

## INTRODUCTION

Pelvic floor dysfunction refers to a wide range of issues that occur when muscles of the pelvic floor are weak, tight, or there is an impairment of the sacroiliac joint, lower back, coccyx, or hip joints. Tissues surrounding the pelvic organs may have increased or decreased sensitivity or irritation resulting in pelvic pain. Many times, the underlying cause of pelvic dysfunction is difficult to determine.

## MATERIAL &amp; METHOD

The study was done on 100 patients attending the OPD of SKMCH Muzaffarpur Bihar. Patients are divided in 3 groups according to age i.e. 1<sup>st</sup> group between 20-30 years, 2<sup>nd</sup> group 30-40 years & 3<sup>rd</sup> group 40-50 years of age. Most of them belong to middle & low income group. They are also divided according to parity. They are examined clinically as well as by pathological tests, x-ray of pelvis & ultrasonography done. Most affected group is in age between 30-40 years.

## RESULTS

Pelvic floor dysfunction may include any of a group of clinical conditions that includes urinary incontinence, fecal incontinence, and pelvic organ prolapse, sensory and emptying abnormalities of the lower urinary tract, defecatory dysfunction, sexual dysfunction and several chronic pain syndromes including vulvodynia. The three most common and definable conditions encountered clinically are urinary incontinence, anal incontinence and pelvic organ prolapse.

In majority cause is unknown and involves a number of factors including genetics, immunology and possibly diet. Diagnosis is by ruling out other possible causes this may or may not include biopsy of the area. Other factors of pelvic floor dysfunction may include a group of clinical conditions like pelvic floor hypertonicity painful bladder syndrome, Fibromyalgia that leads to vulval pain. Other causes of vulval pain are autoimmune disease, lupus erythematosus, lichen sclerosis, bacterial vaginosis, HPV and neuropathy due to herpes, spinal nerve injury.

About 16% of the women suffer from vulvodynia it is new term.

## DISCUSSION

The major known causes include obesity, menopause, pregnancy and childbirth. Some women may be more likely to develop pelvic floor dysfunction because of an inherited

deficiency in their collagen type. Keane et al in their study suggest some women may have congenitally weak connective tissue and fascia and are therefore at risk of stress urinary incontinence and pelvic organ prolapse. Postpartum pelvic floor dysfunction only affects women who have given birth, though pregnancy rather than birth or birth method is thought to be the cause. A study of 100 first-time mothers who delivered by Caesarean section and 100 who delivered vaginally found that there was no significant difference in prevalence of symptoms. The study also suggested that the changes which occur in the properties of collagen and other connective tissues during pregnancy may affect pelvic floor function. Statistics show that 30 to 40 percent of women suffer from some degree of incontinence in their lifetime, and that almost 10 percent of women will undergo surgery for urinary incontinence or pelvic organ prolapse. 30 percent of those undergoing surgery will have at least two surgeries in trying to correct the problem.

## CONCLUSION

After study majority of the patients have

1. MBBS, DGO, MS (Obst & Gynae), FIAMS, Head Of Department Of Obst & Gynae, Sri Krishna Medical College & Hospital, Muzaffarpur – 842004 (Bihar)
2. MBBS, MD, (Ped), Ex- Senior Resident, (Safdarjung Hospital), New Delhi

## Pelvic Floor Dysfunction

Dr. (Mrs.) Abha Sinha<sup>1</sup>, Dr. (Mrs.) Arpita Gupta<sup>2</sup>

no organic lesion and pelvic exercise is explained. In study group with organic lesion treated by proper investigation, medication, counselling, improvement of diet, posture, vulval care, and change of life style. If not respond with medical treatment then surgery advised. Education and accurate information about vestibulodynia. Vestibulectomy where nerve fibres to the area are cut if others treatment is not found effective.

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