

Division of Urology

SCHOOL OF MEDICINE

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ANSCHUTZ MEDICAL CAMPUS

Validated questionnaires suggest sexual dysfunction in adult females with a history of anorectal malformation DiFilippo CA, Beltran G, Mosley BS, Sevick CJ, Pyrzanowski J, Johnson G, Bischoff A, Wood D, Alaniz V, Wilcox DT, Buchanan C, Harris KT



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Background

- The psychosocial and sexual well-being of adult women with a history of anorectal malformation (ARM) is largely unknown due to sparse data and data from questionnaires that have not been validated
- ARM are a spectrum of diagnoses that affect 1 in 5000 live births¹
- Surgical improvements in care have resulted in an emphasis on long term outcomes and topics such as sexual well-being in this population

Objective

• This study aims to describe the landscape of sexual function and sexual self-image in this population.

Hypothesis: We hypothesize that women with a history of ARM will have sexual dysfunction and body dysmorphia on validated questionnaires

Methods

- Inclusion criteria: ≥18 years old and a diagnosis of ARM (cloaca, rectovestibular fistula, rectoperineal fistula)
- Exclusion criteria: Cloacal Exstrophy
- 52 patients met criteria, 15 patients consented and completed validated questionnaires: Female Sexual Function Index (FSFI) and Female Genital Self-Ima Scale (FGSIS)

Results

- Age range 21-56, median age 34yo
- Mean total FSFI score (N=12 -> 3 didn't report sexual activity): 20.7±7.0 (higher scores indicate more sexual function)
- Mean FGSIS (N=15): 15.6 ± 4.8 (higher scores indicate a more positive genital self-image)

Conclusions

- Mean FSFI score of this population is below cutoff of ≤ 26.55 (specificity=0.733; sensitivity=0.889)² suggesting relevant sexual dysfunction
- High mean Satisfaction Domain score may suggest satisfaction with emotional closeness and overall sex life

Main Points and Key Takeaway	S Data
 Our cohort of patients, women with 	Total an
ARM, had a mean FSFI score	FSFI To
indicative of sexual dysfunction	FSFI De
The mean FGSIS score for our coho	ISITAN
indicates dissatisfaction with genitali appearance and providers should be	
prepared to discuss these concerns	FSFI Or
 with patients We are addressing the low N for this 	FSFI Sa
study by reaching out to more patier	
who meet criteria	FGSIS 7
 We are in the process of launching a 	
qualitative study to better understand	
age the experiences of this population ar	nd • We
plan to develop a disease-specific	the
measure of sexual function to better serve this population	• We
	invi
	Futu
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Colorado Anschutz Medical Campus	• Ou bet

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a: Total and Domain Scores of FSFI and FGSIS

and Domain Scores (Range)	Ν	Mean	Standard Deviation	Median
Total (2-36)	12	20.7	7.0	19.3
Desire Domain (1.2-6)	12	2.9	1.0	3.0
Arousal Domain (0-6)	12	3.8	1.5	3.6
ubrication Domain (0-6)	12	3.4	2.0	3.75
Drgasm Domain (0-6)	12	3.1	2.3	2.8
Satisfaction Domain (0.8-6)	12	4.0	1.2	4.2
Pain Domain (0-6)	12	3.5	2.5	4.6
S Total (7-28)	15	15.6	4.8	15

itations

e have a small sample size of N=15 (28.8% of the eligible participants completed equestionnaires) which limits the power of the study

e are collaborating with another researcher who has a research registry where were able to identify more eligible participants who we are in the process of viting to participate in the study to get a larger N

Ire Directions

'e are in the process of launching a qualitative study to better understand the operience of women with ARM that current questionnaires cannot capture ur ultimate goal is to develop a disease-specific measure of sexual function to etter serve this population

References:

Levitt MA, Pena A. Anorectal malformations. Orphanet J Rare Dis 2007;2:33. DOI: 10.1186/1750-1172-2-33. 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