Hysteropreservation versus hysterectomy in the surgical treatment of uterine prolapse: systematic review and meta-analyses

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Dear Editor,

We thank the *International Urogynecology Journal* for the opportunity to discuss in depth the results of our meta-analysis “Hysteropreservation versus hysterectomy in the surgical treatment of uterine prolapse” [1]. As well-observed by Kapoor et al. in their letter to the editor, we acknowledge the non-inclusion of the trial by Detollenaere et al. [2], even though the authors have evaluated surgical techniques that compared removing and preserving the uterus, the subject of our meta-analysis [1]. Here are some clarifications on this matter.

We conducted our meta-analysis focusing mainly on cases of moderate and advanced uterine prolapse. We used strict criteria for inclusion and for the primary outcomes, different from the meta-analysis designed by Kapoor et al. [3]. We chose POP $\geq$ stage II with point C >0 as an inclusion criterion.

After careful evaluation of the meta-analysis by Detollenaere et al. [2], we noticed that about 42–48% of the included participants had point C >0 , that is, at least half of the women had apical prolapse that did not reach the hymen, making it difficult to match it even with the Baden–Walker classification.

Detollenaere et al. reported various definitions for failure, single or composite. One of their secondary outcomes in-

involved similar criteria for failure as those standardized by us: point C >0 [2], data that could theoretically be used in our meta-analysis [1]. However, the interpretation of the failure rate could be biased considering the inclusion of a high number of women with less advanced POP. The latter may explain the very low failure rate using both techniques found by the authors [2].

Attempts to obtain partial data only from the participants with more advanced POP (point C beyond the hymen) included in the study by Detollenaere et al. [2] had failed during our study selection. For the reasons mentioned, we did not consider it appropriate to include them in our meta-analysis.

In this way, the different study design among the meta-analyses by Oliveira et al. [1] and Kapoor et al. [3] justifies the contradictory conclusion considering failure rate when comparing sacrospinous hysteropexy with vaginal hysterectomy, both repaired with native tissue, for the management of uterine prolapse.

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