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Genitourinary prolapse and joint hypermobility in women **

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Objective

To determine whether joint hypermobility, a clinical marker for connective tissue abnormalities, is associated with genital prolapse.

Methods

One hundred seven women were recruited from a university gynecology clinic. Subjects were examined in the standing and nonstraining positions for cystocele, rectocele, and uterine or vault prolapse. The degree of prolapse was graded 0–3. A separate investigator, blinded to the results of the gynecologic examination and using accepted criteria, evaluated each subject for joint hypermobility. *Results:* Clinical joint hypermobility was found in 39 of 107 (36%) study patients. Subjects with joint hypermobility had a significantly higher prevalence of cystocele (33 of 37 [89%] versus 40 of 69 [58%], $P = .001$), rectocele (32 of 38 [84%] versus 33 of 69 [48%], $P = .0002$), and uterine or vault prolapse (25 of 38 [66%] versus 20 of 69 [29%], $P = .0002$) compared to women with normal joint mobility, respectively. No differences in the prevalence of stress

incontinence were found between the two groups.

Conclusion

Women with joint hypermobility have a significantly higher prevalence of genital prolapse compared to women with normal mobility, which suggests an underlying connective tissue abnormality as one etiology of pelvic relaxation.



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