Detrusor underactivity in pelvic organ prolapse

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To the editor:

The recent work by Frigerio et al. is interesting, as it is to our knowledge the first cohort study to assess detrusor underactivity (DU) in women with pelvic organ prolapse (POP) [1]. Parameters evaluated before operations are thorough, including clinical symptoms, pelvic organ prolapse quantification (POP-Q) staging, and urodynamic studies. The results show a high prevalence of DU in POP patients (40.9%). DU patients have more post-void residual volume (PVR) and more severe cystocele, which are likely caused by long-term, untreated bladder outlet obstruction [2]. Improvements in urinary symptoms after corrective POP surgeries are comparative in patients with or without DU alike, suggesting that the underlying etiologies of POP-related DU might be reversible. However, urodynamic studies are not performed post-operatively. We believe that the missing parameter is essential in evaluating bladder contractility index, PVR, maximum cystometric

capacity, and the subsequent prevalence of DU. Without these data, the postoperative prevalence of DU is not assessed. It is a flaw in this well-written paper. We hope that this letter will remind reviewers and authors that a simple repeat of a urodynamic study post-operatively is valuable in providing more information.

References

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