Reply: The risk of pelvic organ prolapse after hysterectomy

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1. TITLE

Reply: The risk of pelvic organ prolapse after hysterectomy

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3./4./8. DISCLOSURES, FUNDING SOURCE, DISCLAIMER

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We thank Dr Kim and Yuk for their interest in our study.¹

They draw attention to the composition of subgroups and the inclusion of women who underwent laparoscopic assisted vaginal hysterectomy (LAVH) in our subgroup analysis. The reasons for this were 1) LAVH has not been well-defined during 1977-2018 and includes a variety of surgical techniques, especially in earlier years 2) In Denmark, LAVH was often performed when anatomical conditions did not allow vaginal hysterectomy, therefore the anatomic predisposition for POP may not occur for women undergoing LAVH.

We reiterated the subgroup analysis excluding women undergoing LAVH and found virtually the same result (HR 1.6 [1.0-2.5]) as the article (HR 1.5 [1.0-2.4]).

Dr Kim and Yuk claim that a logical conclusion of our study would be that total hysterectomy and subtotal hysterectomy are unrelated to POP. However, even though statistical significance is not reached for the subgroups of hysterectomy we see a clear tendency of association between the respective hysterectomies and subsequent POP. We believe it is highly probable that a type II error causes the insignificance. At present we are working on a study including nulliparous and parous women and this larger cohort will enable firmer conclusions on surgical routes separately.

Dr Kim and Yuk state that if POP was present in a patient before study selection, they should have been excluded from the target group or adjusted in the analysis. We agree that this is an important issue, which we have considered carefully. Mild uterine prolapse is common, thus we expect high numbers in both the hysterectomy and the reference group. The problem, however, is that women are only diagnosed if they are seen by a gynecologist at a hospital. Therefore, the women in the hysterectomy group are more likely to be diagnosed with POP, which would skew the adjustment. Similarly, excluding all women with prior POP would create a falsely healthy population of women undergoing hysterectomy.

Lastly Dr Kim and Yuk lead our attention to pessary use. Unfortunately, we do not have valid information about pessary use. Thus, we cannot preclude that this would slightly affect the results. We appreciate this addition to the limitation of our study.
References: