P10.06 Pelvic floor morphometry at 3D/4D transperineal ultrasound in women with endometriosis and dyspareunia before and after pelvic floor physiotherapy.

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Introduction
The aim of our study was to assess the effect of pelvic floor physiotherapy on levator hiatal area (LHA) and dyspareunia in women with deep infiltrating endometriosis (DIE).

Methods
A prospective study was conducted on 12 nulliparous women with diagnosis of DIE and associated dyspareunia. Superficial and deep dyspareunia were assessed with a Numerical Rating Scale (NRS) and a 3D/4D transperineal ultrasound for evaluation of LHA at rest, at maximum pelvic floor contraction and during maximum Valsalva maneuver was performed.

Women underwent five individual sessions of pelvic floor physiotherapy at weeks 1, 3, 5, 8, 11 from the first examination. After physiotherapy sessions, dyspareunia scores and LHA were reassessed and compared with pre-therapy data.

Results
Post-therapy LHA were larger at rest (12.1[7.8-15.3] vs 10.1[7.5-15.2], p=0.049) and at maximum Valsalva maneuver (14.0[9.4-18.3] vs 11.9[8.8-16.2], p=0.041). NRS scores were significantly reduced, both for superficial (3[0-8] vs 8[4-10], p=0.004) and deep dyspareunia (4[0-10] vs 7[0-10], p=0.04).

Conclusion
Targeted physiotherapy seems to improve pelvic floor relaxation in women with DIE. Furthermore, it may be effective in the reduction of both superficial and deep dyspareunia.