



Letter to the editor: An ultrasound observation study on the levator hiatus with or without diastasis recti abdominis in postpartum women?

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To the Editor,

We read with interest the recent article entitled “An ultrasound observation study on the levator hiatus with or without diastasis recti abdominis in postpartum women” by Tian, Peng et al. However, we have several queries [1]. In their study, they stated that DRA is expected to more easily occur among leaner women because of the protective effects bestowed by abdominal wall fat, though in their study they found slightly increased body weight in the DRA group compared to the non-DRA group. However, we reviewed a few studies discussing risk factors of DRA, and most stated that obesity increases the risk of DRA [2–4]. The higher the BMI is, the higher the risk of DRA. The possible reason is that obese people usually have more adipose tissue in the abdominal cavity, resulting in more abdominal contents and pressure on the abdominal wall, which in turn causes the separation of the rectus abdominis. In addition, obesity may occur at the same time as muscle loss. Therefore, obese people generally have weak abdominal wall muscles, which also contributes to the occurrence of DRA [3].

They also stated that CS patients have more prevalent associations between urinary frequency and DRA, possibly due to complications from cesarean section. However, they did not mention in the article what procedure specifically was associated with urinary frequency when patients in both groups had undergone cesarean section. We would sincerely like to know what they suggested to cause this difference

between the DRA and non-DRA group patients who underwent cesarean section.

Last but not least, when documenting the clinical symptoms, they did not differentiate between stress and urgency urinary incontinence. However, it seems to us that this is important since parity is associated with SUI rather than UUI [5].

Declarations

Conflict of Interest The authors declare that they have no conflict of interest.

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