Documenting Injuries After a Sexual Assault

BY HEIDI SPLETE

BOSTON — Delayed examinations following sexual assaults significantly reduced the frequency of documented anogenital injuries in the victims, based on data from 2,799 cases.

Data on the nature and documentation of anogenital injuries beyond 24-48 hours after a sexual assault are limited, and 72 hours generally is suggested as the maximum time after the assault to document anogenital injuries, Catherine Burger, a medical student at Michigan State University, Grand Rapids, and her colleagues said at the annual meeting of the American College of Emergency Physicians.

The researchers reviewed data from consecutive female patients aged 13 years and older who presented to the community-based Sexual Assault Nurse Examiner program—funded by the Michigan Department of Community Health—during a 10-year period. Their goal was to analyze how the types, location, and frequency of anogenital injuries related to both the victim's age and the time from assault to examination. The researchers also looked for demographic factors that might be linked to the delay in seeking care. A total of 1,192 patients were 19 years or younger (adolescents) and 1,607 were older than 19 years (adults). The results were presented in a poster at the meeting.

A total of 776 victims (26%) delayed seeking medical care for at least 24 hours after an assault. Those who delayed care were significantly younger (20.7 vs. 23.6 years), significantly more likely to have been victimized by a family member or acquaintance (86% vs. 79%), and significantly less likely to report the assault to the police (64% vs. 84%), compared with those who sought care within 24 hours. Adolescents who delayed care were significantly more likely to report alcohol or drug use before the assault, compared with adults who delayed seeking care (58% vs. 47%).

Overall, "the frequency of anogenital lacerations and abrasions decreased from 71% at less than 24 hours to 28% at greater than 96 hours," the researchers wrote.

In both adolescents and adults, the frequency of documented anogenital injuries dropped by about 8% each day after the assault. But at the 72-hour mark, 50% of adolescents and 38% of adults had documented anogenital injuries. Adolescents had a greater frequency of genital injuries, compared with adults across all time periods.

The results suggest that anogenital injuries can still be documented in medicolegal examinations, even at 72 hours after the assault, the researchers said.

The researchers had no financial conflicts to disclose. ■

Study: Pelvic Floor Disorders Do Not Affect Sexual Activity

BY DAMIAN McNAMARA

HOLLYWOOD, FLA. — Women with a pelvic floor disorder do not experience significantly diminished rates of sexual activity compared with unaffected women, based on a study of 505 women older than 40 years.

Only the desire component of the Female Sexual Function Index (FSFI) was significantly lower among women with a pelvic floor disorder, suggesting no notable impact on arousal, lubrication, orgasm, satisfaction, or pain, Dr. Tola B. Omotosho said at the annual meeting of the American Urogynecologic Society.

'Women with pelvic floor disorders were as sexually active as women without pelvic floor disorders when [the results were] adjusted for age.'

"Sexual health is an essential component of a woman's overall well-being," Dr. Omotosho said. "But there remains limited and conflicting information about the impact of pelvic floor disorders on sexual health and well-being."

So Dr. Omotosho and her Fellows' Pelvic Research Network colleagues recruited 505 women older than 40 years from September 2007 to April 2009. The cohort included 308 urogynecology patients with a pelvic floor disorder and 197 general gynecology patients without such a disorder. Participants came from 11 clinical sites in the United States.

Women in the pelvic floor disorder group were older, with a mean age of 56, vs. 52 years in the unaffected group. Although mean parity also was significantly higher in affected women (2.6 vs. 2.1), only age remained significantly different after multivariate analysis adjustment. There were no significant differences in race, body mass index, depression, comorbidity, or relationship status between groups.

The primary outcome measure was the total mean score on the FSFI, where a higher score indicates better sexual function. The mean total score in the pelvic floor disorder group was 23.2, and was not significantly lower than the mean 24.4 score in the unaffected women.

"Women with pelvic floor disorders were as sexually active as women without pelvic floor disorders when [the results were] adjusted for age," said Dr. Omotosho, an ob.gyn. fellow at the University of New Mexico Health Sciences Center in Albuquerque. Dr. Omotosho said she had no relevant disclosures.

Sexual activity in the past 6 months with a male partner was reported by 62% of affected and 75% of unaffected women. This difference was not statistically significant after age was controlled for, Dr. Omotosho said. The lack of a sexual partner was the most commonly cited reason for sexual inactivity. Only heterosexual women were studied because the FSFI is not validated in a lesbian population.

Of the women with a pelvic floor disorder, 75% had urinary incontinence, defined as a score of 1 or greater on the Incontinence Severity Index. In addition, 53% met criteria for anal incontinence, defined as a score of 1 or greater for liquid or solid stool on the Wexner Fecal Incontinence Scale. Also, 30% had at least stage II pelvic organ prolapse based on a Pelvic Organ Prolapse Quantification examination.

The inclusion of only women older than 40 years is a potential limitation of the study, Dr. Omotosho said. A multicenter design and the use of validated instruments were strengths. ■

Oophorohysterectomy May Affect Women's Sexual Functioning

BY DOUG BRUNK

SAN DIEGO — Women who underwent bilateral oophorectomy at the time of hysterectomy reported significantly decreased levels of sexual functioning compared with women who underwent hysterectomy with ovarian conservation, results from a survey of 50 women showed.

The number of women who were orgasmic was lower among those who had bilateral oophorectomy.

DR. PLOURDE

The findings underscore the potential impact of prophylactic ovary removal on women's sexual functioning, Elizabeth Plourde, Ph.D., said in an interview during a post esession at the annual meeting of the North American Menopause Society.

"The potential for loss of ability to respond sexually is a very important consideration for women who are being advised to do prophylactic oophorectomy," said Dr. Plourde, a psychologist in Irvine, Calif., with research interests in the biochemical and structural changes that arise from reproductive organ removal. "They're not really being apprised of the significance."

Dr. Plourde and her associates asked 25 women who underwent hysterectomy with ovarian conservation and 25 women who underwent bilateral oophorohysterectomy to complete the Changes in Sexual Functioning Questionnaire–Female (CSFQ-F) and the Sexual Response Questionnaire–Hysterectomy (SRQ-H). The latter measure was designed for the study to compare the changes in sexual response before and after surgery. The mean age of the respondents was 49 years.

Only women with functioning ovaries, based on their responses to a survey of menopause symptoms, were retained for the hysterectomy-only group, she said.

Compared with women who underwent a hysterectomy with ovarian conservation, those who underwent bilateral oophorectomy at the time of hysterectomy had significantly lower scores in total sexual functioning and in the subscale aspects of pleasure, desire/frequency and desire/interest; the number who were orgasmic was also lower among those who had bilateral oophorectomy.

Significant interactions favoring the hysterectomy with ovarian conservation group were also detected before and after surgery in total sexual functioning scores and in the subscales of pleasure, desire/frequency, desire/interest, and orgasm/completion.

"I redid all of the calculations to make sure that they were right, because the degree of significance between the two groups surprised me," Dr. Plourde said.

There were no statistically significant differences between the two groups of women in the rating of the importance of sex before and after surgery.

"The complexity and multifaceted nature of the human sexual response is demonstrated by the fact that not all the women who had their ovaries removed lost their interest in sex or ability to respond sexually, and not all of the women who retained their ovaries maintained their sexual functioning," the researchers wrote in their poster. "These conflicting results indicate there are other factors that influence sexual functioning and need further research."

Dr. Plourde acknowledged that the small sample size was a limitation of the study. She disclosed no conflicts of interest. ■

To see an interview with Dr. Plourde, go to www.youtube.com/user/ObGynNews#p/a/u/2/xnEfceR4lHs.