Classification of mesh fiber exposure: comment

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Dear Editor,

I read with interest the document “An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint terminology and classification of the complications related directly to the insertion of prostheses (meshes, implants, tapes) and grafts in female pelvic floor surgery” published in your respected journal [1] and in *Neurourology and Urodynamics* [2]. I find it useful in standardizing terminology for the reporting of complications related to grafts and prostheses.

I wanted to highlight an issue that is encapsulated nicely by the example of patient 333 in Table 4 of the article, with mesh fiber exposure reported as 1B. According to definitions stated in the same document, category 1 should be for “Vaginal complication—no epithelial separation: This incorporates the terms prominence (e.g., due to wrinkling or folding) or contraction (shrinkage). Also incorporated here is the palpation of mesh fibres.” If fibers are protruding through the epithelium, then there must be some separation of epithelium; moreover, is this limited by only one thread?

I think if mesh fiber is felt under the epithelium without it being seen in the vagina, then this qualifies for 1A. If there is any discontinuation of epithelium, however, even by one fiber, this should be reported as 2B, as the management is different. In the case of

palpation of fibers under the epithelium, without protrusion through the epithelium, then the classification should be 2B rather than 1B.

Conflicts of interest None.

References

1. Haylen BT, Freeman RM, Swift SE, Cosson M, Davila GW, Deprest J, Dwyer PL, Fatton B, Kocjancic E, Lee J, Maher C, Petri E, Rizk DE, Sand PK, Schaer GN, Webb RJ (2011) An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint terminology and classification of the complications related directly to the insertion of prostheses (meshes, implants, tapes) and grafts in female pelvic floor surgery. *Int Urogynecol J* 22(1):3–15. doi:10.1007/s00192-010-1324-9
2. Haylen BT, Freeman RM, Swift SE, Cosson M, Davila GW, Deprest J, Dwyer PL, Fatton B, Kocjancic E, Lee J, Maher C, Petri E, Rizk DE, Sand PK, Schaer GN, Webb RJ (2011) An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint terminology and classification of the complications related directly to the insertion of prostheses (meshes, implants, tapes) and grafts in female pelvic floor surgery. *Neurourol Urodyn* 30(1):2–12

A reply to this letter can be found at doi:10.1007/s00192-011-1435-y.

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