medially to fill the extensive fistula defect. An additional vascularized flap was interposed in 23 patients including gracilis muscle, omental, peritoneal or Martius flap. Fistulas were successfully repaired in 31 of 35 patients (88%). The remaining 4 patients underwent surgical correction with a second, more limited repair.

**Long-term success rate after surgical treatment of anorectal and rectovaginal fistulas in Crohn's disease.** *Löffler T, Welsch T, Mühl S et al. Int J Colorectal Dis. 2009;24:521.* Among 777 patients with Crohn's disease undergoing surgery (1991-2001) 147 had anorectal or rectovaginal fistula requiring 292 operations, 98% with Crohn's disease in the colon or rectum. Over long-term follow-up, 29 patients required proctectomy. Submucosal fistulas needed major surgery in only 14% of cases compared to 56% of cases with rectovaginal fistulas. After 5 years complex fistulas showed a strong trend towards a higher recurrence rate after surgery than simple submucosal fistulas. Whereas recurrences occurred over the whole observation period in the group of patients with complex fistulas, there was no further recurrence in patients with submucosal fistulas 13 months after surgery.

*The PFD continues on page 32*

**9 – BEHAVIOUR, PSYCHOLOGY, SEXOLOGY**

**Single institution 2-year patient reported validated sexual function outcomes after nerve sparing robot assisted radical prostatectomy.** *Rodriguez E, Finley DS, Skarecky D, Ahlering TE. J Urol. 2009;181:259.* Overall 90% of men reported return of potency at 24 months and 46% returned to baseline with normal 5-item International Index of Erectile Function (IIEF) scores and 100% firmness. There was no difference in 5-item IIEF scores or fullness between unilateral and bilateral nerve sparing.

**Chronic interpersonal stress predicts activation of pro- and anti-inflammatory signaling pathways 6 months later.** *Miller GE, Rohleder N, Cole SW. Psychosom Med. 2009;71:57.* Chronic interpersonal difficulties (a study on 103 healthy young women) accentuate expression of pro- and anti-inflammatory signaling molecules. Although this process does not result in systemic inflammation under quiescent conditions, it does accentuate leukocytes' inflammatory response to microbial challenge. These dynamics may underlie the excess morbidity associated with social stress, particularly in inflammation-sensitive diseases like depression and atherosclerosis.

**Effect of vaginal polypropylene mesh implants on sexual function.** *Gauruder-Burmester A, Koutouzidou P, Tunn R. Eur J Obstet Gynecol Reprod Biol. 2009;142:76.* Since a very high rate of dyspareunia and impairment of sexual function is reported in women after vaginal mesh repair, a validated questionnaire was administered to 120 women to explore sex life before and after polypropylene mesh insertion (Apogee(R) / Perigee(R)) 1 year after surgery, and gynecologic examinations were performed preoperatively and postoperatively to assess urogenital anatomy and function. No woman complained of dyspareunia at 1-year follow-up. In 40 patients (33.3%), analysis of the validated questionnaires revealed more deeply rooted sexual disorders based on partnership problems and unrelated to surgery. The Authors conclude that sexual dysfunction is only rarely associated with urogynecologic surgery.

**10 – MISCELLANEOUS**

**Female cosmetic genital surgery.** *Goodman MP. Obstet Gynecol. 2009;113:154.* Genital plastic surgery for women has come under scrutiny and has been the topic of discussion in the news media, online, and in medical editorials. In the absence of measurable standards of care, lack of evidence-based outcome norms, and little standardization either in nomenclature or training requirements, concern has been raised by both ethicists and specialty organizations. Some women request alteration of their vulvas and vaginas for reasons of cosmesis, increasing self-esteem and improving sexual function.

**Budesonide induction and maintenance therapy for Crohn's disease during pregnancy.** *Beaulieu DB, Ananthakrishnan AN, Issa M et al. Inflamm Bowel Dis. 2009;15:25.* Budesonide (Entocort EC, AstraZeneca) is an enteric coated locally acting glucocorticoid preparation whose pH- and time-dependent coating enables its release into the ileum and ascending colon for the treatment of mild to moderate Crohn's disease. Budesonide was used during pregnancy at the 6 mg/day dose in 6 patients and 9 mg/day dose in 2 patients. There were no cases of maternal adrenal suppression, glucose intolerance, ocular side effects, hypertension or fetal congenital abnormalities.

**Prevalence of anal squamous intra-epithelial lesion in women presenting genital squamous intra-epithelial lesion.** *Giraldo P, Jacyntho C, Costa C et al. Eur J Obstet Gynecol Reprod Biol. 2009;142:73.* To determine the frequency of anal squamous intra-epithelial lesions (ASIL) in women with genital squamous intra-epithelial lesions (GSIL), 184 patients with histopathological diagnosis of GSIL and 76 controls without GSIL, were submitted to anoscopy in order to determine the presence of ASIL. All the women were HIV-negative. The frequency of ASIL was 17.4% in the GSIL group and only 2.6% in the control group. All the high grade ASIL diagnoses were found in women with cervical SIL.