

Traumatisme périnéal et hyperactivité vésicale chez la femme

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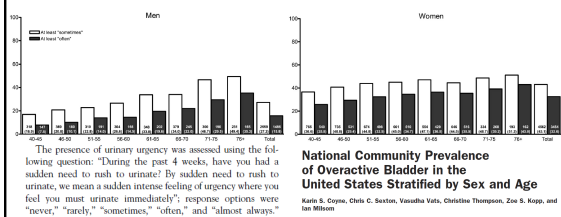
HAV de la femme ?



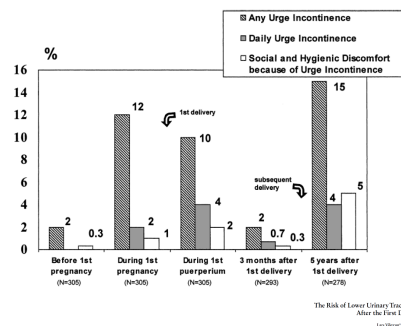
Epidémiologie HAV

Homme > 40 ans
 • 27%

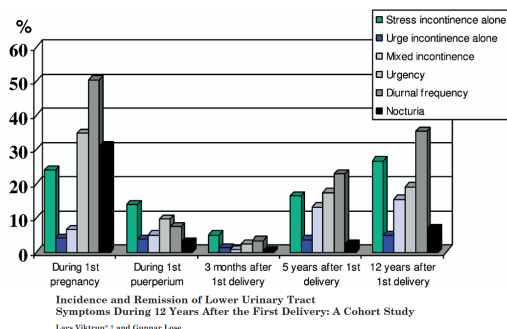
Femme > 40 ans
 • 43%



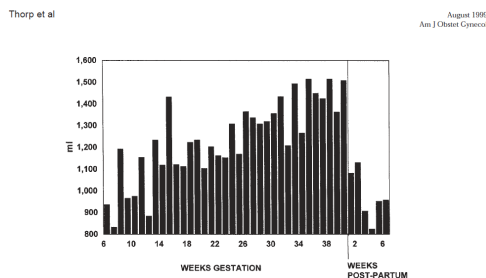
HAV Grosseesse/Acouchement



HAV Grosseesse/Acouchement



Diurèse Grosseesse/Accht



HAV & Mode d'accouchement

Table 1. The prevalence of urinary incontinence subtypes and different measures of impact of incontinence grouped according to mode of delivery

	Crude		OR (95% CI)	Adjusted*	
	VD	CS		VD	CS
UI	16.3%	11.8%	1.45 (1.18-1.78)	16.6%	12.0%
UI†	642/3931	141/1187			1.42 (1.16-1.75)
UI‡	6.4%	4.9%	1.33 (0.99-1.79)	6.8%	4.0%
25/1931	56/1187				1.66 (1.22-2.26)
MUI	15.3%	11.9%	1.37 (1.13-1.67)	15.9%	10.7%
601/3931	138/1187				1.46 (1.18-1.81)
Bothersome UI	11.2%	6.3%	1.71 (1.34-2.18)	11.2%	6.3%
449/3395	83/1204				1.85 (1.42-2.39)
Significant UI	9.7%	6.3%	1.59 (1.23-2.05)	9.7%	5.7%
386/3395	76/1204				1.76 (1.34-2.31)
Sought doctor	5.2%	3.7%	1.44 (1.03-2.00)	5.4%	3.2%
203/1967	44/1192				1.65 (1.17-2.34)

*Adjusted for maternal age, current BMI and infant birthweight.

A comparison of the long-term consequences of vaginal delivery versus caesarean section on the prevalence, severity and bothersomeness of urinary incontinence subtypes: a national cohort study in primiparous women

HAV, Parité & Mode d'accouchement

- GAZEL (données non publiées)
 - 2640 femmes entre 50 et 60 ans
 - Urgenturie (quelquefois, souvent, tout le temps) BFLUTS
 - Nullipare 30,0% 0,69 (0,53-0,91)
 - Accht vaginal 38,1% 1
 - Forceps 38,2% 1,13 (0,90-1,40)
 - Césarienne 40,9% 1,00 (0,70-1,45)

HAV, Parité & Mode d'accouchement

- GAZEL (données non publiées)
 - 2640 femmes entre 50 et 60 ans
 - IU par urgenturie (quelquefois, souvent, tout le temps) BFLUTS
 - Nullipare 11,9% 0,67 (0,46-0,97)
 - Accht vaginal 16,9% 1
 - Forceps 19,2% 1,17 (0,89-1,53)
 - Césarienne 19,7% 1,20 (0,77-1,86)

HAV & avulsion du levator ani

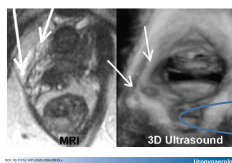


Table 3. Symptoms of bladder and pelvic floor dysfunction and uro-dynamic data in women with and without levator avulsion. Values are presented as n (%). P values are for Fisher's exact test

	No avulsion, n = 288	Levator avulsion, n = 45	P
Stress incontinence	233 (81%)	36 (80)	n.s.
Urge incontinence	213 (74)	32 (71)	n.s.
Frequency	107 (37)	25 (56)	0.02
Nocturia	140 (49)	21 (47)	n.s.
Voiding symptoms	446 (154)	44 (98)	n.s.
Symptoms of prolapse	68 (24)	15 (34)	n.s.
Urodynamic stress incontinence	158 (69)	29 (64)	n.s.
Detrusor overactivity	69 (24)	13 (29)	n.s.
Voiding dysfunction**	80 (28)	15 (33)	n.s.

The prevalence of major abnormalities of the levator ani in uro-gynaecological patients

**Symptoms of voiding dysfunction were hesitancy, straining to void, poor stream, incomplete emptying.
 **Voiding dysfunction was diagnosed if maximum flow rate centiles on free flowmetry were below the 5th centile of the Liverpool nomogram,¹¹ or if at least two residuals over 100 mL were documented during urodynamic testing.

HAV & Plancher pelvien

AUGS Reports

Correlation between levator ani muscle injury on magnetic resonance imaging and fecal incontinence, pelvic organ prolapse, and urinary incontinence in primiparous women

Pelvic floor symptoms and LAM injury

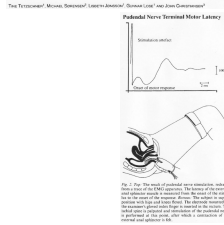
Clinical outcome	Group	Proportion with clinical outcome, % (n)		P-value
		MR negative (no LAM injury)	MR positive (LAM injury)	
Urinary incontinent based on MESA	All	51/19 (26.3)	59/114 (51.7)	.001
	Sphincter tear	51/19 (26.3)	20/70 (28.6)	1.00
	Urge incontinence	63/29 (21.7)	29/103 (28.2)	.05
	Coarsen control	—	12/104 (11.6)	—
Stress urinary incontinent based on MESA	All	61/21 (29.0)	65/144 (45.1)	1.00
	Sphincter tear	61/21 (29.0)	57/116 (49.1)	1.00
	Urge incontinence	61/21 (29.0)	33/116 (28.5)	1.00
	Coarsen control	—	5/107 (4.7)	—
Fecal incontinence based on HR	All	7/20 (35.0)	19/114 (16.7)	.006
	Sphincter tear	6/11 (54.5)	13/72 (18.1)	.19
	Urge incontinence	1/10 (10.0)	2/66 (3.0)	.19
	Coarsen control	—	5/107 (4.7)	—
Any PFP (anterior or below the hymen)	All	8/10 (80.0)	33/113 (29.2)	.003
	Sphincter tear	6/11 (54.5)	11/71 (15.5)	.007
	Urge incontinence	8/10 (80.0)	11/103 (10.7)	.12
	Coarsen control	—	5/107 (4.7)	—
No or at/below hymen	All	6/10 (60.0)	22/113 (19.5)	.003
	Sphincter tear	5/11 (45.5)	8/71 (11.3)	.12
	Urge incontinence	6/10 (60.0)	11/103 (10.7)	.12
	Coarsen control	—	5/107 (4.7)	—
No or at/below hymen	All	3/10 (30.0)	11/113 (9.7)	.003
	Sphincter tear	3/11 (27.3)	11/71 (15.5)	.26
	Urge incontinence	3/10 (30.0)	11/103 (10.7)	.003
	Coarsen control	—	5/107 (4.7)	—

HAV & Nerf honteux

ORIGINAL ARTICLE

Delivery and pudendal nerve function

The Pudendal Nerve Terminal Motor Latency



- La latence est un peu plus élevée en cas d'IU postnatale
 - 2,20 vs 2,01ms
- Pas de différence pour l'allongement postnatal (après-avant) de la latence en cas d'IU postnatale
 - 0,36 vs 0,27

