Wax and Wane of Overactive Bladder Symptoms Post Burch's Colposuspension and Sacrocervicopexy in Woman with Mixed Urinary Incontinence

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BRIEF HISTORY

A 43 year-old woman suffered from frequency, urgency, suprapubic pain and dyspareunia after a Burch's colposuspension and sacrocervicopexy in 1994 (at the age of 32). She underwent previous operations because of urodynamic stress incontinence, detrusor overactivity and uterovaginal prolapse with progressive lower abdominal pain which conservative treatment (i.e. anticholinergic agents and pelvic floor muscle exercise) failed to correct. Her stress urinary incontinence (SUI) and overactive symptoms subsided after the operations. Her voiding function was normal postoperatively. Three months after the operations, she experienced episodes of suprapubic pain and recurrent urinary tract infections. These symptoms subsided after she took pain-killers and antibiotics. She also had hematuria after sexual intercourse. Subthreshold detrusor overactivity with prolonged voiding time, lower maximal flow rate and terminal dribble were diagnosed during a urodynamic study in November 1995. The patient started to experience a bearing down sensation in 1999. The overactive symptoms, dysuria and surapubic pain worsened. Recurrent urinary tract infections with bacteruria were also noted eight times during outpatient follow-ups in 1999. In October 1999, urodynamic study showed detrusor overactivity with a prolonged voiding time. The patient had constant dysuria and suprapubic pain during this period. In addition to the lower urinary tract symptoms, she began to experience hypermenorrhea and dysmenorrhea episodes in early 2000. During an ultrasound examination, three small submucous uterine myomas were found with the largest being 1.5 cm in diameter. Her hypermenorrhea and dysmenorrhea episodes exacerbated in 2003. Heavy menstrual flow with blot clots was noted during her menstrual period along with severe lower abdominal pain during ovulation. She came to the outpatient clinic for a consultation and treatment. At the end of 2005, five submucous uterine myomas were discovered with the largest being 3.5 cm in diameter. However, her hemoglobin remained stable, up to 12.2 gm/dL. Before the patient underwent an abdominal hysterectomy, a videourodynamic study was performed and during this study it was found that the patient had an overcorrected urethrovesical junction which was fixed to the symphysis pubis (Fig.1). An Ethibond stitch was removed from the distal end of the right uterosacral ligament, which was close to the uterine cervix, and four Ethibond stitches were carefully removed from the Reitz space which had severe fibrosis. Then, her lower urinary tract symptoms subsided dramatically after the operations. Hematuria after sexual intercourse and dyspareunia were also resolved. The patient has expressed satisfaction with her treatment and has not had any more complaints of lower abdominal pain.

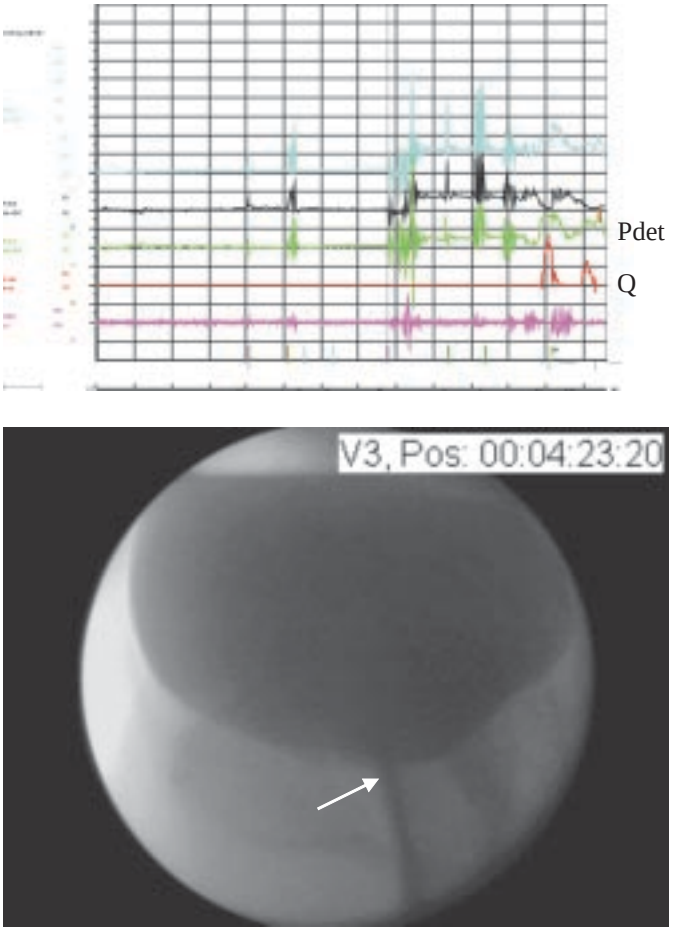

Fig.1. Videourodynamic study revealed high detrusor pressure at maximal flow rate, abdominal pressure voiding pattern and an overcorrected urethrovesical junction which was fixed to the symphysis pubis (arrow).

DISCUSSION

Sand et al reported that detrusor overactivity disappears in approximately two-thirds of patients with mixed urinary incontinence after surgical correction of stress incontinence [1]. However, treatment for mixed urinary incontinence should be initiated with an antimuscarinic agent combined with behavioral therapy. It would be reasonable to suggest surgical treatment if the response to therapy is inadequate and the SUI persists on repeat urodynamic testing [2]. This report demonstrates a woman with mixed urinary incontinence treated with Burch's

Colposuspension and Sacrocervicopexy. The post-operative lower urinary tract symptoms and chronic pelvic pain may be the consequence of an overcorrected urethrovesical junction and the occurrence of enlarged uterine myomas with external compression.

REFERENCES

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