



Letter to the editor: does estrogen deprivation affect pelvic floor muscle contractility?

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To the Editor,

We read with interest the recent article “Does estrogen deprivation affect pelvic floor muscle contractility?” by Hans Peter Dietz and co-authors [1]. This article concluded that estrogen deprivation is unlikely to be an independent predictor of pelvic floor muscle contractility. The severity of pelvic organ prolapse (POP) is a strong indicator of levator ani function and structural integrity, and in this article trans-perineal imaging diagnosed significant POP in 70.8% of all the attending population.

Advanced POP was clinically defined as POP-Q stage 2 or worse, with the most distal portion of the prolapse > 1 cm beyond the hymen [2].

The perineal ultrasound image of pelvic organs will be distorted in women with advanced POP. Because the bulging part of the POP will be pushed back into the vagina when applying a probe on the introitus, it may underestimate the POP staging. This might account for the higher incidence of POP through clinical examination (76.4%) than ultrasound imaging (70.8%). Although POP staging is not the main parameter of pelvic floor contractility in this article, it is still a useful predictor of levator ani function. We believe that clinical examination is a more appropriate tool for assessing POP staging than perineal ultrasound.

Since the serum level of estradiol will drop back to the baseline level hours or days after discontinuation of hormone therapy, a retrospective methodology may not be a good design for comparing postmenopausal women with prior hormone therapy [3]. The relationship between estrogen and pelvic muscle contractility is still being explored.

References

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