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LETTER TO THE EDITOR

Reply to "The emperor has no clothes: OAB can be cured surgically"

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We read the special contribution letter of Peter Petros with great interest [1]. He discussed the possibility of surgical cure for overactive bladder syndrome (OAB) mainly based on the study published by Karjalainen et al. [2]. The authors published a significant resolution of OAB symptoms such as urge, urge urinary incontinence (UUI) and frequency following pelvic organ prolapse (POP) surgery. The improvement of OAB symptoms following prolapse surgery was studied by Illiano et al., who calculated their cure rate as 75%. As Karjalainen et al. mentioned in the discussion section, their results are comparable with the literature in this regard [2, 3]. Similarly, in the literature the improvements of OAB symptoms secondary to POP surgery have been attributed to the relief of bladder outlet obstruction caused by POP, decrease of post-void residual urine volume and alteration of sensory and barrier function of the urothelium [4].

Petros stated that the article published by Karjalainen et al. gave a chance to surgical treatment of OAB. This statement applies to the patients who have POP and simultaneously OAB symptoms like urgency, frequency, nocturia and pollakiuria. However, this statement can cause the misunderstanding that OAB syndrome may also be cured by POP surgery. OAB syndrome is precisely defined by the International Continence Society as urinary urgency, usually accompanied by increased daytime frequency and/or nocturia, with (OAB-wet) or without (OAB-dry) urinary incontinence, in the absence of urinary tract infection or other detectable disease [5]. Pelvic organ prolapse is one of the exclusion criteria for OAB syndrome in accordance with the aforementioned definition. Therefore, the term OAB syndrome cannot be used when POP exists. Data presented by Karjalainen et al. do not include patients with OAB syndrome; furthermore, their cohort includes patients with OAB symptoms accompanied by POP (anterior, apical or posterior components), so one should not conclude that OAB syndrome can be treated by POP surgery.

We think that distinguishing the term OAB syndrome from OAB symptoms accompanying POP is important. We should also underline that POP surgery is not recommended for treating OAB syndrome in guidelines while it is an option to treat OAB symptoms in the presence of POP.

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