The accuracy of comparing laparoscopic hysteropexy versus vaginal hysterectomy for the treatment of uterovaginal prolapse

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Dear Editor,

We have some comments about the article entitled “Laparoscopic hysteropexy versus vaginal hysterectomy for the treatment of uterovaginal prolapse: a prospective randomized pilot study” by Philip Rahmanou et al. In this study, the investigator had compared vaginal hysterectomy and laparoscopic sacrohysteropexy methods for the treatment of uterovaginal prolapse [1].

There are a few techniques such as incorporation of the uterosacral ligaments into the vaginal cuff closure, culdoplasty (McCall, Moschcowitz), and sacrospinous ligament suspensions that prevent apical prolapse after hysterectomy. Although the uterosacral ligament incorporation technique is the most preferred technique in the UK, there are no data available on using this method after vaginal hysterectomy to prevent apical prolapse recurrence [2, 3]. McCall culdoplasty and sacrospinous ligament fixation techniques have better outcomes than only a vaginal cuff closure procedure for this purpose [4, 5].

In the laparoscopic sacrohysteropexy method, the mesh is attached to both the uterus and the sacrum to correct apical prolapse. However, if performing vaginal hysterectomy only for the treatment of apical prolapse, we recommended a proven additional method, such as McCall culdoplasty or sacrospinous ligament fixation [3, 4]. In this study, the authors

had used the uterosacral ligament incorporation technique after vaginal hysterectomy for that purpose, for which there are no clear data in the literature. They performed the sacrospinous ligament fixation technique for only 3 cases, which weakened the accuracy of this prospective randomized study. In cases of apical vaginal prolapse, most patients had weak sacrouterine ligaments. Thus, it is meaningless to fix the vaginal cuff to the sacrospinous ligaments in these cases. Although the primary outcome of the study was to prevent apical wall prolapse, a comparable technique with laparoscopic hysteropexy should be used for that purpose.

Compliance with ethical standards

Conflicts of interest None.

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