

Division of Urology

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO

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



Pediatric Urology Research Enterprise (PURE), Children's Hospital Colorado, Division of Urology, Department of Surgery, University of Colorado Anschutz Medical Campus, Aurora, CO

## 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 births<sup>1</sup>
- 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)<sup>2</sup> 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
<ul> <li>Our cohort of patients, women with</li> </ul>	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
<ul> <li>with patients</li> <li>We are addressing the low N for this</li> </ul>	FSFI Sa
study by reaching out to more patier	
who meet criteria	FGSIS 7
<ul> <li>We are in the process of launching a</li> </ul>	
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
<b>Disclaimers and Acknowledgements</b> The source of funding for this project was provided by Pona	
Research Award, Center for Children's Surgery, University of	of exp
Colorado Anschutz Medical Campus	• Ou bet

Thank you to Dr. Kelly Harris and the incredible research team for all of their contributions.



## 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