

Vieillesse des organes g nitaux et du p rin e

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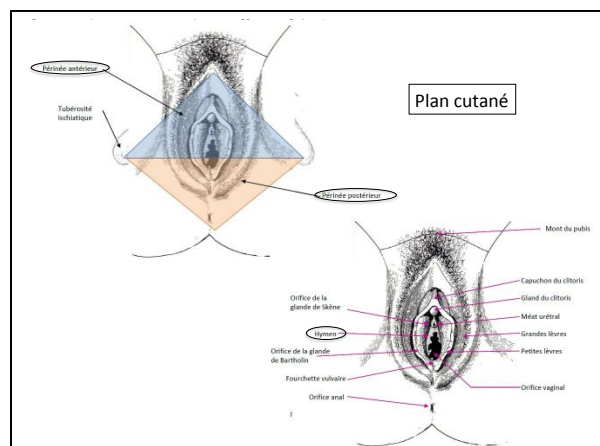


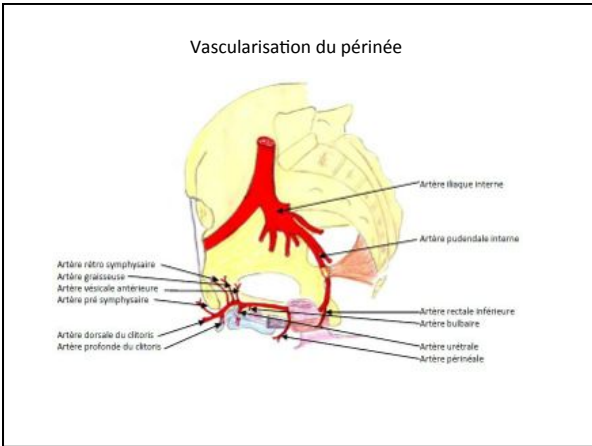
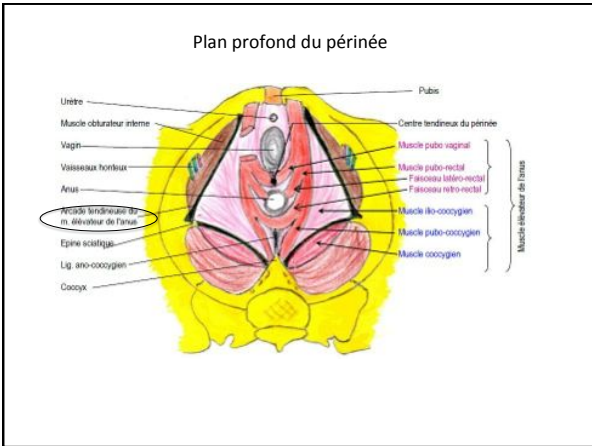
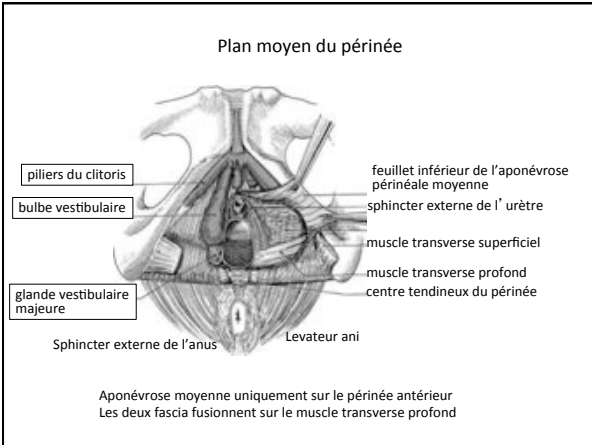
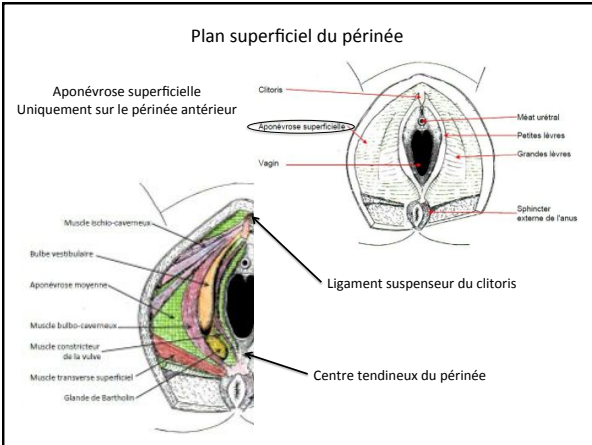
Plan

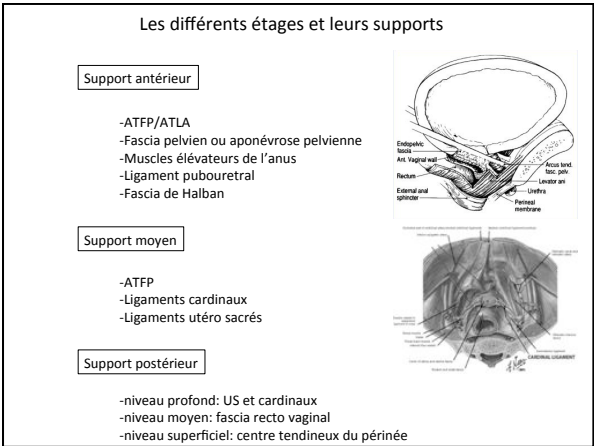
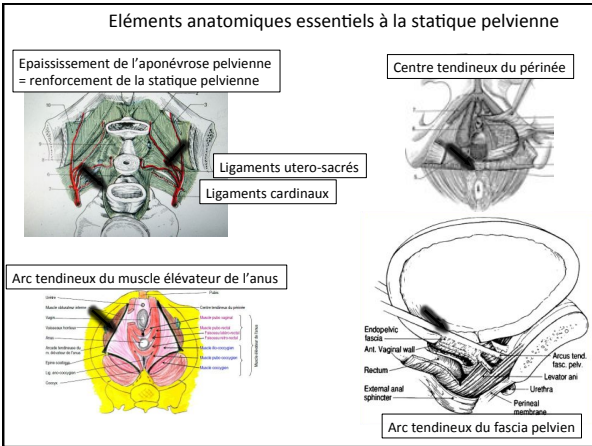
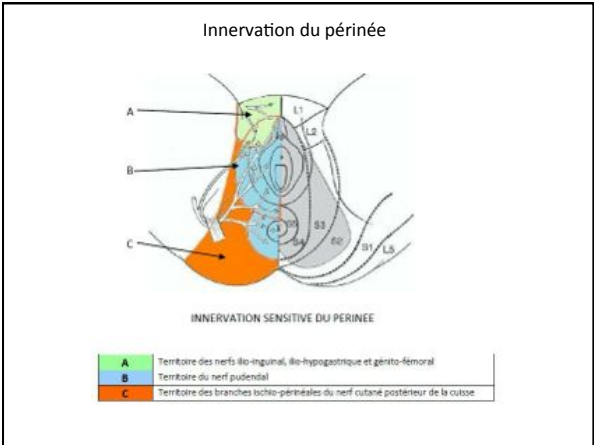
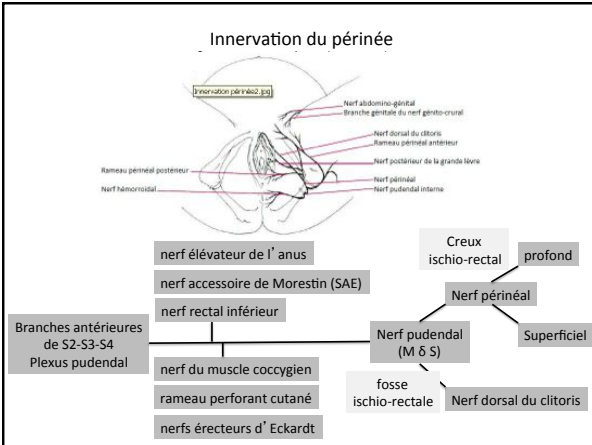
- Rappels anatomiques
- Evolution cutan e selon l' ge
- Evolution IU selon l' ge
- Evolution du prolapsus selon l' ge
- Evolution histologique selon l' ge

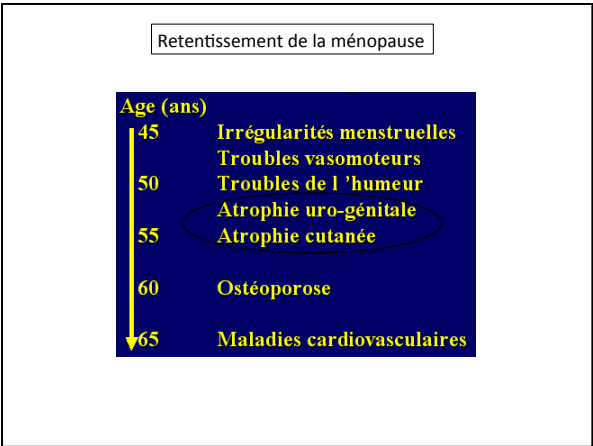
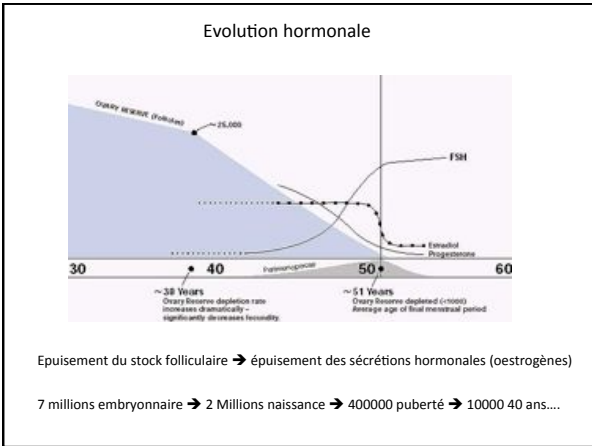
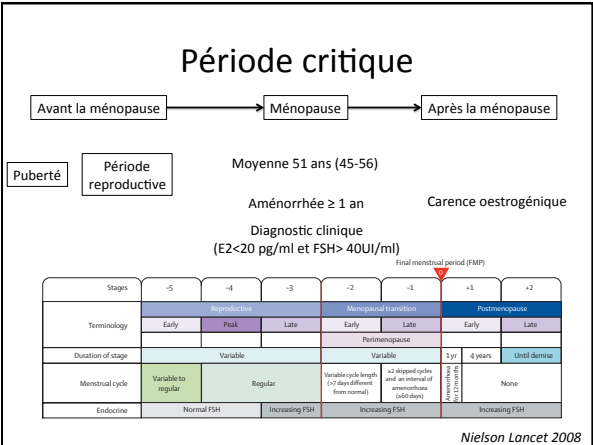
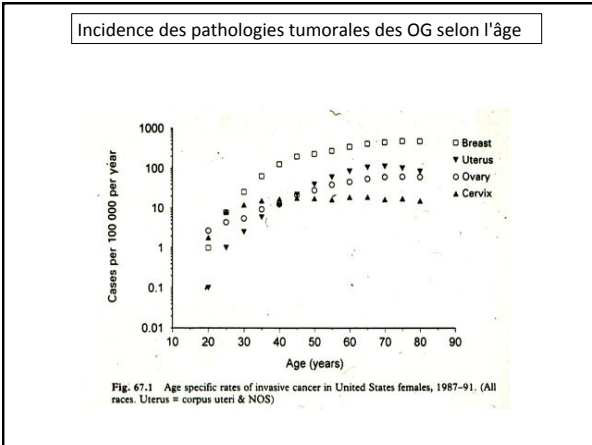
Quelques notions d'anatomie...

- Plan superficiel du p rin e
- Plan moyen du p rin e
- Plan profond du p rin e
- Vascularisation du p rin e
- Innervation du p rin e
- El ments essentiels pour la statique pelvienne









Evolution de la peau et de la muqueuse génitale

Endoderme → Muqueuse vulvaire

Mesoderme → Muqueuse vaginale

Ectoderme → Peau du périnée

Naissance à la puberté

Grande lèvre	Dodue, épaissement progressif
Petite lèvre	Présente, épaissement progressif
Muqueuse vaginale	Riche en collagène, perte des stratifications, perte progressive du collagène
Flore vaginale	Lactobacille des premières 24 h
Ph vaginal	Neutre ou alcalin (↘ prod lactobacilles)
Perte vaginale	Blanches ou sanglante (oestrogènes maternels)

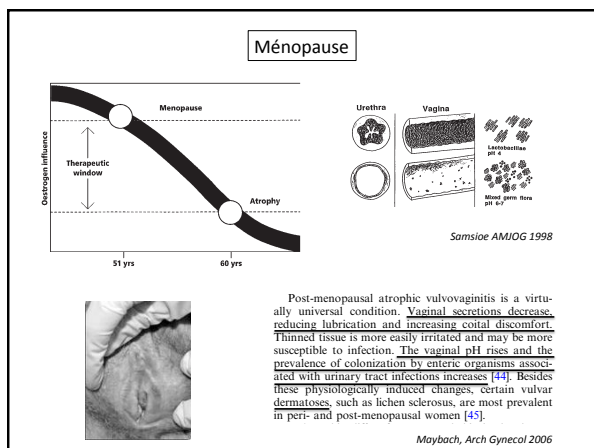
Puberté

8 à 13 ans

- Épaississement de l'épithélium vulvaire, augmentation production de collagène
- Agrandissement du vagin, du col utérin et des culs de sac vaginaux, augmentation du diamètre de l'introitus
- Meilleure visualisation du méat urétral, répartition plus homogène des graisses
- pH vaginal devient acide, production de glaire cervicale
- Plissement/fripement des petites lèvres
- Activation des glandes de Bartholin

Période reproductive

	Début de cycle	Milieu de cycle
Epithélium vulvaire	Orthokératose	parakératose
Epithélium vaginal	Mince Glycogène Orthokératosique	Epais ↗glycogène parakératose
Ph Vaginal	Variable d'un individu à l'autre	



Parameter	Site	Age group ^a	Measured value	Significance ^b	Reference
Water barrier function (TEWL, g m ⁻² h)	Forearm	Pre-menopausal	3.7 ± 0.4	p < 0.05	[48]
		Post-menopausal	2.6 ± 0.3		
		Pre-menopausal	14.8 ± 1.5		
Skin hydration (capacitance, AU)	Forearm	Pre-menopausal	13.5 ± 1.8	n.s.	[48]
		Post-menopausal	91.3 ± 2.3		
		Pre-menopausal	116.8 ± 4.1		
Friction coefficient, ±	Forearm	Pre-menopausal	110.0 ± 8.2	p < 0.05	[48]
		Post-menopausal	0.49 ± 0.02		
		Pre-menopausal	0.45 ± 0.01		
Hydrocortisone penetration (percent dose absorbed)	Forearm	Pre-menopausal	0.60 ± 0.04	n.s.	[49]
		Post-menopausal	0.60 ± 0.06		
		Pre-menopausal	2.8 ± 2.4		
Testosterone penetration (percent dose absorbed)	Forearm	Pre-menopausal	1.5 ± 1.1	p < 0.01	[49]
		Post-menopausal	8.1 ± 4.1		
		Pre-menopausal	4.4 ± 2.8		
Visual erythema scores (scored on day 2 after 24 h post-exposure to 1% SLS)	Forearm	Pre-menopausal	20.2 ± 8.1	n.s.	[49]
		Post-menopausal	14.7 ± 4.2		
		Pre-menopausal	26.7 ± 8.0		
Visual erythema scores (scored on day 2 after 24 h post-exposure to 1% SLS)	Vulva	Pre-menopausal	5	p = 0.03	[50]
		Post-menopausal	0		
		Post-menopausal	0		

Maybach Arch Gynecol 2006

Il est donc important d'évaluer la trophicité périnéale

Overall elasticity*	Fluid secretion type and consistency	pH	Epithelial mucosa	Moisture
1 None	None	6.1	Petechiae noted before contact	None. Mucosa inflamed
2 Poor	Scant, thin yellow	5.6-6.0	Bleeds with light contact	None, mucosa not inflamed
3 Fair	Superficial, thin white	5.1-5.5	Bleeds with scraping	Minimal
4 Good	Moderate, thin white	4.7-5.0	Not friable, thin mucosa	Moderate
5 Excellent	Normal (white flocculent)	≤ 4.6	Not friable, normal mucosa	Normal

*Lower score corresponds to greater urogenital atrophy.

- Do you have vaginal dryness?
- Do you ever have an odorous discharge? If so, how often?
- Have you experienced any vaginal itching or burning?
- Have you had any vaginal irritation?
- Does it ever burn when you urinate?
- When you have to urinate, do you ever feel it's so urgent you might not make it to the bathroom in time?
- Do drops of urine excrete when you cough, sneeze or laugh? Do you have to urinate? How often have you had this problem?
- Are you sexually active? If so please respond to questions 8a and 8b.

Afin d'éviter des altérations de la qualité de vie


Menopausal status and sexual health problems	Premenopausal		Perimenopausal		Postmenopausal		P
	Sometimes	Often	Sometimes	Often	Sometimes	Often	
Post-coital bleeding/irritation	8.30	1.98	12.28	7.02	12.91	3.65	N.S.
Lack of lubrication	22.28	14.13	24.56	19.30	12.83	14.21	0.0001
Dyspareunia	15.76	8.70	14.04	19.33	11.97	16.24	N.S.
Difficulty reaching orgasm	22.61	25.00	28.07	36.84	21.05	14.74	N.S.
Vaginitis	18.85	8.78	19.30	7.02	12.86	20.00	N.S.
Vaginal infection	10.33	4.35	24.56	7.02	8.42	2.11	0.01

Bachmann, Maturitas 1995

Quelques conseils de prise en charge...

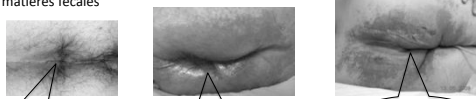
1. First symptom often reduced vaginal lubrication on sexual arousal
2. Symptoms may occur before signs noted on pelvic examination
3. Early sexual difficulties may be incorrectly ascribed to interpersonal problems
4. Intervention should start early in the climacteric; vaginal estrogen treatment should be considered
5. Physician scoring sheet to measure degree of vaginal atrophy is helpful
6. Other conditions (infection, allergy, vulvar dystrophy) should be ruled out; psychological as well as physiological factors may be present
7. Problems of vaginal atrophy should be addressed and educational materials available on this important health care need for older women

Colpotrophine crème et/ou ovule
1/1
Cure de 3 semaines



Apparition de dermatites liées à l'incontinence et l'âge

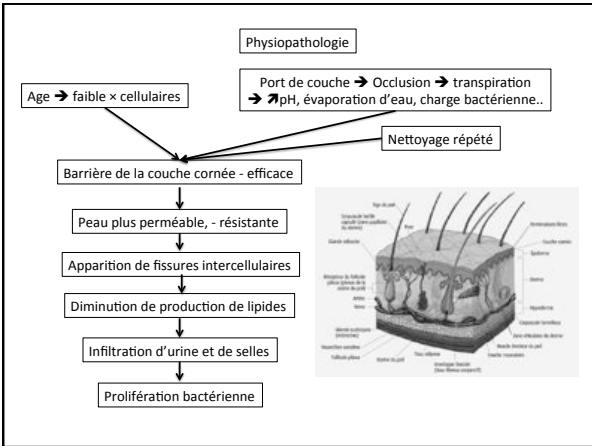
Définition
La DI est une inflammation et un érythème de la peau avec ou sans érosion et zones dénudées, qui est causée par une exposition chronique à l'urine et aux matières fécales



Zone érythémateuse localisée Zone rouge vif luisant dénudée suintante Candidose associée: rash maculopapulaire accompagné de pustules satellites

Prévalence **Incidence**
5 à 50% 3.4 à 25% sur 4 semaines

Gray 2010



Diagnostic différentiel

	DI (DERMATITE D'INCONTINENCE) OU PP (PLAIE DE PRESSION) ?	DI	PP
Caractéristiques			
Étiologie		Exposition à l'urine, aux selles et à la transpiration	Exposition prolongée à la pression, au chocs ou au frottement ou aux deux
Physiopathologie		Inflammation causée par l'exposition aux irritants et érosion des couches cutanées superficielles	ischémie et destruction tissulaire
Couleur		Rouge vif chez les personnes de pigmentation claire ; rouge pâle ou hyperpigmentation chez les personnes de pigmentation foncée	Rouge foncé, marron ou violet
Localisation		Limitée aux zones exposées à l'urine, aux selles ou aux deux, particulièrement dans les plis cutanés ou sur la peau recouverte d'un produit absorbant	Typiquement sur les prominences osseuses
Profondeur		Épiderme, derme	Profondeur variable, peut atteindre les muscles, les os ou les os
Tissus microscopiques		Typiquement abrités	Tissus nécrotiques jaunes humides ou escarre noire
Évolution		Présence fréquente d'un essouffement sévère qui donne un aspect luisant à la peau	Voie d'un essouffement sévère à un essouffement abondant et purulent si la plaie est infectée

Gray 2010

Traitement

Nettoyage	Hydratation	Protection
Nettoyeurs cutanés sans rinçage avec un pH acide près de celui d'une peau saine (5,0-5,9) est recommandée	Emollients (lipides) Humectants (eau) Agents occlusifs (évaporation)	Gelée de pétrole Oxyde de zinc Diméthicone (dérivé de silicone)
Savon et débarbouillette sont à proscrire.		Alternative: barrière liquide de copolymères
		3 applications par semaine

+ -Eviter au maximum les couches
-Favoriser l'air libre et les alèzes absorbantes
-traiter les mycoses (20%)

Age et incontinence urinaire

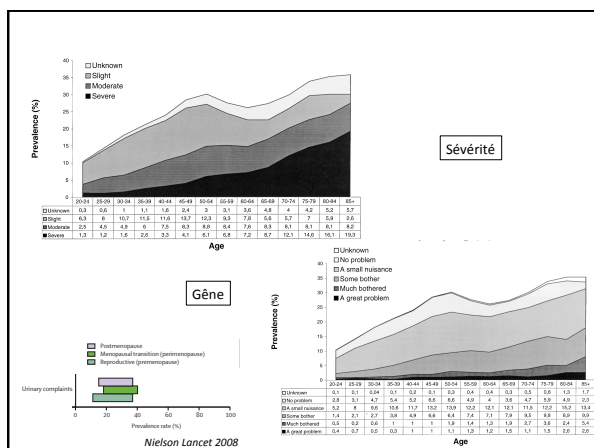
A community-based epidemiological survey of female urinary incontinence:
The Norwegian EPINCONT Study

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Received 9 September 1999; accepted in revised form 3 February 2000; accepted 25 February 2000

- Etude observationnelle cohorte HUNT
- 27936 patientes
- Questionnaires (symptômes)

Age (years)	Respondents (n)	Incontinence		Symptoms of stress incontinence		Symptoms of urge incontinence		Symptoms of mixed incontinence		Incontinence type not classified		
		Prevalence (%)	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
20-24	1876	194	10	(9.0-11.7)	48	(40.8-55.0)	13	(7.8-17.4)	33	(26.5-39.9)	6	(3.3-10.8)
25-29	2144	305	14	(12.8-15.8)	54	(48.2-59.5)	13	(9.2-16.8)	28	(21.2-32.9)	5	(2.8-8.1)
30-34	2494	454	18	(16.7-19.7)	59	(54.3-63.3)	10	(7.3-13.0)	27	(21.0-31.2)	4	(2.5-8.5)
35-39	2721	577	21	(19.7-22.7)	60	(55.8-63.8)	7	(5.3-8.0)	29	(23.1-32.6)	4	(2.8-8.0)
40-44	2911	702	24	(22.4-25.5)	60	(56.7-63.9)	8	(6.4-10.6)	29	(23.3-32.0)	3	(1.8-4.2)
45-49	2978	848	28	(26.8-30.1)	65	(61.5-68.0)	7	(5.1-8.5)	27	(21.5-29.2)	2	(1.3-3.1)
50-54	2476	838	34	(32.5-37.9)	55	(51.8-58.1)	7	(5.0-9.2)	26	(21.2-30.2)	2	(1.1-2.1)
55-59	2041	564	28	(25.7-29.6)	32	(48.2-56.5)	7	(7.1-12.1)	37	(32.5-40.5)	2	(0.9-3.3)
60-64	1853	486	26	(24.2-28.2)	42	(37.8-46.6)	7	(7.5-13.0)	46	(41.7-50.6)	2	(0.9-3.3)
65-69	1832	501	27	(25.3-29.4)	38	(33.2-41.6)	16	(12.5-19.0)	44	(39.9-48.7)	2	(1.3-3.3)
70-74	1797	538	30	(28.0-32.2)	33	(29.3-37.4)	16	(13.1-19.4)	48	(44.0-52.6)	2	(1.0-3.7)
75-79	1413	478	34	(31.3-36.2)	34	(29.9-38.2)	19	(15.5-22.6)	44	(39.9-48.5)	3	(1.8-4.9)
80-84	737	267	36	(31.9-38.7)	32	(28.4-37.9)	21	(15.8-23.8)	40	(34.4-40.6)	2	(1.0-3.5)
85-89	287	100	35	(30.8-41.6)	28	(18.9-37.8)	23	(15.3-33.3)	40	(30.4-51.0)	9	(3.7-18.1)
90+	45	26	40	(27.8-51.1)	28	(12.1-49.4)	12	(2.0-31.2)	48	(27.8-68.7)	12	(2.0-31.2)
Total	27936	8676	31	(24.1-25.2)	50	(49.1-51.5)	11	(10.4-11.9)	36	(34.4-36.7)	3	(2.8-3.4)



EUROPEAN UROLOGY 50 (2006) 327-332

Incidence and Remission of Female Urinary Incontinence Over 6.5 Years: Analysis of a Health Screening Project

Clemens Wehrberger^a, Christian Tennil^b, Anton Fohholz^a, Stephan Madersbacher^{a*}

Suivi 6,5 ans

n = 111 (32%)
n = 80 (26%)

Table 1 - Cumulative incidence of urinary incontinence (UI) depending on age and characteristics of incident cases

Age (yr)	No. of patients	Cumulative incidence		More than 1 year	
		No.	%	No.	%
20-39	54	8	14.8% (2.3%)	2	3.7% (0.6%)
40-49	70	18	25.7% (2.0%)	10	14.2% (2.2%)
50-59	92	22	23.9% (5.9%)	10	10.8% (1.7%)
60-69	46	11	23.9% (3.7%)	7	15.2% (2.3%)
70+	38	18	47.3% (7.3%)	13	34.2% (5.3%)
Total	300	77	25.6% (3.9%)	42	13.9% (2.1%)

Table 2 - Remission rates of urinary incontinence (UI) according to age, frequency, and type of UI

Age (yr)	No. of patients	Remission	
		No.	%
20-39	33	0	0% (0%)
40-49	33	9	27% (4.2%)
50-59	48	4	8.3% (1.3%)
60-69	28	6	21.4% (3.5%)
70+	25	8	32% (4.9%)
Total	141	27	19.2% (2.9%)