

This section presents a small sample of the *Pelvic Floor Digest*, an online publication ([www.pelvicfloordigest.org](http://www.pelvicfloordigest.org)) that reproduces titles and abstracts from over 200 journals. The goal is to increase interest in all the compartments of the pelvic floor and to develop an interdisciplinary culture in the reader.

## FORUM

**A nomenclature of nomenclature: the sources of terminologic uncertainty and confusion and the value of communication.** *Cunningham SC, Klein RV, Kavic SM. Arch Surg. 2009;144:104.* Nuance, subtlety and poetry are valuable forms of productively ambiguous communication, a wellspring of affective communication. The unambiguous, scientific, technical language is affectively flat. The successful surgeon should be comfortable in both worlds: univocal and technically precise in words and actions, but able to navigate communications with patients and families. "If terms be incorrect, then statements do not accord with facts; and when statements and facts do not accord, then business is not properly executed" says Confucius, and Wittgensteins' opinion is that "a main source of our failure to understand is that we do not command a clear view of the use of our words".

**Understanding results.** *Breau RH, Dahm P, Fergusson DA, Hatala R. J Urol. 2009;181:985.* In this users' guide to the urological literature a guidance is provided on how measures of effect and precision should be interpreted and used in the evidence-based practice of urology.

**The future of medical informatics. Some perspectives of intra- and inter-institutional information systems.** *Winter A. Methods Inf Med. 2009;48:62.* Medicine and health care need medical informatics as a scientific, researching discipline and medical informatics requires multidisciplinary.

**Data protection in a digital age.** *Lancet 2009;373:518.* Electronic health records become the norm, the potential for security breaches is likely to increase. A key aim of the rule is to protect patients' privacy while enabling the flow of health information to aid research and care. President Barack Obama plans to make all medical records digital within 5 years.

**Workforce development in geriatric home care.** *Hayashi J, DeCherrie L, Ratner E, Boling PA. Clin Geriatr Med. 2009;25:109.* Within two decades several million more individuals in the United States with functional impairment and seriously ill health will need home health care. This article discusses workforce development, which is a critical issue for future planning. A combination of actions is needed, including educational programs, changes in financial incentives, and changes in the culture and practice of health care, to make the home the primary focus of care for these vulnerable, underserved individuals.

**Elder abuse and neglect: when home is not safe.** *Abbey L. Clin Geriatr Med. 2009;25:47.* The prevalence and seriousness of elder abuse and neglect require the collaboration of health care professionals with many other disciplines for adequate assessment and intervention, and the home visit provides a unique opportunity for the visitor to evaluate risk factors. Domestic violence persists into late life.

**Regulation of human stem cell research in Australia.** *Then SN. Stem Cell Reviews 2009 Feb 13 Epub.* As human stem cell research has progressed, authorities have had to deal with the ongoing challenges of regulating the fast moving field of scientific endeavour. Australia's past and current approach to regulating the use of embryos in human embryonic stem cell research provides an insight into how this country may continue to adapt to future challenges.

**The ethical challenge of surgical innovation.** *Palma P, Rosenbaum T. Int Urogynecol J Pelvic Floor Dysfunct. 2009;20:375.*

**Development of the functional recovery index for ambulatory surgery and anesthesia.** *Wong J, Tong D, De Silva Y et al. Anesthesiology 2009;110:596.* It is increasingly important to evaluate patients' recovery after ambulatory surgery. The authors developed the Functional Recovery Index (FRI) to assess postdischarge functional recovery for ambulatory surgical patients involving four phases: item generation, item selection, reliability, validity testing and acceptability. A draft questionnaire assessing functional recovery of ambulatory surgical patients was tested and revised. Items were selected through testing endorsement frequency, factor analysis and testing internal consistency.

## 1 – THE PELVIC FLOOR

**Beyond NOTES: randomized controlled study of different methods of flexible endoscopic hemostasis of artificially induced hemorrhage, via NOTES access to the peritoneal cavity.** *Fritscher-Ravens A, Ghanbari A, Holland C et al. Endoscopy. 2009;41:29.* As significant hemorrhage is a likely complication during natural orifice transluminal endoscopic surgery (NOTES) procedures, 3 different prototype devices (involving endoscopic suturing, monopolar forceps, and forced argon plasma coagulation [FAPC]) for treatment of acute bleeding in a survival animal model were tested. The new prototype FAPC device allowed hemostasis of notable bleeding from a major vessel.

**Bicycle saddle pressure: effects of trunk position and saddle design on healthy subjects.** *Carpes FP, Dagnese F, Kleinpaal JF et al. Urol Int. 2009;82:8.* There is a common belief that seat pressure during cycling can compress specific neurovascular tissues over the perineum leading to genital pathologies. Using the 'holed' saddle the trunk forwards shift seems to affect the values of saddle pressure for men but not for women.

**Validation of Spanish versions of the Pelvic Floor Distress Inventory (PFDI) and Pelvic Floor Impact Questionnaire (PFIQ): a multi-center validation randomized study.** *Omosho TB, Hardart A, Rogers RG et al. Int Urogynecol J Pelvic Floor Dysfunct. 2009;20:623.* Spanish versions were developed using back translation. Validation was performed by randomizing bilingual women to complete the Spanish or English versions of the questionnaires first, and 44 bilingual subjects were required to develop a valid and reliable version.

**Patient-centered treatment goals for pelvic floor disorders: association with quality-of-life and patient satisfaction.** *Bovbjerg VE, Trowbridge ER, Barber MD et al. Am J Obstet Gynecol. 2009;200:568.e1.* Incontinence Impact Questionnaire, Urogenital Distress Inventory, Incontinence QoL Scale, Patient Health Questionnaire, and SF-12 Health Survey were completed by 90 women: 12-month mean goal attainment was moderately correlated with PFD-specific measures of QoL but less strongly with depression and general health status, and differed significantly among those who were more or less satisfied.

## 2 – FUNCTIONAL ANATOMY

**Development of the enteric nervous system: bringing together cells, signals and genes.** *Burns AJ, Pachnis V. Neurogastroenterol Motil. 2009;21:100.* The enteric nervous system (ENS), the intrinsic innervation of the gastrointestinal tract that controls essential functions such as motility, secretion and blood flow, comprises a complex networks of neurons, glial cells and ganglia derived from neural crest cells that undergo extensive migration, proliferation and differentiation. The studies on the ENS development will help to establish novel therapeutic strategies for restoring or repairing malfunctioning enteric neural circuits prevalent in numerous gastrointestinal diseases.

**The use of local 17beta-oestradiol treatment for improving vaginal symptoms associated with post-menopausal oestrogen deficiency.** *Yumru AE, Bozkurt M, Inci Co\_kun E, Baykan G. J Int Med Res. 2009; 37:198.* The effects of local therapy with 17beta-oestradiol on the vaginal mucosa and endometrial thickness were studied in 35 post-menopausal women, observing an improvement of the signs and symptoms of vaginal atrophy without endometrial stimulation. A safe and effective alternative is offered to systemic hormone replacement therapy.

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**Neural stem cell transplantation in the enteric nervous system: roadmaps and roadblocks.** Schäfer KH, Micci MA, Pasricha PJ *Neurogastroenterol Motil.* 2009;21:103 This review summarizes the current status of neural stem cell (NSC) research and delineates a roadmap for effective therapeutic strategies using NSC transplantation. The ENS is vulnerable to genetic, metabolic or environmental threats, resulting in clinical disorders difficult to treat. There is much enthusiasm for novel therapies to restore ENS function in diseased segments of the gut.

**Effect of age on the enteric nervous system of the human colon.** Bernard CE, Gibbons SJ, Gomez-Pinilla PJ et al. *Neurogastroenterol Motil.* 2009 Feb 6. [Epub]. The effect of age on the anatomy and function of the human colon is incompletely understood. The prevalence of disorders in adults such as constipation increase with age but it is unclear if this is due to confounding factors or age-related structural defects. The number of neurons in the human colon declines with age with sparing of neuronal nitric oxide synthase positive neurons. This change was not accompanied by changes in total volume of neuronal structures suggesting compensatory changes in the remaining neurons.

**Estrogen replacement avoids the decrease of bladder innervations in ovariectomized adult virgin rats: in vivo stereological study.** de Fraga R, Palma P, Dambros M et al. *Int Urogynecol J Pelvic Floor Dysfunct.* 2009 Feb 17. [Epub] The authors quantified the nerve fibers in the bladder wall of ovariectomized rats with and without estradiol replacement. Long-term estrogen deprivation caused significant changes in bladder innervations, which can be characterized by a significantly decreased number of nerve fibers by 65%.

**Cost-effectiveness of hormone replacement therapy for menopausal symptoms in the UK.** Lekander I, Borgström F, Ström O et al. *Menopause Int.* 2009;15:19. The cost-effectiveness of five-year treatment of hormone replacement therapy (HRT) was compared with no treatment for women with menopausal symptoms. As clinical effects were considered: hip fracture, vertebral fracture, wrist fracture, breast cancer, colorectal cancer, coronary heart disease, stroke and venous thromboembolic events. An intervention was modelled by its impact on the disease risks during and after stopping treatment. The results indicated that it was cost-effective, the severity of menopausal symptoms being the single most important determinant of cost-effectiveness even where symptoms were mild.

### 3 – DIAGNOSTICS

**Assessment of the performance of the American Urological Association symptom score in 2 distinct patient populations.** Johnson TV, Schoenberg ED, Abbasi A et al. *J Urol.* 2009;181:230. Patients with low education regardless of location are more likely to misunderstand the AUA Symptom Score, a key tool in the benign prostatic hyperplasia guidelines, so they misrepresent their symptoms and may receive inappropriate treatment.

**POP-Q, dynamic MR imaging, and perineal ultrasonography: do they agree in the quantification of female pelvic organ prolapse?** Broekhuis SR, Kluivers KB, Hendriks JC et al. *Int Urogynecol J Pelvic Floor Dysfunct.* 2009 Feb 17. [Epub]. This study evaluates the agreement in prolapse staging between clinical examination, dynamic magnetic resonance (MR), imaging and perineal ultrasonography. Correlations were good to moderate in the anterior compartment and moderate to poor in the central and posterior compartment (Spearman's rank correlation coefficient and Bland and Altman plots).

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**Can transvaginal sonography predict infiltration depth in patients with deep infiltrating endometriosis of the rectum?** Hudelist G, Tuttlies F, Rauter G et al. *Hum Reprod.* 2009;24:1012. Deep infiltrating endometriosis of the rectum often benefits from surgical treatment, including disc or segmental bowel resection, in terms of pain relief and treatment of infertility. Transvaginal sonography is a highly valuable tool in detecting rectal endometriosis preoperatively. Serosal/smooth muscle endometriotic infiltration can be accurately predicted, whereas transvaginal sonography is less valuable for detection of submucosal/mucosal involvement.

**Colonoscopy: Art or science?** Roberts-Thomson IC, Teo E. *J Gastroenterol Hepatol.* 2009;24:180. There has been an exponential increase in the use of colonoscopy as it facilitates the diagnosis and treatment of colonic disease, but there are public health issues that include access, training, diagnostic accuracy, complications and additions to health-care costs. Because of this, colonoscopists have a responsibility to ensure that the procedure is appropriate, safe and of high-quality. This article addresses the issue of variation in technical skills that is known to exist within the endoscopic community.

**Nocturia: a non-specific but important symptom of urological disease.** Schneider T, de la Rosette JJ, Michel MC. *Int J Urol.* 2009;16:249. Nocturia is a prevalent symptom with a major impact on patients' lives and a complex pathophysiology. It can be due to a range of urological conditions and non-urological diseases, an insufficient bladder capacity and/or (nocturnal) polyuria. Some of the possibly underlying non-urological diseases can be life-threatening, implying treatment priorities. Urological treatment options include alpha-adrenoceptor antagonists, muscarinic receptor antagonists and vasopressin receptor agonists.

**Computer-based endoscopic image-processing technology for endourology and laparoscopic surgery.** Igarashi T, Suzuki H, Naya Y. *Int J Urol.* 2009;16:533. Computer-based processing of endoscopic images will establish new tools for endourology and laparoscopic surgery in the near future. The panoramic and three-dimensional images created by computer processing are two outstanding features that can address the shortcomings of conventional endoscopy and laparoscopy, such as narrow field of view, lack of depth cue and discontinuous information. The wide panoramic images show an anatomical 'map' of the abdominal cavity and hollow organs with high brightness and resolution, as the images are taken in a close-up manner.

#### 4 – PROLAPSES

**Effect of weight change on natural history of pelvic organ prolapse.** Kudish B, Iglesia C, Sokol R et al. *Obstet Gynecol.* 2009;113:81. Being overweight or obese is associated with progression of POP, and weight loss does not bring to a regression of prolapse, suggesting that damage to the pelvic floor related to weight gain might be irreversible.

**Role of age, bowel function and parity on anorectocele pathogenesis according to cinedefecography and anal manometry evaluation.** Soares FA, Regadas FS, Murad-Regadas SM et al. *Colorectal Dis.* 2008 Dec 22. [Epub]. Anorectocele is not correlated with parity, age, episiotomy, delivery of a large baby and anismus. It is more frequent in patients with severe constipation and less common in patients with anal hypotonia.

**Multiple perineal abscesses and sinus tracts as a complication of vaginal mesh.** Lewicky-Gaupp C, McGuire EJ, Fenner DE. *Int Urogynecol J Pelvic Floor Dysfunct.* 2009 Feb 20. [Epub]. After anterior and posterior placement of a synthetic mesh and mid-urethral sling 3 months earlier, a 54-year-old woman was found to have two vaginocutaneous sinus tracts (to the left ischioanal fossa and to the left labia majora), as well as bilateral abscess cavities within the ischioanal fossae. The posterior mesh was completely excised, the tracts were opened and the wound was packed and allowed to heal by secondary intention.

**Surgery for internal rectal prolapse: a word of caution.** Pescatori M. *Colorectal Dis.* 2009 Feb 7. [Epub]

**Vascular considerations for stapled haemorrhoidopexy.** Aigner F, Bonatti H, Peer S et al. *Colorectal Dis.* 2009 Feb 13. [Epub]. Stapled haemorrhoidopexy does not reduce arterial inflow in the feeding vessels of the anorectal vascular plexus. Preoperative ultrasound may serve as a tool for assessing vascularization status in haemorrhoidal disease and is useful in deciding whether patients should undergo PPH or, for individuals with high arterial flow velocity, conventional haemorrhoidectomy might be a better choice.

**Clinical, physiological and radiological assessment of rectovaginal septum reinforcement with mesh for complex rectocele.** Zbar AP, Ansari A. *Br J Surg.* 2009;96:322.

#### 5 – RETENTIONS

**Clinical presentation and patterns of slow transit constipation do not predict coexistent upper gut dysmotility.** Zarate N, Knowles CH, Yazaki E et al. *Dig Dis Sci.* 2009;54:122. Slow transit constipation is associated with upper gastrointestinal tract motor abnormalities in a subset of patients and this could influence the clinical approach, particularly in those rare cases where surgical management is considered. However while upper tract dysmotility is frequent, prediction on the basis of clinical history and characteristics of colonic transit remains problematic.

**Apoptotic cell death of human interstitial cells of Cajal.** Gibbons SJ, De Giorgio R, Pellegrini MS et al. *Neurogastroenterol Motil.* 2009;21:85. Apoptotic cell death is a continuing process in interstitial cells of Cajal, specialized mesenchyme-derived cells that regulate contractility and excitability of many smooth muscles. The level of apoptosis in healthy colon indicates that these cells must be continually regenerated to maintain intact networks. Their loss is seen in a variety of gut motility disorders.

**Oral mucosal grafts urethroplasty for the treatment of long segmented anterior urethral strictures.** Xu YM, Sa YL, Fu Q et al. *World J Urol.* 2009 Feb 13. [Epub] Combined two oral mucosal grafts substitution urethroplasty is an effective technique for the treatment of long, segmented urethral strictures (25 cases between 2002 and 2008).

**Primary genitourinary melanoma presenting as voiding dysfunction.** Filipkowski LA, Barker MA, Karram MM. *Int Urogynecol J Pelvic Floor Dysfunct.* 2009 Feb 12. [Epub]. A cystourethroscopy performed during a workup for pelvic organ prolapse revealed a bladder and urethral mass initially interpreted as undifferentiated sarcoma, and as malignant melanoma after immunohistochemical staining.

**The association between regional anesthesia and acute postoperative urinary retention in women undergoing outpatient midurethral sling procedures.** Wohlrab KJ, Erekson EA, Korbly NB et al. *Am J Obstet Gynecol.* 2009;200:571.e1. Regional anesthesia (spinal or combined spinal/epidural) is a risk factor for acute postoperative urinary retention following outpatient midurethral slings.

**What happens to children with idiopathic constipation who receive an antegrade continent enema? An actuarial analysis of 80 consecutive cases.** Jaffray B. *J Pediatr Surg.* 2009;44:404. A prospective analysis of the outcomes of 80 children with idiopathic constipation whose symptoms failed to resolve with medical management and who underwent construction of an antegrade continent enema (ACE), revealed that children have 0.2 probability of cure, 0.3 probability of failure, and 0.5 probability of having to continue with ACE after 6 years of treatment.

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**6 – INCONTINENCES**

**Fecal incontinence in obese women with urinary incontinence: prevalence and role of dietary fiber intake.** *Markland AD, Richter HE, Burgio KL. Am J Obstet Gynecol. 2009 Jan 9 Epub.* In 336 overweight and obese women with urinary incontinence a high prevalence of monthly fecal incontinence associated with low dietary fiber intake was reported. Comparing dietary intake in women with and without incontinence, increasing dietary fiber appears to be a useful treatment.

**What a patient with refractory idiopathic detrusor overactivity should know about botulinum neurotoxin type a injection.** *Khan S, Kessler TM, Apostolidis A et al. J Urol. 2009;181:1773.* A total of 81 consecutive patients with refractory idiopathic detrusor overactivity treated with intradetrusor injections of 200 U botulinum neurotoxin type A at 20 sites per injection course were evaluated in this prospective, nonrandomized, open label cohort study. Their quality of life significantly improved and the positive effect was sustained after repeat injection.

**Incidence and remission of urinary incontinence in a community-based population of women  $\geq 50$  years.** *Komesu YM, Rogers RG, Schrader RM, Lewis CM. Int Urogynecol J Pelvic Floor Dysfunct. 2009 Feb 20. [Epub].* The objective of the study was to determine incidence, remission, and predictors of change in urinary incontinence in women over 50 in a racially diverse population. Severe urinary incontinence incidence was lower but increased with age. Improvement of severe urinary incontinence decreased with age. Ethnicity and age predicted progression while age predicted improvement.

**Sacral Nerve Modulation and other treatments in patients with faecal incontinence after unsuccessful pelvic floor rehabilitation: a prospective study.** *Koch SM, Melenhorst J, Uluda\_O et al. Colorectal Dis. 2009 Feb 7. [Epub].* SNM is a minimally invasive technique for the treatment of faecal incontinence. This study investigates the results of SNM after negative outcome of a standardized pelvic floor rehabilitation program for the treatment of faecal incontinence. Thirty-five patients had a test stimulation and 19 patients proceeded to a SNM implant. Faecal incontinence episodes per week decreased significantly over 24.1 months follow-up. The overall success rate was 49% (17/35). The patients with unsuccessful test stimulation received other treatments.

**Postanal repair - Do the long-term results justify the procedure?** *Mackey P, Mackey L, Kennedy M et al. Colorectal Dis. 2009 Feb 7. [Epub].* In patients with neurogenic incontinence early outcomes after postanal repair (PAR) demonstrated excellent results but subsequent reports showed a declining success rate in maintaining continence. 111 patients who underwent PAR from 1986 to 2002 from 4 surgeons were identified: 54 were lost to follow-up, 3 had a stoma (2 for incontinence), 4 had undergone a graciloplasty, leaving 57 patients (F=53), mean follow-up 9.1 yrs (2.2 - 18.7). Mean CCS was 11.7 (SD7.4). 26% (n = 15) scored none to minimal incontinence (CCS 0 - 5), 26% moderate (CCS 6 - 12), and 48% (n = 27) severe incontinence (CCS 13-24). 79% (n=45) were anyway satisfied with the outcome. PAR remains a useful treatment. It is associated with low morbidity and results in a satisfactory long-term subjective outcome, despite a high incontinence score.

**Anatomical relationship and fixation of tension-free vaginal tape Secur.** *Hubka P, Masata J, Nanka O et al. Int Urogynecol J Pelvic Floor Dysfunct. 2009;20:681.* In 14 embalmed and 5 fresh frozen female bodies TVT-S inserters were placed bilaterally. After dissection distances the mean distance of TVT-S from the obturator bundle (obturator nerve and obturator vessels) was measured, being 3.05 cm (SD 1.18 cm) on the left, 3.07 cm (SD 1.17 cm) on the right. Perforation of the fascia of obturator internus muscle occurred in 46.4%. Injury of variable vessels can occur. In conclusion there is a minimal risk of injury to the obturator bundle, but a significant risk of inserting the TVT-S inserter into the obturator fossa. The position of TVT-S does not change significantly after legs mal-positioning.

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## 7 – PAIN

**Endothelin receptors and pain.** *Khodorova A, Montmayeur GP, Strichartz G. J Pain. 2009;10:4.* The endogenous endothelin peptides participate in a remarkable variety of pain-related processes. Pain elevated by inflammation, skin incision, cancer, etc, is reduced by local administration of antagonists of endothelin receptors. Many effects of endogenously released endothelin are simulated by acute, local subcutaneous administration of endothelin, which at very high concentrations causes pain and at lower concentrations sensitizes the nocifensive reactions to mechanical, thermal and chemical stimuli.

**Reliability of a continuous pain score meter: real time pain measurement.** *Boormans EM, van Kesteren PJ, Perez RS et al. Pain Pract. 2009;9:100.* A new continuous algometer is based on the principles of the visual analog score (VAS), and electronically measures pain score in a continuous, instead of a single, manner. The test-retest reliability was successfully established. The real-time continuous pain measurement may provide more detailed information on a subjects' pain perception compared to a single VAS, in particular during an interval of pain stimuli.

**Laparoscopic management of endopelvic etiologies of pudendal pain in 134 consecutive patients.** *Possover M. J Urol. 2009;181:1732.* In patients with seemingly inexplicable anogenital pain, especially after failed treatment for Alcock's canal syndrome, laparoscopic exploration of the pelvic nerves must be done for further diagnosis and therapy before prematurely labeling the patients as refractory to treatment. 134 consecutive patients after laparoscopy for refractory anogenital pain were retrospectively reviewed. All neurosurgical procedures, such as neurolysis/decompression of the pudendal nerve and the sacral nerve roots or neuroelectrode implantation to the sacral plexus for postoperative neuromodulation, were done via the laparoscopic transperitoneal approach to the pelvic nerves.

**Genetics and phenotyping of urological chronic pelvic pain syndrome.** *Dimitrakov J, Guthrie D. J Urol. 2009;181:1550.* Urological chronic pelvic pain syndromes (interstitial cystitis/painful bladder syndrome and chronic prostatitis), are a group of medically unexplained physical symptoms. An emerging body of research implicates systemic factors including abnormal sympathetic nervous system, hypothalamic-pituitary-adrenal axis activity and also a genetic mechanisms. An approach of rigorous phenotyping, increasing lines of evidence of familial clustering and twin studies identified genetic risk factors for disease. A genome-wide approach to the study of urological chronic pelvic pain syndromes is suggested.

**Pudendal neuralgia. Fact or fiction?** *Stav K, Dwyer PL, Roberts L. Obstet Gynecol Surv. 2009;64:190.* Chronic pelvic pain in women includes: pudendal neuralgia and entrapment neuropathies. The prevalence of PN is unknown and it seems to be a rare event. The main feature is neuralgic pain in the distribution of the pudendal nerve. The most common patient's profile is a patient who had seen multiple physicians, with no evidence of organ disease, normal urogynecological and colorectal evaluations, and failed multiple pharmacologic treatments. It is believed that neuronal insult caused by stretching or compression is the primary etiology. PN is said to be a diagnosis of exclusion and requires a high index of suspicion.

## 8 – FISTULAE

**A case of vesicocutaneous fistula to the thigh.** *Kosaka T, Asano T, Azuma R et al. Urology 2009;73:929.e7.* A case of vesicocutaneous fistula to the thigh developed 7 years after an injury to the pelvis. A 34-year-old male patient was referred because of a water-soluble yellow exudate from his left thigh. A urinary fistula was suggested by the results of an intravenous indigo carmine injection. Intravenous pyelography and computed tomography revealed the presence of a bladder deformation and a fistula originating at the ventral bladder wall and leading down to the left thigh. The patient underwent fistulectomy and partial cystectomy.

**Anastomotic-vaginal fistula after anterior resection of the rectum for cancer - occurrence and risk factors.** *Matthiessen P, Hansson L, Sjö Dahl R, Rutegård J. Colorectal Dis. 2009 Feb 7. [Epub].* Anastomotic-vaginal fistula forms a significant part of all symptomatic leakages after low anterior resection for cancer in women. Although diagnosed later, the need for abdominal reoperation and defunctioning stoma was not different from patients with conventional leakage. Risk factors include low anastomosis, preoperative radiotherapy, and UICC cancer stage IV. Previous hysterectomy is not a risk factor.

**Perianal mucinous adenocarcinoma arising from chronic anorectal fistulae: a review from single institution.** *Yang BL, Shao WJ, Sun GD et al. Int J Colorectal Dis. 2009 Feb 10. [Epub].* Fistula-associated perianal mucinous adenocarcinoma is an uncommon malignant transformation of chronic fistula-in-ano. MRI can provide important diagnostic information on patient with this suspicious inflammatory condition. Radical resection of the tumour with abdominoperineal resection and chemoradiotherapy are the treatments of choice.

**A retrospective review of chronic anal fistulae treated by anal fistulae plug.** *El-Gazzaz G, Zutshi M, Hull T. Colorectal Dis. 2009 Feb 7. [Epub].* Thirty-three patients with cryptoglandular (61%) and Crohn's disease (39%) underwent 49 plug (Cook Surgisis®) insertions. The median follow up was 221.5 days (range 44-684). The overall success rate was 25%, lower than previously reported. Two of the 22 Crohn's fistulae and 9/26 cryptoglandular fistulae healed. The reasons for failure were sepsis in 87% and plug dislodgement in 13%. Significant predictor factors for improved outcome was the presence of seton.

## 9 – BEHAVIOUR, PSYCHOLOGY, SEXOLOGY

**Web-based survey on the effect of menopause on women's libido in a computer-literate population.** *Cumming GP, Currie HD, Moncur R, Lee AJ. Menopause Int. 2009;15:8.* An active sex life was deemed to be important but many women were not seeking help for menopause-related reduced libido causing distress. For many, vaginal changes contributed to their symptoms. In those seeking advice, treatment was commonly not prescribed. Health professionals must ask appropriate direct questions to all women, especially as part of menopausal assessment. There is a need to validate the Brief Profile of Female Sexual Function in non-postmenopausal women.

**Ageing, mate preferences and sexuality: a mini-review.** *Oberzaucher E, Grammer K. Gerontology. 2009 Feb 20. [Epub].* The need to increase both the likelihood of gametes to encounter each other as well as sufficient provision of nutrition for the offspring leads to the evolution of two sexes. The most obvious function of sexual behavior is reproduction. To foster the benefits for the offspring, reproduction partners should also develop an emotional bond, which is mediated by hormones connected to sexual intercourse. With increasing age, reproduction loses importance, while pair bonding functions remain relevant. Therefore, sexuality never ceases to be part of a relationship.

## 10 – MISCELLANEOUS

**Postmenopausal estrogen-containing hormone therapy and the risk of breast cancer.** *Jick SS, Hagberg KW, Kaye JA, Jick H. Obstet Gynecol. 2009;113:74.* There is no materially increased risk of breast cancer in users of estrogen alone or esterified estrogen with methyltestosterone compared with nonusers. There is an increased risk among those using conjugated estrogen plus progestin. In particular, the risk of breast cancer in women who used conjugated estrogen plus progestin for 4 or more years is approximately three times higher than in women who are not exposed to hormone therapy.

**Sham feed or sham? A meta-analysis of randomized clinical trials assessing the effect of gum chewing on gut function after elective colorectal surgery.** *Parnaby CN, Macdonald AJ, Jenkins JT. Int J Colorectal Dis. 2009;24:585.* Gum chewing significantly reduced time to flatus and feces; however, hospital stay and postoperative complications were not reduced. Significant study heterogeneity means that these results should be interpreted with caution.