

Pelvic Floor Digest

This section presents a small sample of the Pelvic Floor Digest, an online publication (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

Editor's note: importance of revealing any author conflicts of interest. *Lin K. Am Fam Physician 2007;75:472.*

Introduction to nanotechnology: potential applications in physical medicine and rehabilitation. *Gordon AT, Lutz GE, Boninger ML, Cooper RA. Am J Phys Med Rehabil 2007;86:225-41.* Nanotechnology may transform the diagnosis and treatment of disease in the 21st century through the study, design, manipulation, manufacture, and control of materials or devices by physical or chemical means at resolutions in the order of one billionth of a meter. The review discusses potential developments in tissue engineering, drug delivery, imaging, diagnostics, surface texturing, and biointerfaces that could impact the practice of medicine.

1 – THE PELVIC FLOOR

Marketed vaginal mesh kits: rampant experimentation or improved quality of care? : Thoughts following the 2006 AUGS meeting by AUGS president Ingrid Nygaard, M.D. *Nygaard I. Int Urogynecol J Pelvic Floor Dysfunct 2007;18:483-4.*

Effects of aging on lower urinary tract and pelvic floor function in nulliparous women. *Trowbridge ER, Wei JT, Fenner DE, Ashton-Miller JA, Delancey JO. Obstet Gynecol. 2007;109:715-720.* To evaluate the effects of aging, independent of parity, on pelvic organ and urethral support, urethral function, and levator function, 82 nulliparous women (21-70 years) underwent pelvic examination using pelvic organ prolapse quantification, urethral angles by cotton-tipped swab, and multichannel urodynamics and uroflow. Vaginal closure force was quantified using an instrumented vaginal speculum. Increasing age was associated with decreasing maximal urethral closure pressure with a 15-cm-H₂O decrease in pressure per decade. Pelvic organ support as measured by POPQ and levator function did not differ by age group.

2 – FUNCTIONAL ANATOMY

Histological features of the rectovaginal septum in elderly women and a proposal for posterior vaginal defect repair. *Nagata I, Murakami G, Suzuki D et al. Int Urogynecol J Pelvic Floor Dysfunct 2007 Mar 1; Epub.* To develop a novel surgical procedure for posterior vaginal defect repair, the rectum-vagina interface tissues obtained from 20 elderly cadavers were examined histologically. The rectovaginal septum was defined as an elastic fiber-rich plate along the vaginal wall, lining the posterior surface of the vein-rich zone and extending between the bilateral paracolpums. The septum, often thin and interrupted, was more evident in the lower half of the interface. In the upper vagina augmentation using some implant is then considered to be necessary for the enterocele and high rectocele.

Regulation of MMP-1 by sex steroid hormones in fibroblasts derived from the female pelvic floor. *Zong W, Zyczynski HM, Meyn LA et al. Am J Obstet Gynecol 2007;196:349.e1-11.* To investigate the effect of sex steroid hormones on the overall expression profile of cellular matrix metalloproteinase-1 (MMP-1) in fibroblasts derived from arcus tendineus fasciae pelvis, a premenopausal woman and a postmenopausal woman undergoing a prolapse repair were treated with physiologic concentrations of 17-beta-estradiol (E2), progesterone, E2 plus progesterone, and E2 plus ICI 182,780. Cellular expressions of the latent, active, and fragment forms of MMP-1 were analyzed and the latent and fragment forms were increased by E2, progesterone, and E2 plus progesterone, while the active form was not changed by either E2 or progesterone alone but was decreased significantly when both hormones were added together. ICI 182,780 inhibited the stimulatory effect of E2. Both E2 and progesterone are necessary to maintain the integrity of female pelvic floor.

3 – DIAGNOSTICS

Impact of lower urinary tract symptoms on quality of life using Functional Assessment Cancer Therapy scale. *Batista-Miranda JE, Molinuevo B, Pardo Y. Urology 2007;69:285-8.* In male patients LUTS have considerable impact on the general well-being. Combined with age, they can explain up to 30% of the variance in QOL. Nocturia and incomplete emptying are the most troublesome symptoms.

Validating a clinical measure of levator hiatus size. *Boyles SH, Edwards SR, Gregory WT et al. Am J Obstet Gynecol 2007;196:174.e1-4.* The interrater reliability of levator hiatus (LH) size was evaluated and correlated to other measures of muscle function. During maximal contraction of the levator ani, the muscle was assessed independently by 2 examiners by using Brink's scale. The LH was measured in the transverse and sagittal dimensions by digital palpation. The mean LH transverse was 4.5 cm and the mean LH sagittal was 3 cm with a good interrater reliability.

Quantification of major morphological abnormalities of the levator ani. *Dietz HP. Ultrasound Obstet Gynecol 2007;29:329-34.* A quantification of morphological abnormalities of the levator ani found in a significant minority of women presenting with symptoms of pelvic floor dysfunction was attempted using tomographic 3D translabial pelvic floor ultrasound in 262 consecutive women referred for complaints of lower urinary tract dysfunction and prolapse. Main outcome measures were craniocaudal and ventrodorsal extent of defects of the pubovisceral muscle. Avulsion injuries were diagnosed in 19% of the women, 21.3% of the vaginally parous. Defects were found unilaterally and bilaterally. Hiatal area on Valsalva was correlated weakly with defect score and total defect width. Defect score and maximum width were significantly higher in women with prolapse.

Rectal cooling test in the differentiation between constipation due to rectal inertia and anismus. *Shafik A, Shafik I, El Sibai O, Shafik AA. Tech Coloproctol 2007;11:39-43.* The differentiation between constipation due to rectal inertia and that due to outlet obstruction from non-relaxing puborectalis muscle is not easily achieved with one diagnostic test. Rectal infusion with iced saline increased rectal tone in healthy controls and constipated patients with anismus while it had no effect in the remaining patients. Lack of increase of rectal tone may be secondary to rectal inertia. Therefore the test can effectively differentiate between the two forms of constipation.

High-resolution manometry in the evaluation of anorectal disorders: a simultaneous comparison with water-perfused manometry. *Jones MP, Post J, Crowell MD. Am J Gastroenterol 2007;102:850-5.* High-resolution manometry combined with novel interpretive software allows for the interpolation of manometric recordings into highly detailed topographical plots of intraluminal pressure events relative to time and location, providing, in patients with constipation, incontinence, and fecal soilage greater resolution of the intraluminal pressure environment of the anorectum compared to water-perfused manometry.

Intermittent bowel obstruction due to a retained wireless capsule endoscope in a patient with a small bowel carcinoid tumour. *Strosberg JR, Shibata D, Kvols LK. Can J Gastroenterol 2007;21:113-5.* Two years after undergoing a wireless capsule endoscopy procedure, radiological examinations revealed a retained capsule endoscope causing partial small bowel obstruction. The capsule was retrieved through laparotomy.

Nurses working in GI and endoscopic practice: a review. *Verschuur EM, Kuipers EJ, Siersema PD. Gastrointest Endosc 2007;65:469-479.* Nurses increasingly perform tasks and procedures that were previously performed by physicians. The findings of this review support the involvement of nurses in diagnostic endoscopy and follow-up of patients with chronic GI disorders. Further randomized trials, however, are needed to demonstrate whether this involvement compares at least as favorably with gastroenterologists in terms of medical outcomes, patient satisfaction, and costs.

4 – PROLAPSES

Pelvic organ prolapse. *Jelovsek JE, Maher C, Barber MD. Lancet 2007;369:1027-38.* A complete review on pelvic organ prolapse. Many women with pelvic organ prolapse are asymptomatic and do not need treatment. When prolapse is symptomatic, options include observation, pessary use, and surgery. Radiographic assessment is usually unnecessary. Surgical strategies for prolapse can be categorised broadly by reconstructive and obliterative techniques. No effective prevention strategy for prolapse has been identified.

Natural history of pelvic organ prolapse in postmenopausal women. *Bradley CS, Zimmerman MB, Qi Y, Nygaard IE. Obstet Gynecol 2007;109:848-854.* To describe the natural history of pelvic organ prolapse and risk factors for changes in vaginal descent in older women, a 4-year prospective observational study included 259 postmenopausal women with the uterus. Prolapse progresses and regresses in older women, although rates of vaginal descent progression are slightly greater than regression overall. Obesity and grand multiparity are risk factors for progression.

Sonomorphological evaluation of polypropylene mesh implants after vaginal mesh repair in women with cystocele or rectocele. *Tunn R, Picot A, Marschke J, Gauruder-Burmester A. Ultrasound Obstet Gynecol 2007;29:449-52.* To investigate whether the sonographically measured size of the mesh implant, after 6 weeks correlates with the original size, and whether the mesh ensures complete support of the anterior (transobturator implant) or posterior (transischioanal implant) compartment, 40 postmenopausal women with cystocele or rectocele were evaluated with introital ultrasound. The mesh supported 43.4% of the length of the anterior and 53.7% of the posterior vaginal wall. There is a considerable discrepancy between the implanted mesh size and the length measured 6 weeks later.

New technique for the repair of anterior pelvic floor compartment defects using a synthetic implant with biological coverage: approach, fixation and transobturator anchoring. *Moreno Sierra J, Prieto Nogal SB, Galante Romo MI et al. Arch Esp Urol 2007;60:45-50.* Transobturator systems for anterior vaginal wall prolapse repair may be considered an approach and also a mesh fixation system, in opposition to free mesh cystocele repair where they work by the creation of fibrotic tissue after biological or synthetic mesh implant. The design and technology of the Avaulta anterior system is described, which exemplifies the current trend in pelvic floor surgery.

Uncontrollable intra-abdominal bleeding necessitating low anterior resection of the rectum after stapled hemorrhoidopexy: report of a case. *Blouhos K, Vasiliadis K, Tsalis K et al. Surg Today 2007;37:254-7.* One of the most serious complications of stapled hemorrhoidopexy is severe bleeding. A case of extensive hemoperitoneum without evidence of typical rectal bleeding is reported in a patient with third-degree hemorrhoids soon complaining severe abdominal pain and signs of peritonitis requiring an emergency exploratory laparotomy, which revealed extensive hemoperitoneum and a devitalized edematous rectum with a tense hematoma, 1 cm above the staple line. A low anterior resection was performed.

Stapled hemorrhoidopexy height as outcome indicator. *Williams R, Kondylis L, Geisler D, Kondylis P. Am J Surg 2007;193:336-9.* Postoperative expectations after stapled hemorrhoidopexy are still being clarified. To evaluate how outcome is affected by staple line height above the dentate line and specimen histology, 105 patients were analyzed, concluding that staple line height and histology can impact postoperative outcomes: the height should be >20 mm yet < or =40 mm above the dentate, avoiding squamous epithelium.

Delayed presentation of life-threatening perineal sepsis following stapled haemorrhoidectomy: a case report. *McCloud JM, Doucas H, Scott AD, Jameson JS. Ann R Coll Surg Engl 2007;89:301-2.* There have been several cases of Fournier's gangrene following stapled haemorrhoidectomy. A case in which this complication appeared 39 days after the operation is described. The patient recovered after wide tissue excision and fashioning of a colostomy.

5 – RETENTIONS

Use of nomogram to predict acute urinary retention. *Tang VC, Bott SR. Ann R Coll Surg Engl 2007;89:192.*

Tension-free vaginal tape: poor intraoperative cough test as a predictor of postoperative urinary retention. *Takacs P, Medina CA. Int Urogynecol J Pelvic Floor Dysfunct 2007 Mar 30; Epub.*

A randomized, multicenter, placebo-controlled trial of polyethylene glycol laxative for chronic treatment of chronic constipation. *Dipalma JA, Cleveland MV, McGowan J, Herrera JL. Am J Gastroenterol 2007 Mar 31; Epub.* Polyethylene glycol is currently approved for the short-term treatment of occasional constipation. This study was designed to compare the safety and efficacy of this laxative versus placebo over a 6-month treatment period in patients with chronic constipation: It proved to be safe and effective.

A washing toilet seat with a CCD camera monitor to stimulate bowel movement in patients with spinal cord injury. *Uchikawa K, Takahashi H, Deguchi G, Liu M. Am J Phys Med Rehabil 2007;86:200-4.* The effectiveness of a modified washing toilet seat equipped with a CCD camera monitor and an electronic bidet to facilitate precise hitting of the anal area with water streams to stimulate bowel movement in patients with traumatic spinal cord injury (SCI), was studied in 20 subjects at least 5 mos post acute injury. Bowel movement was successfully induced in 75% of the patients. Success was not related significantly to injury level, ASIA impairment scale, or ability to voluntarily squeeze. Compared with their usual manner of bowel management, for which they spent more than 30 mins, time needed for successful bowel movement was shortened without any complication.

Patients with functional constipation do not have increased prevalence of colorectal cancer precursors. *Chan AO, Hui WM, Leung G et al. Gut 2007;56:451-2.*

6 – INCONTINENCES

Postpartum depression, urge urinary incontinence, and overactive bladder syndrome: is there an association? *Hullfish KL, Fenner DE, Sorser SA et al. Int Urogynecol J Pelvic Floor Dysfunct 2007 Feb 17; Epub.* In this cross-sectional study an association between postpartum depression and symptoms of urge incontinence was found. Type of delivery, vaginal vs cesarean section, did not significantly impact the urge scores. Because birth is a predictable event, further studies evaluating the causal relationships and physiologic changes linking depression and incontinence can be studied using this model.

Experimental animal model for training transobturator and retropubic sling techniques. *Ricetto CL, Palma PC, Thiel M et al. Urol Int 2007;78:130-4.* Suburethral transobturator slings have become the treatment of choice for stress urinary incontinence, but the lack of experimental models for surgical training is a problem for beginners. An animal model (11-month-old Santa Ines sheep) for sling training is presented. As far as anatomical similarities of vaginal structures, cystoscopy and transvaginal sling 97% of 32 surgeons reported similarities or a strong correlation.

The PFD continues on page 37

Pelvic Floor Digest

continued from page 8

Significance of tension in tension-free mid-urethral sling procedures: a preliminary study. Paick JS, Oh JG, Shin JW et al. *Int Urogynecol J Pelvic Floor Dysfunct* 2007;18:153-8. The results of the release and tape-shortening techniques in polypropylene pubovaginal mid-urethral slings are reported, tension playing a substantial role in restoring continence or experiencing urinary retention or other voiding difficulties.

13 years of experience with artificial urinary sphincter implantation at Baylor College of Medicine. Lai HH, Hsu EI, Teh BS et al. *J Urol* 2007;177:1021-5. Between 1992 and 2005, 270 patients underwent artificial urinary sphincter implantation (single surgeon). Of the 218 patients followed-up 176 underwent prostatectomy with or without pelvic radiation, 11 had neurogenic bladder and 31 underwent secondary artificial urinary sphincter implantation. Complication rates were infection in 5.5% of cases, erosion in 6.0%, urethral atrophy in 9.6%, mechanical failure in 6.0% and surgical removal or revision in 27.1%. At 5 years 75% of patients had avoided revision or removal.

Physical activity and urinary incontinence among healthy, older women. Danforth KN, Shah AD, Townsend MK et al. *Obstet Gynecol* 2007;109:721-727. Physical activity is associated with a significant reduction in urinary incontinence. Results appear somewhat stronger for stress than urge UI.

Complications of sling surgery among female medicare beneficiaries. Anger JT, Litwin MS, Wang Q et al. *Obstet Gynecol* 2007;109:707-14. Complication rates within 1 year after sling surgery among Medicare beneficiaries were found to be higher than those reported in the clinical literature. The high rates of postoperative urinary tract infections, prolapse, and outlet obstruction suggest the need for quality improvement measures in the management of women with incontinence and pelvic prolapse.

Anatomic comparison of two transobturator tape procedures. Zahn CM, Siddique S, Hernandez S, Lockrow EG. *Obstet Gynecol* 2007;109:701-6. To compare outside-in (Monarc) and inside-out (TVT-O) methods for transobturator tape placement regarding proximity of the tape to the obturator canal and ischiopubic ramus, 7 cadavers were dissected to the level of the obturator membrane measuring the distance from the closest aspect of the obturator canal and ischiopubic ramus to each tape. The outside-in technique results in the mesh being placed farther from the obturator canal and closer to the ischiopubic ramus, theoretically reducing the risk of neurovascular injury.

Comparison of cystographic findings of intrinsic sphincteric deficiency with urethral hypermobility causing urinary incontinence. Park SW, Sung DJ, Choi EJ et al. *Urol Int* 2007;78:116-20. Intrinsic sphincter deficiency should be considered in female patients with symptoms of urinary incontinence where there are changes in posterior urethrovesical angle <20 degrees on a lateral cystogram between a stress state and resting state in addition to the beaking sign of the vesical neck during a resting state.

Sacral nerve stimulation for neurogenic faecal incontinence. Holzer B, Rosen HR, Novi G et al. *Br J Surg* 2007 Apr 4; Epub. Thirtysix patients with faecal incontinence of neurological aetiology were included in a trial of SNS and 29 had a permanent implant. Evaluation consisted of a continence diary, anal manometry, saline retention testing and quality of life assessment. After a median follow-up of 35 (range 3-71) months, 28 patients showed a marked improvement or complete recovery of continence. Saline retention time increased from a median of 2 (0-5) to 7 (2-15) min. Maximum resting and squeeze anal canal pressures, and quality of life on all scales, increased at 12 and 24 months after operation.

Internal anal sphincter defect influences continence outcome following obstetric anal sphincter injury. Mahony R, Behan M, Daly L et al. *Am J Obstet Gynecol* 2007;196:217.e1-5. To define the correlation between the extent of anal sphincter injury as seen by endoanal ultrasound and symptoms of postpartum fecal incontinence, 500 women were studied at 3 months following primary repair of a first recognized obstetric anal sphincter injury during vaginal delivery. US evidence of internal anal sphincter injury is predictive of severe incontinence (score greater than 9/20).

National audit of continence care for older people: management of faecal incontinence. Potter J, Peel P, Mian S et al. *Age Ageing* 2007 Mar 13; Epub. Faecal incontinence in older people is associated with considerable morbidity but is amenable to successful management. Basic assessment and care for truly integrated continence services by the professionals directly looking after older persons however is often lacking and there is an urgent need to re-establish the fundamentals of continence care into the daily practice of medical and nursing staff.

The PFD continues on page 45

7 – PAIN

Chronic prostatitis/chronic pelvic pain syndrome: role of alpha blocker therapy. Lee SW, Liong ML, Yuen KH et al. *Urol Int* 2007;78:97-105. Encouraging results in uncontrolled and small clinical trials led to the development of reasonably powered, double-blinded, placebo-controlled, randomized clinical trials evaluating terazosin, doxazosin, tamsulosin, and alfuzosin for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), the most common and difficult prostatitis syndrome. Treatment-naive and/or newly diagnosed patients appear more likely to respond than long-term, chronic refractory patients.

Assessment of vulvodynia symptoms in a sample of US women: a prevalence survey with a nested case control study. Arnold LD, Bachmann GA, Rosen R, Rhoads GG. *Am J Obstet Gynecol* 2007;196:128.e1-128.e6. Vulvodynia is a chronic pain syndrome of unknown origin with scant data on frequency. A phone survey contacted 2127 US households to identify 100 symptomatic women. Current vulvar pain of at least 6 months duration was reported by 3.8% of respondents, with a 9.9% lifetime prevalence. Forty-five percent of women with pain reported an adverse effect on their sexual life and 27% an adverse effect on their lifestyle.

Limbic associated pelvic pain: A hypothesis to explain the diagnostic relationships and features of patients with chronic pelvic pain. Fenton BW. *Med Hypotheses* 2007 Feb 8; Epub. Limbic associated pelvic pain is a proposed pathophysiology designed to explain features commonly encountered in patients with chronic pelvic pain, including the presence of multiple pain diagnoses (endometriosis, interstitial cystitis, irritable bowel syndrome, levator ani syndrome, pelvic floor tension myalgia, vestibulitis, vulvodynia). This may occur in patients with chronic pelvic pain out of proportion to any demonstrable pathology (hyperalgesia) and with more than one demonstrable pain generator (allodynia). Chronic stimulation of the limbic system (anterior cingulate cortex, hippocampus and amygdala) by pelvic pain afferents produces an efferent contraction of the pelvic muscles, thus perpetuating the cycle.

Fatigue in irritable bowel syndrome: characterization and putative role of leptin. Piche T, Huet PM, Gelsi E et al. *Eur J Gastroenterol Hepatol* 2007;19:237-43. Fatigue occurs in 62.7% of irritable bowel syndrome patients if asked for, and influences all domains of the Fatigue Impact Scale, mostly the physical and the psychosocial domains. Fatigue is associated with circulating leptin levels independent from age, sex and BMI. The metabolic sequence involved in the occurrence of fatigue is to be determined.

The cognitive behavioural model of irritable bowel syndrome: a prospective investigation of gastroenteritis patients. Spence MJ, Moss-Morris R. *Gut* 2007 Feb 26; Epub. To determine whether a combination of mood and personality factors together with illness beliefs and behaviours predict the onset of irritable bowel syndrome post gastroenteritis, 49 patients were studied, those with high stress and anxiety levels being more prone to develop IBS after a bout of gastroenteritis. Additional risk factors include a tendency to interpret illness in a pessimistic fashion and to respond to symptoms in an all- or-nothing manner.

Probiotics and irritable bowel syndrome: a rationale for their use and an assessment of the evidence to date. Quigley EM, Flourie B. *Neurogastroenterol Motil* 2007;19:166-72. Probiotics, defined as live organisms that, when ingested in adequate amounts, exert a health benefit on the host, have been used for almost a century in the management of a variety of medical disorders, usually on the basis of little evidence. Advances in our understanding of the gut flora and of its relationship to the host, have identified their important role in the post-infective variety of IBS.

Role for protease activity in visceral pain in irritable bowel syndrome. Cenac N, Andrews CN, Holzhausen M et al. *J Clin Invest* 2007;117:636-647. Proteases are released in IBS and can directly stimulate sensory neurons and generate hypersensitivity symptoms through the activation of protease-activated receptor-2.

The degree of breath methane production in IBS Correlates with the severity of constipation. Chatterjee S, Park S, Low K et al. *Am J Gastroenterol* 2007;102:837-41. Among IBS subjects, methane on lactulose breath test is associated subjectively and objectively with constipation predominance, and the degree of methane production is related to the degree of constipation.

Immune activation in patients with irritable bowel syndrome. Liebrechts T, Adam B, Bredack C et al. *Gastroenterology* 2007;132:913-20. To test the hypothesis that IBS is characterized by an augmented cellular immune response with enhanced production of proinflammatory cytokines, and to explore whether symptoms and psychiatric comorbidity in IBS are linked to the release of proinflammatory cytokines, 55 patients (18 mixed-, 17 constipation-, 20 diarrhea-predominant) were studied, and patients with D-IBS display enhanced proinflammatory cytokine release, this being associated with anxiety.

Morphological analysis of human acupuncture points through immunohistochemistry. Wick F, Wick N, Wick MC. *Am J Phys Med Rehabil* 2007;86:7-11.

8 – FISTULAE

Treatment of refractory urethrovaginal fistula using rectus abdominis muscle flap in a six-year-old girl. Atan A, Tuncel A, Aslan Y. *Urology* 2007;69:384.e11-3. Urethrovaginal fistula usually occurs after urethrovaginal injury, resulting in urinary incontinence. The rectus abdominis muscle flap was used in a 6-year-old girl with refractory urethrovaginal fistula.

The Addis Ababa fistula hospital: an holistic approach to the management of patients with vesicovaginal fistulae. Williams G. *Surgeon* 2007;5:54-7. Ethiopia is amongst the world's poorest countries. It is estimated that approximately 30,000 women have an untreated, neglected, vesicovaginal fistula. The Fistula Hospital in Addis Ababa in Ethiopia, founded in 1975 and run entirely by charitable donations, is dedicated exclusively to the care of women with obstetric fistulae, and the treatment of other physical and social injuries they have sustained.

Perianal fistulas in Crohn's disease: MRI diagnosis and surgical planning : MRI in fistulizing perianal Crohn's disease. Szurowska E, Wypych J, Izicka-Swieszewska E. *Abdom Imaging* 2007 Mar 3; Epub.

Perianal mucinous adenocarcinoma arising from chronic anorectal fistulae: a review from a single institution. Ong J, Jit-Fong L, Ming-Hian K et al. *Tech Coloproctol* 2007;11:34-8. Mucinous adenocarcinoma arising from a chronic anorectal fistula is rare, with few reports in the literature. A high index of clinical suspicion is required to make the diagnosis of perianal tumours while assessing patients presenting with perianal inflammatory conditions. Abdominoperineal resection is the surgical treatment of choice and can provide good long-term results in patients with localized disease.

9 – BEHAVIOUR, PSYCHOLOGY, SEXOLOGY

Complications and Sexual Function After Vaginectomy for Anorectal Tumors. Hendren SK, Swallow CJ, Smith A et al. *Dis Colon Rectum* 2007 Feb 15; Epub. Among 54 patients who underwent vaginectomy during anorectal tumor resection 19 had flap reconstruction of the vagina and 35 had primary repair, 83% experienced surgical complications. Twenty-three patients completed a questionnaire: only 6 were able to have sexual intercourse. No living patients who had flap reconstruction were able to have sexual intercourse. Only 20 percent of patients remembered a preoperative discussion of possible sexual effects of surgery; however, overall quality of life was preserved.

Sildenafil citrate improves erectile function and urinary symptoms in men with erectile dysfunction and lower urinary tract symptoms associated with benign prostatic hyperplasia: a randomized, double-blind trial. *McVary KT, Monnig W, Camps JL Jr et al. J Urol 2007;177:1071-7.* Improved erectile dysfunction and lower urinary tract symptoms with sildenafil in men with the 2 conditions were associated with improved quality of life and treatment satisfaction. Daily dosing with sildenafil may improve lower urinary tract symptoms. However, the lack of effect on urinary flow rates may mean that a new basic pathophysiology paradigm is needed to explain the etiology of lower urinary tract symptoms.

The psychological burden of premature ejaculation. *Rowland DL, Patrick DL, Rothman M, Gagnon DD. J Urol 2007;177:1065-70.* Premature ejaculation (latency time of 2 minutes or less) has a significant psychological burden on men, their partners and the male/partner relationship.

Evaluation of sexual function in women with overactive bladder syndrome. *Sen I, Onaran M, Tan MO et al. Urol Int 2007;78:112-5.* Women with OAB were divided into wet and dry groups. Scores of all domains (desire, arousal, lubrication, orgasm, satisfaction, pain and total) were found to be lower than in the control group, only 'desire' was found to be significantly different.

Sexual function after tension-free vaginal tape procedure. *Marszalek M, Roehlich M, Racz U et al. Urol Int 2007;78:126-9.* Among 52 women after a TVT procedure 74.0% indicated that they became totally continent. One third of the sexually active women reported an improvement of their sexual life, 14.3% a worsening, and 52.4% no change. Deterioration of sexual function was significantly associated with de novo urge, dyspareunia and sensation of postvoid residual urine volume. In summary the influence of the TVT procedure on female sexual function is evident, but of low impact, and in general will not be of relevance.

GPs' perception of their role in the identification and management of family violence. *Miller D, Jaye C. Fam Pract 2007;24:95-101.* The GPs' estimation of family violence prevalence in their practices is low compared to community-based research. Many issues affect the GP in identifying and managing family violence and must be considered in developing guidelines and training, referral systems and support.

Erectile dysfunction correlates with left ventricular function and precedes cardiovascular events in cardiovascular high-risk patients. *Baumhake M, Bohm M. Int J Clin Pract 2007;61:361-6.* Erectile dysfunction (ED) is related to cardiovascular risk factors by an impairment of endothelial function, therefore, this symptom is probably to precede cardiovascular disease and events, and cardiovascular evaluation is recommended in patients with ED providing the opportunity of optimised preventative treatment.

Phalloplasty and urethroplasty in children with penile agenesis: preliminary report. *De Castro R, Merlini E, Rigamonti W, Macedo A Jr. J Urol 2007;177:1112-6.* Patients affected by penile agenesis, are better raised according to their karyotype and hormonal production, and opposite gender should not be assigned. Definitive phalloplasty in adults may achieve good results. Nevertheless, this procedure is generally performed in postpubertal boys and it is not easily available everywhere.

An evolutionary interpretation of the significance of physical pain experienced by human females: Defloration and childbirth pains. *Maul A. Med Hypotheses 2007 Feb 16; Epub.* The phenomena surrounding the pains related to first coitus and delivery have been poorly investigated in human sexuality and reproductive behavior as regards their evolutionary aspects. In particular the function of the hymen and the significance of defloration are largely misunderstood. Childbirth and defloration pains are hypothesized to manifest an adaptation designed to increase inclusive fitness in human evolutionary history, the significance of pain as a message being essentially emotional. The intense sexual emotions that may precede and follow the pain, the breaking and bleeding of the hymen, may generate strong feelings in the newly formed couple, and the labor pain may create mutual solicitude among the protagonists (midwives, father, mother) beneficial to all of them, and more particularly to the newborn. These behavioral implications may increase the stability of the connection between partners and indirectly to the survival, especially in former times, of the child.

Woman with incontinence and a history of childhood sexual abuse. *Wallace JD. Urol Nurs 2007;27:38-9.*

10 – MISCELLANEOUS

Immediate postoperative complications of combined penetrating rectal and bladder injuries. *Crispen PL, Kansas BT, Pieri PG et al. J Trauma 2007;62:325-9.* Combined penetrating trauma involving the rectum and bladder has been associated with increased postoperative complications: colovesical fistula, urinoma, abscess formation. Isolated rectal (29), isolated bladder (16), or combined injury (24) were compared. Presacral drainage was utilized in all patients with extraperitoneal injuries. Fecal diversion was performed in all patients, except two with intraperitoneal rectal injuries. Omental flap interposition between rectal and bladder injuries was utilized in one patient. No significant difference was noted in immediate postoperative complications between groups, however, all cases of colovesical fistula (2) and urinoma (2) formation were noted in those patients with rectal and posterior bladder injuries. Consequently, these patients may benefit from omental flap interposition between injuries.

Rokitansky syndrome: clinical experience and results of sigmoid vaginoplasty in 23 young girls. *Khen-Dunlop N, Lortat-Jacob S, Thibaud E et al. J Urol 2007;177:1107-11.* Sigmoid vaginoplasty provides a functional self-lubricating neovagina and is a valuable procedure recommended during adolescence because the local conditions are excellent and it allows adaptation of the anatomy to physical development.

Urinary tract injuries during obstetrics and gynaecological surgical procedures at the Aga Khan University Hospital Karachi, Pakistan: a 20-year review. *Nawaz FH, Khan ZE, Rizvi J. Urol Int 2007;78:106-11.*

The posterior urethra in anorectal malformations. *Mickelson JJ, Macneily AE, Blair GK. J Pediatr Surg 2007;42:585-7.*

Lateral internal sphincterotomy is superior to topical nitroglycerin for healing chronic anal fissure and does not compromise long-term fecal continence: six-year follow-up of a multicenter, randomized, controlled trial. *Brown CJ, Dubreuil D, Santoro L, Liu M, O'connor BI, McLeod RS. Dis Colon Rectum 2007 Feb 13; Epub.*

Relaxation of the isolated human internal anal sphincter by sildenafil. *Ballester C, Sarria B, Garcia-Granero E et al. Br J Surg 2007 Mar 5; Epub.* The relaxant effects of sildenafil, a selective phosphodiesterase 5 (PDE5) inhibitor, supports its potential use in the treatment of chronic anal fissure.

Inflammatory bowel disease: past, present, and future. *Sands BE. J Gastroenterol 2007;42:16-25.* Crohn's disease and ulcerative colitis (IBD), are associated with the rise of modern, westernized industrial society. Although the causes of these diseases remain incompletely understood, the prevailing model is that the intestinal flora drives an unmitigated intestinal immune response and inflammation in the genetically susceptible host. Future directions in the IBD will likely explicate the inhomogeneous causes of these diseases, with implications for individualized therapy.