

## Traumatisme périnéal et hyperactivité vésicale chez la femme

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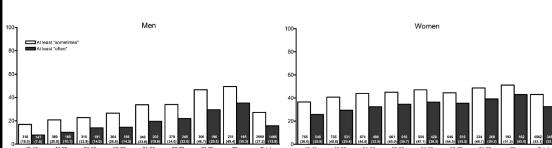
## HAV de la femme ?



## Epidémiologie HAV

### Homme > 40 ans

- 27%

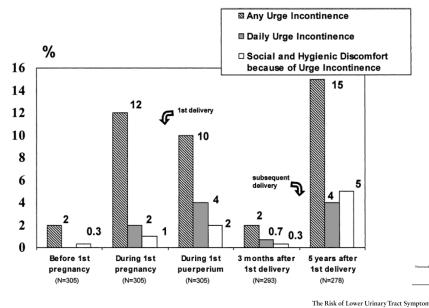


The presence of urinary urgency was assessed using the following question: "During the past 4 weeks, have you had a sudden need to rush to urinate? By sudden need to rush to urinate, we mean a sudden intense feeling of urgency where you feel you must urinate immediately"; response options were "never," "rarely," "sometimes," "often," and "almost always."

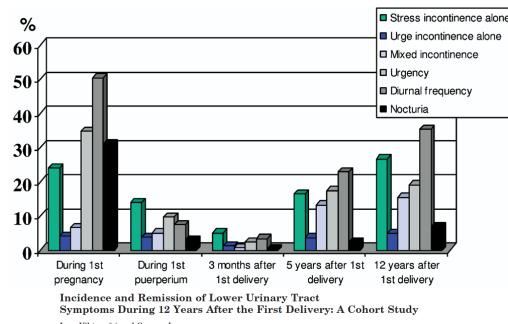
### Femme > 40 ans

- 43%

## HAV Grossesse/Acouchement

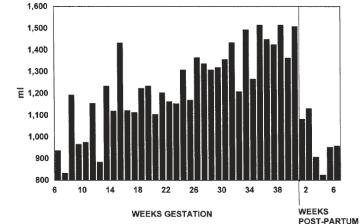


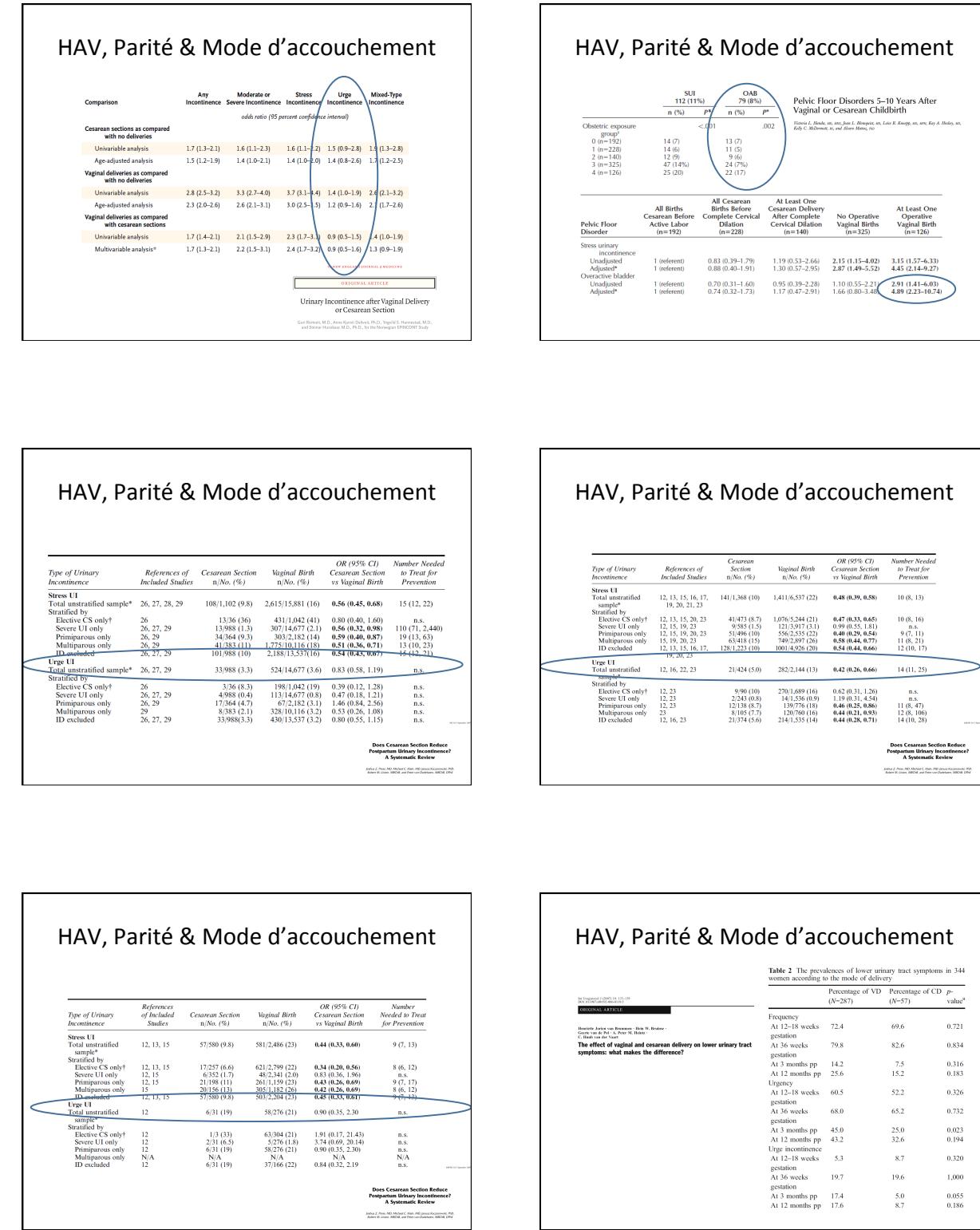
## HAV Grossesse/Acouchement



## Diurèse Grossesse/Acouchement

Thorpe et al.  
August 1999  
Am J Obstet Gynecol





## HAV & Mode d'accouchement

	Crude			Adjusted*		
	VD	CS	OR (95% CI)	VD	CS	OR (95% CI)
SUI	16.2%	14.4%	1.85 (1.53-2.16)	16.4%	12.9%	1.42 (1.16-1.75)
UII	642/3931	141/187	4.4%	1.31 (0.99-1.79)	6.8%	4.0%
MUI	25/25931	50/187	1.73 (1.13-2.37)	15.4%	10.7%	1.46 (1.18-1.81)
Both erosive UII	601/3931	138/187	6.9%	1.71 (1.34-2.18)	11.2%	6.3%
Both erosive MUI	449/3935	83/186	5.7%	1.59 (1.23-2.05)	9.7%	5.7%
Significant UI	5.7%	6.3%	1.85 (1.42-2.39)	7.6/1204	7.6/1204	1.76 (1.34-2.31)
Sought doctor	8.2%	3.7%	1.44 (1.03-2.00)	5.4%	3.2%	1.65 (1.17-2.34)
201/2627	40/172					

\*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

Wadhera A, Rutherford M, Hurniak M, et al. *J Am Geriatr Soc* 2012; 60: 1438-43.

## 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%
  - Acct vaginal 38,1%
  - Forceps 38,2%
  - Césarienne 40,9%
- |                  |   |                  |                  |
|------------------|---|------------------|------------------|
| 0,69 (0,53-0,91) | 1 | 1,13 (0,90-1,40) | 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)
  - Acct 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



The prevalence of major abnormalities of the levator ani in urogynaecological patients

HP Deter A, AB Steensma. *Eur Urol* 2007; 52: 159-65.

Table 2. Symptoms of bladder and pelvic floor dysfunction and urodynamic 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	332 (91)	36 (80)	n.s.
Urge incontinence	213 (74)	32 (71)	n.s.
Frequency	140 (49)	25 (56)	0.02
Vaginal dysfunction	144 (50)	21 (47)	n.s.
Symptoms of prolapse	68 (24)	15 (34)	n.s.
Urodynamic stress incontinence	198 (69)	29 (64)	n.s.
Detrusor overactivity	69 (24)	13 (29)	n.s.
Voiding dysfunction**	80 (28)	15 (33)	n.s.

\*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,<sup>12</sup> or if at least two residuals over 100 ml were documented during urodynami testing.

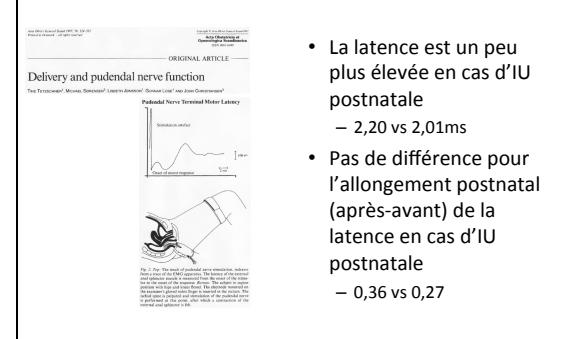
## HAV & Plancher pelvien

Pubic floor symptoms and LAM injury			
<i>Correlation between levator ani muscle injuries on magnetic resonance imaging and fecal incontinence, pelvic organ prolapse, and urinary incontinence in primiparous women</i>			
<i>Levator avulsion</i>			
<u>Injury extensive</u>	Group	MRI negative (n=146)	MRI positive (n=142)
<u>Urinary incontinence based on MESA</u>	All	51/91(56)	59/114(52)
Schreiter bar	5/16(31)	23/70(32)	1/00
Vaginal control	2/16(13)	23/64(36)	1/00
Cesarean control	—	2/29(7)	—
<u>Stress urinary incontinence (LAM)</u>	All	4/19(21)	4/20(20)
Schreiter bar	4/6(67)	1/17(6)	1/00
Vaginal control	2/3(67)	1/16(6)	1/00
Cesarean control	—	5/29(17)	—
<u>Fecal incontinence based on FISI</u>	All	1/16(6)	1/16(6)
Schreiter bar	1/7(15)	1/7(15)	1/00
Vaginal control	1/10(33)	2/6(6)	1/0
Cesarean control	—	5/29(17)	—
<u>Any PDP measure of let before the hymen</u>	All	3/20(15)	3/23(13)
Schreiter bar	6/17(35)	1/17(6)	.007
Vaginal control	2/18(11)	1/17(6)	.12
Cesarean control	—	5/29(17)	—
<u>Sto at or before hymen</u>	All	6/20(30)	22/23(96)
Schreiter bar	5/17(29)	8/17(46)	.12
Vaginal control	1/13(8)	13/16(87)	.0009
Cesarean control	—	5/29(17)	—
<i>Levator atrophy</i>			
All	3/20(15)	1/18(6)	.003
Schreiter bar	1/17(6)	1/17(6)	.26
Vaginal control	2/18(11)	1/18(6)	.0009
Cesarean control	—	5/29(17)	—

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## HAV & Nerf honteux

- 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



## HAV & Contraction

World J Urol (2013) 31: 374–377  
DOI 10.1007/s00345-013-1660-0  
FREE PAPER

Amrit Shaha · Farzali A. Shahi

**Overactive bladder inhibition in response to pelvic floor**

**muscle exercises**

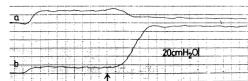


Fig. 1 a Dipso and b posterior urethral pressure during the suppression of detrusor contraction at urge by pelvic floor muscle contraction in a healthy volunteer. The arrow indicates the start of contraction

## HAV & Rééducation

Neurology and Urodynamics 32:998–1003 (2013)

**Pelvic Floor Muscle Training Program Increases Muscular Contractility During First Pregnancy and Postpartum: Electromyographic Study**

Joseane Marques,<sup>1</sup> Simone Botelho,<sup>1,2,3</sup> Larissa Carvalho Pereira,<sup>2</sup> Ana Helena Lanza,<sup>1</sup>

Cesar Ferreira Amorim,<sup>2</sup> Paula Palma,<sup>2</sup> and Cásio Ricetto<sup>1</sup>

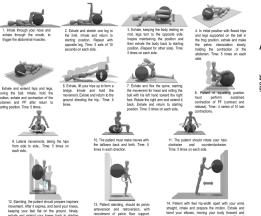


Fig. 2 (A and B) Improvement of IIEQOL of all IIEQOL users after PFT. A, above improvement of IIEQOL after PFT in pregnant women group, followed by the electrotensiotherapy exercise (electrotherapy + PFT) compared with the control group (PFT). B, improvement of IIEQOL after PFT in postpartum women group, followed by the electrotherapy exercise (electrotherapy + PFT) compared with the control group (PFT). PFT = Pelvic floor muscle training

## Conclusion

- Pas de lien connu entre traumatisme obstétrical et symptômes d'HAV
- L'effet propre de la grossesse mérite d'être exploré