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IN CORRELATION WITH THE CLINICAL CLASSIFICATION POP-Q, COULD BE THE H LINE THE BEST REFERENCE IN DYNAMIC MAGNETIC RESONANCE FOR THE STAGING OF ANTERIOR PELVIC PROLAPSED?

Hypothesis / aims of study

Our objective is to determine if MPL is the best reference for the correlation between magnetic resonance and clinical staging

Study design, materials and methods

We performed a retrospective study including 44 patients with dynamic MR and urogynecological exploration between 2010 and 2016. The anterior pelvic prolapsed was measured with clinical Pop-q and the MRI, using the mediopubic line (MPL) and line H as references. We compared measures and clinical classifications. SPSS was used for the statical calculations.

Results

The mean age was 58.9 (+/- 14.3). The measurements differences between the Pop-Q and MPL and H line were: 1.113 cm (+/- 0.81 SD, Pc = 0.631) and 0.975cm (+/- 0.762 SD, Pc = 0.69), respectively. The staging systems were evaluated using Kappa Index, comparing between the clinical Pop-Q and MPL and H line. The results were 0.28 and 0.736 respectively. All measures were statically significant.

Interpretation of results

The dynamic MR is a useful tool for the assessment of anterior pelvic prolapse. In our serie, the MPL is not the best reference, and the H line could replace it as a reference for the classification of the anterior pelvic prolapse evaluated by MRI.

Concluding message

The MPL is not a correct mark for the classification of the anterior pelvic prolapse evaluated by MRI.

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