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Uterine Prolapse: An Update of Prevalence and Risk Factors



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Abstract

A common gynecological condition called uterine prolapse is characterized by the uterus protruding or descending into the vaginal canal. Numerous risk factors can result in uterine prolapse, which is a common condition. Significant risk factors have been identified as vaginal childbirth, advanced age, obesity, chronic constipation, chronic cough, and genetic predisposition. Healthcare professionals must be aware of the prevalence and risk factors of uterine prolapse in order to recognize at-risk patients and offer suitable preventive measures and interventions.

Keywords: Prevalence; Risk factors; Uterine prolapse

Introduction

When the uterus descends from its normal position within the pelvis and protrudes into the vaginal canal or even outside the body, it is known as uterine prolapse. Women are most commonly affected by this common pelvic floor disorder, especially those who have had several pregnancies or are postmenopausal. Because it causes discomfort, pain, and challenges with daily activities, uterine prolapse can have a significant negative impact on a woman's quality of life [1]. Women are primarily affected, especially those who have had multiple pregnancies, vaginal deliveries, or have had surgeries like hysterectomy. In addition to symptoms like vaginal discomfort, pelvic pressure, urinary incontinence, difficulty having sex, and in more severe cases, tissue ulceration or infections, uterine prolapse can have a significant negative impact on a woman's quality of life [2].

A number of genetic, hormonal, anatomical, and lifestyle factors contribute to the precise etiology of uterine prolapse. Pregnancy and childbirth-related pelvic floor muscle weakness, hormonal changes during menopause that reduce tissue elasticity, and long-term conditions like obesity, chronic constipation, and long-term respiratory issues that increase intra-abdominal pressure are the most frequently cited causes [3].

Prevalence

Estimates of the prevalence of uterine prolapse among women of reproductive age range from 2 percent to 19 percent depending on the population [4]. a study conducted by Adler et

al. According to research from [5], the prevalence of symptomatic pelvic organ prolapse, which includes uterine prolapse, was 33% in premenopausal women and 10% in postmenopausal women. These results suggest that uterine prolapse is a relatively common condition affecting a significant number of women. Uterine prolapse is common in certain areas. Uterine prolapse is a condition that may be more common in women from lower socioeconomic backgrounds who have less access to healthcare and education. Regional differences in prevalence rates can also be attributed to cultural norms like hard physical labor or extended periods of standing [6].

Risk Elements Include

Vaginal Childbirth

It has long been known that giving birth via the womb increases the risk of uterine prolapse. It develops as a result of the stretching and deterioration of the pelvic floor muscles and supporting tissues during labor and delivery [7].

Age

Old age has also been linked to an increased risk of uterine prolapse. an investigation by Samuelsson et al. According to [8] uterine prolapse was one genital prolapse that was more common as people aged. Compared to younger women, postmenopausal women were more likely to experience uterine prolapse. This might be attributed to alterations in muscle tone and connective tissue elasticity brought on by aging.

The risk of uterine prolapse is known to increase with obesity. Extra body weight places more strain on the pelvic floor muscles and structures, raising the risk of prolapse [8]. In several studies, a higher body mass index (BMI) has been linked to a higher prevalence of uterine prolapse.

Chronic Conditions

Chronic cough and constipation are risk factors for uterine prolapse. These conditions cause repeated straining, which can deteriorate the muscles in the pelvic floor and cause prolapse [9].

Genetic Predisposition

Genetic predisposition may also contribute to the emergence of uterine prolapse. A higher risk of prolapse has been linked to a family history of pelvic organ prolapse [8]. Chronic illnesses like chronic constipation and chronic cough, which can cause recurrent straining, are also regarded as risk factors. Numerous heavy lifts performed on a regular basis and long-term respiratory conditions that result in persistent coughing are additional risk factors. These elements exacerbate pelvic floor pressure and support the emergence of uterine prolapse [10].

Clinical Display

Uterine prolapse can present clinically in a variety of ways, with symptoms that can range from minor discomfort to serious functional impairment. Pelvic pressure, vaginal bulging, urinary symptoms, and sexual dysfunction are typical symptoms [9]. The level of symptom severity can vary from person to person and may significantly affect quality of life.

Techniques for Management

Conservative Management: Without resorting to surgery, conservative management techniques seek to reduce symptoms and support the pelvic organs. Exercises for the pelvic floor muscles, also referred to as “Kegel” exercises, have been shown to increase the muscles’ overall strength and may be useful in treating the symptoms of uterine prolapse. Additionally, the uterus can be supported temporarily or permanently by the use of pessaries, which are vaginal support devices, and symptoms can be reduced [9].

Operative Management

When conservative measures are unsuccessful or the prolapse is severe and adversely affecting the patient’s quality of life, surgical intervention is considered. Depending on the patient’s preferences, desire for future parenthood, severity of symptoms, and coexisting pelvic floor disorders, surgical options can range from vaginal to abdominal procedures [9].

a) Two vaginal procedures are colpocleisis and hysteropexy,

which involve supporting the uterus in its natural position by narrowing or closing the vaginal canal [9].

b) Two abdominal procedures involve suspending the uterus with sutures in the uterosacral ligament and sacrocolpopexy, respectively, to stabilize the prolapsed uterus [9].

Conclusion

Numerous risk factors can result in uterine prolapse, which is a common condition. Significant risk factors have been identified as vaginal childbirth, advanced age, obesity, chronic constipation, chronic cough, and genetic predisposition. To identify individuals at risk and offer suitable preventive measures and interventions, healthcare professionals must have a thorough understanding of the prevalence and risk factors of uterine prolapse. Healthcare professionals can provide targeted management strategies, raise awareness, and enhance the quality of life for women who suffer from uterine prolapse by identifying the demographic and clinical traits that contribute to this condition.

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