

Title: Validated questionnaires suggest sexual dysfunction in adult females with a history of anorectal malformation

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Purpose of Study

The psychosocial and sexual well-being of adult women with a history of anorectal malformation (ARM) is largely unknown. This study aims to describe the landscape of sexual function and sexual self-image in this population.

Methods Used

Fifty-two patients met our inclusion criteria of being an adult female ≥ 18 years of age with a diagnosis of anorectal malformation (rectoperineal fistula, rectovestibular fistula, or cloaca). Fifteen patients consented and completed two validated questionnaires: the Female Sexual Function Index (FSFI) and the Female Genital Self-Image Scale (FGSIS). The FSFI is presented as a total score with individual domain scores for desire, arousal, lubrication, orgasm, satisfaction and pain. The FSFI total score ranges from 2 to 36 with a higher score indicating more sexual function. A total FSFI score of ≤ 26.55 indicates relevant sexual dysfunction (specificity=0.733; sensitivity=0.889)¹. The FGSIS is presented as a total score, ranging from 7 to 28 with a higher score indicating a more positive genital self-image.

Results

The participants ranged in age from 21 to 56 with a median age of 34. Twelve patients were included in analysis of FSFI, 3 were excluded as they did not report sexual activity in the last four weeks. The mean of the FSFI total score was 20.7 (± 7.0) and the median was 19.3. The Desire Domain had the lowest mean score of 2.9 (± 1.0) with a range of possible scores from 1.2-6. The FSFI Satisfaction Domain had the highest mean score for a domain at 4.0 (± 1.2) with a range of possible scores from 0.8-6. This cohort (N=15) was found to have a mean FGSIS score of 15.6 (± 4.8) and a median score of 15.

Conclusion

The mean FSFI score of our cohort is suggestive of sexual dysfunction in this population. Challenges with sexual desire or interest seem most prevalent as indicated by the low FSFI Desire Domain score. The higher FSFI Satisfaction Domain score may suggest that these women are experiencing satisfaction with the emotional closeness during sexual activity with their partner, their sexual relationship with their partner, and their overall sex life. The

low FGSIS score in this population, indicating dissatisfaction with their genitalia appearance, is something that providers should be aware of and they should be prepared to discuss these concerns with patients. We are in the process of launching a qualitative study to better understand the experience of women that the FSFI, FGSIS, and other questionnaires cannot capture. Our ultimate goal is to develop a disease-specific measure of sexual function that can better serve this population.

1. Meston, CM, Freihart, BK, Handy, AB, et al. Scoring and Interpretation of the FSFI: What can be Learned From 20 Years of use? *Journal of Sexual Medicine*, 2020; 17(1): 17–25. DOI: 10.1016/j.jsxm.2019.10.007