

# URINARY INCONTINENCE DUE TO URETHRAL COITUS IN A MULTIPAROUS WOMAN



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## INTRODUCTION AND AIM OF THE STUDY

Urethral coitus is a very rare condition which results in megalourethra and urinary incontinence in most of the cases(1,2). We report a case of urethral coitus with urinary incontinence complaint in a multiparous woman.

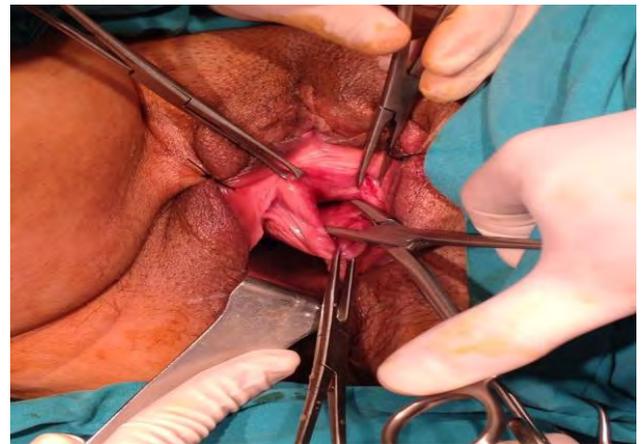
## CASE REPORT

48 years old, gravida 5 para 5 , woman was admitted to the urogynecology department with urinary incontinence complaint which had begun 8 years ago. She had delivered all children by vaginal route. In lithotomy position, two-three fingers easily entered the urethra (**Figure 1**) and stress test was positive. She had underwent urethroplasty and discharged from hospital on postoperative third day. She had voided normally postoperatively with no urinary incontinence.

## DISCUSSION

Urethral coitus in women with normal vagina and introitus has been reported very rarely (1,2). To the best of our

knowledge, our case is the fifth case of urethral coitus with normal genitalia. After discussion with patient, there was no qualifying answer about the reason of urethral coitus. In conclusion, urethral coitus should be kept in mind in patients with megalourethra and urinary incontinence.



**Figure 1.** Megalourethra caused by coitus

## REFERENCES

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## INTRODUCTION

The presence of hydrosalpinges is a **factor of failed attempts at in vitro fertilization (IVF)**.  
The management of hydrosalpinges prior attempts to **IVF increases the chances of pregnancy** [1].  
Laparoscopic salpingectomy is the treatment of choice [2].

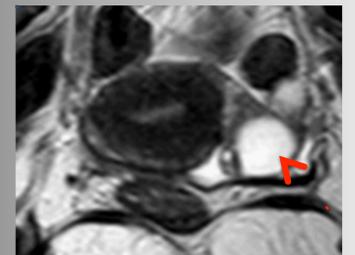
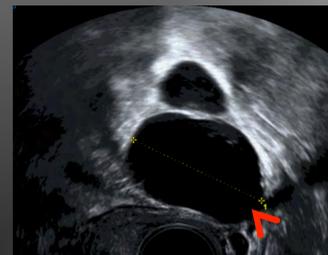


The treatment is difficult in patients with “**contraindications**” to surgical treatment (ie: previous surgeries, pelvic adhesions...)  
**Hysteroscopic insertion of Essure® micro-inserts** may offer a safe alternative to laparoscopic surgery [3].  
Immunosuppressive medication could reduce the fibrosis of the tubal lumen induced by Essure® micro-insert .

→ **Objective : To report two cases of tubal occlusion by laying Essure® micro-insert in immunosuppressed women with hydrosalpinges and pelvic adhesive disease prior IVF**

## 2 CASES REPORTS

- Women with **Crohn disease** and previous history of abdominal surgery
- Receiving **immunosuppressive medication**: Azathioprine or Adalimumab
- Supported by department of reproductive medicine for **infertility**
- Investigations have found unilateral **hydrosalpinges visible on ultrasound**
- **In failure of IVF attempts**



→ **Hydrosalpinges treatment:**

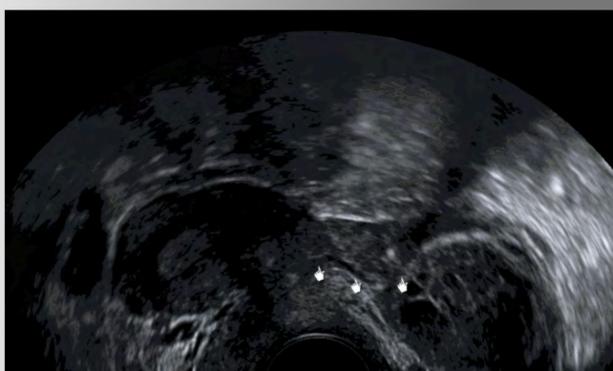


- **increases the chances of pregnancy**
- **Risk of surgical injury**
- **Risk of infection**
- **Risk of inefficacy of the Essure® procedure**

## MANAGEMENT and RESULTS

- Essure® insertions were performed in **ambulatory setting**
- The hysteroscopic placement of the Essure microinsert were **unilateral**
  - **No anesthetics** were administered
- No complications occurred during or after **Essure® insertion**.

**After 3 months**  
pelvic X-radiography and 3D-Ultrasound



- Correct deep intramural location

**Successful placement**  
**of the Essure® micro-inserts**  
**was achieved**  
**in the both patients**

**Tubal occlusion**  
**was demonstrated**  
**with HSG**  
**5 months after insertion**

**After 5 months**  
**Hysterosalpingography**



- Proximal total tubal occlusion

## CONCLUSION

We report two cases of tubal occlusion with Essure® micro-insert **prior IVF**, in women with hydrosalpinges, pelvic adhesive disease and receiving immunosuppressive medications. The placement of micro-inserts was **feasible**. Tubal occlusion was demonstrated with HSG 5 months after insertion.

**Exclusion of hydrosalpinges was successful** even though **the women received immunosuppressive** medications.

**It's important to gather another cases** in some centers to validate the placement of Essure® micro-inserts in this indication

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# Assessment of efficacy of Er:YAG laser treatment for female SUI using 3 days voiding diary - pilot study with 12 months follow-up

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## INTRODUCTION AND AIM OF THE STUDY

Voiding diaries are considered to be one of the objective measures of severity of urinary incontinence and are recommended by FDA as assessment tool for the clinical studies. The most common versions of voiding diaries are 3 days and 7 days voiding diaries. Tincello et. al showed that 3 days diary is superior to 7 days diary in terms of data quality [1]

The aim of this pilot study was the evaluation of efficacy of new minimally invasive Er:YAG laser treatment for stress urinary incontinence using 3 days voiding diaries.

## MATERIALS AND METHODS

Eight female patients (average age 55.4 yrs, parous status 2.9 and BMI of 29.2) diagnosed with stress urinary incontinence (SUI) were treated with 3 sessions of Er:YAG laser treatment (XS Dynamis, Fotona, Slovenia), with one month interval between the sessions. Therapy efficacy was measured using 3 days (3D) voiding diary out of which two parameters were closely observed and followed: leakage frequency and leakage quantity. Patients filled-up 3D voiding diary before the treatment and on six follow-ups (FU): at 14 Days, 1M, 2M, 6M, 8M and 12M. Average 3D frequency was calculated from the three successive daily numbers of leakage episodes at every measurement point. Leakage quantity was evaluated with 4 grade scale: no leakage (0), a little (1), moderate (2) and a lot (3). 3D averages were calculated and used for comparison.

Table 1: Patients' data

**N=8**  
**Age (years ± SD): 55.4±9.4**  
**BMI (kg/m<sup>2</sup>): 29.2±2.3**  
**Parous status: 2.9±1.0**

Fig.1: Example of filled-in voiding diary form for one day

Sesión incontinilase n° 2nd Age 59  
Fecha de sesión incontinilase: 5.10.2012 Parity 3  
Fecha de inicio diario miccional: 12.10.2012 BMI 32,2

DIA 1	¿Qué ha bebido? ¿Qué cantidad?	¿Ha sentido fuerte necesidad de orinar?	N° de veces y volumen que ha orinado	¿Qué estaba haciendo?	¿Ha perdido orina?	¿Llegó al baño?
06-08H	300		1 200			
08-10H			1 250	ejercicio	si poco	
10-12H	300					
12-14H	200		1 300			
14-16H						
16-18H	200		1 250			
18-20H						
20-22H	150		1 200			
22-00H	250		1 200			
00-02H						
02-04H						
04-06H						
	1400		6 1400		1	

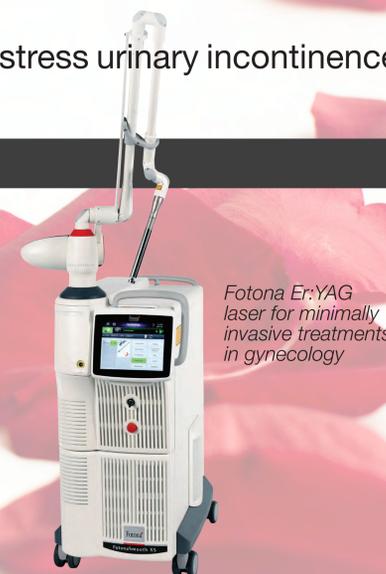


Fig.3: Er:YAG laser treatment of stress urinary incontinence

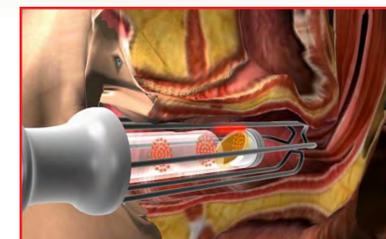


Fig.2: Study time table with all seven evaluations (Before, 14D, 1M, 2M, 6M, 8M and 12M) and all three treatment sessions (0, 1M, 2M)

Before	FU-1 14D	FU-2 1M	FU-3 2M	FU-4 6M	FU-5 8M	FU-6 12M
T <sub>0</sub>	T <sub>x1</sub>	T <sub>x2</sub>	T <sub>x3</sub>			

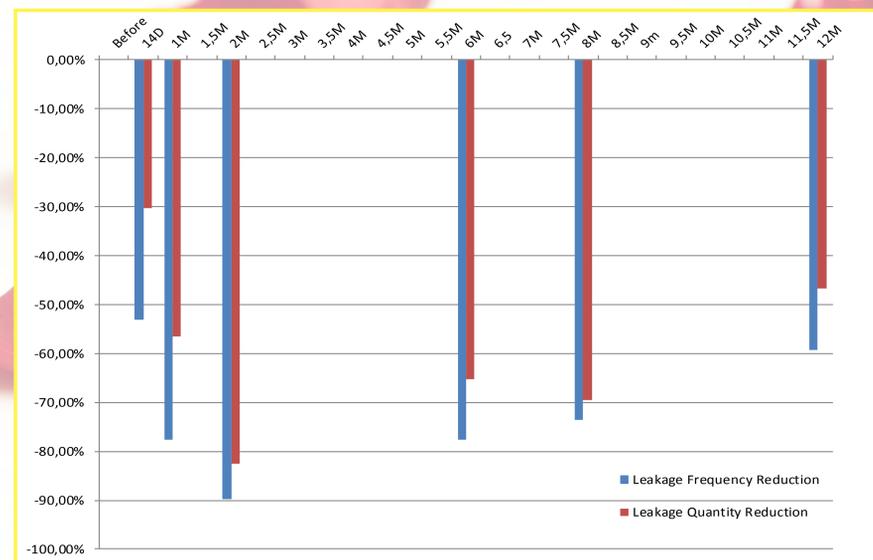
## RESULTS

All patients reduced their leakage frequency and quantity already after the first laser session and their results further improved after each of the following two sessions. The largest average reductions of leaking frequency (of 89.8%) and of quantity (of 82.6%) were measured at 2M FU. At 6M FU the frequency was still 77.5% and quantity 62.2% lower than before the treatment. At 8M and 12M these values were 73.5% and 59.2% for frequency and 69.5% and 46.6% for leakage quantity.

Table 2: Reduction of leakage frequency and quantity

	Leakage Frequency Reduction	Leakage Quantity Reduction
Before	0,00%	0,00%
14D	-53,06%	-30,31%
1M	-77,55%	-56,45%
2M	-89,80%	-82,58%
6M	-77,55%	-65,16%
8M	-73,47%	-69,51%
12M	-59,18%	-46,65%

Fig.4: Average improvement of SUI after three sessions of Er:YAG laser therapy, measured with 3 Days voiding diaries



## INTERPRETATION OF RESULTS

The first studies of Er:YAG laser treatment of SUI [2, 3] using various other measurement tools showed significant reduction of SUI. 3D voiding diaries used in our study further confirmed the finding of these studies with a new, objective tool.

## CONCLUSIONS

The results of this small pilot study showed that Er:YAG laser therapy could produce significant reduction of SUI symptoms which is lasting at least 12 months.

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