

Clinical Image

Scar Formation after Unilateral Pectineal Suspension

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UPS is a minimally invasive endoscopic procedure using a single Ethibond suture to attach the anterior cervix or vaginal vault unilaterally to the pectineal ligament (Figure 1a). The procedure allows anatomical prolapse correction by repositioning the uterus or vaginal vault to its original place within the pelvis [1]. The clinical image demonstrates the effective creation of supportive scar tissue during laparoscopic re-evaluation (Figure 1b). The fibrous scar formation has the capacity to stabilize the permanent result.

In mesh-free procedures for pelvic floor reconstruction such as sacrospinous fixation, the use of absorbable sutures does not affect outcome when compared to permanent sutures [2,3]. One logical explanation for this phenomenon would be the formation of a suture scar. However, the visualization of a suture scar with vaginal prolapse repair is anatomically not possible. One year after Unilateral Pectineal Suspension (UPS), the suture scar can be visualized within the pelvis, following the direction of the previously performed repair.

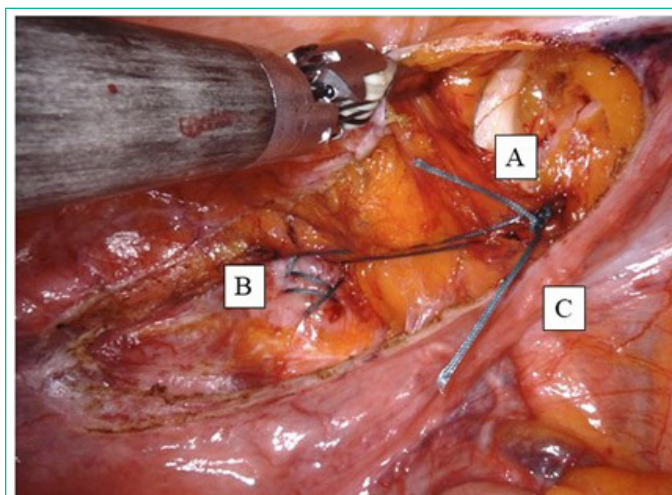


Figure 1: UPS procedure: a single ethibond suture is applied to connect the anterior cervix with the pectineal ligament for anatomical prolapse correction.

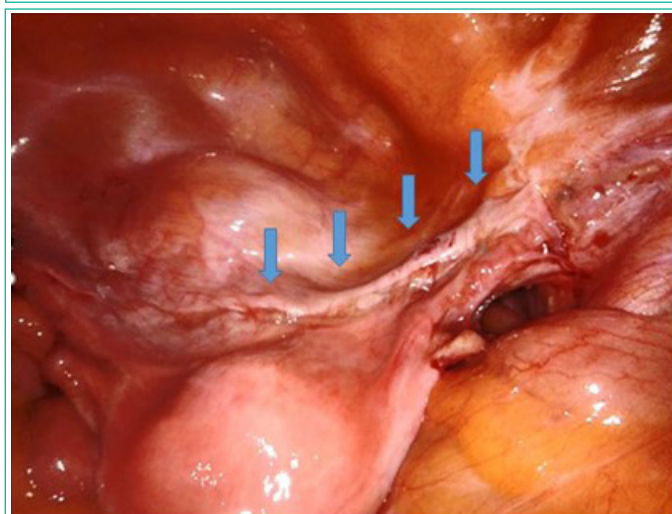


Figure 2: 1 year after UPS a white scar delineates the area where an ethibond suture was previously placed between the pectineal ligament and the anterior cervix.