



Re: Laparoscopic Sleeve Gastrectomy Effects on Overactive Bladder Symptoms

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EDITORIAL COMMENT

Obesity increases the risk of several comorbidities. Though the relationship between a variety of urogenital complications and morbid obesity (MO) has been demonstrated, the information showing a relationship between overactive bladder (OAB) and MO is limited. Laparoscopic sleeve gastrectomy (LSG) is currently the most commonly chosen surgical procedure for obesity. Recently, Palleschi et al. assessed the prevalence of OAB in the MO population and the resolution of these symptoms after LSG. They included 120 patients (60 female-male) undergoing LSG in their study group. They created a control group of 120 patients (60 female-male) with the same criteria who were waiting for LSG. The patient group recorded a 3-day voiding diary (VD) and completed OAB short-form questionnaire (OABq-SF) 1 week before and 180 days after surgery. OAB diagnosis was present in 35% of the patient group and 28% of the control group. In the MO patient and control groups, OAB was found at higher rates in females than in males. In the patient group, a significant improvement was found by comparing OABq-SF scores and VD parameters before and after LSG. There was no change found in the OABq-SF scores and VD parameters in the control group. Treatment of obesity with LSG provided an improvement in OAB symptoms. When the increasing rate of bariatric surgery in our country in recent times is considered, this is a very good study showing both the relationship between MO and OAB, and the improvement in OAB symptoms with obesity treatment.

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Re: Prevalence of Hydronephrosis in Women with Advanced Pelvic Organ Prolapse

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EDITORIAL COMMENT

In pelvic organ prolapse (POP) patients, hydronephrosis may develop and obstructive uropathy may be encountered as a result. Though the development mechanism of hydronephrosis is not fully known, the most frequently blamed mechanism is voiding dysfunction and bladder outlet obstruction (BOO). This year, Dancz et al. included 180 female patients with POP in their study and determined the prevalence of hydronephrosis with POP and the clinical and urodynamic parameters relating to hydronephrosis. The study was designed as a prospective, observational cohort study researching hydronephrosis in women with advanced degrees of POP. Women with at least +1 points for C, Aa and Ba points on POP-Q investigation were assessed for hydronephrosis. The presence of diabetes mellitus was found to be related to hydronephrosis to a significant degree (8% to 21%, $p=0.009$). A greater degree of hydronephrosis was observed in those with high mean values of POP degree at Aa, Ba, C and D for anterior and apical POP ($p<0.01$), however, no such relationship was found for posterior POP. On multi-channel urodynamic tests, hydronephrosis patients had higher residual urine amounts, lower mean first leak volume and higher mean maximum cystometric capacity compared to patients without hydronephrosis. The prevalence of hydronephrosis among women with advanced POP was identified as 30.6%. The authors concluded that diabetes mellitus and the degree of anterior or apical POP were related to hydronephrosis. Urodynamically, increased post voiding residue, higher cystometric capacity and lower volume at first leak were related to hydronephrosis. This study contains important data revealing the relationship between POP and hydronephrosis.

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