fluid volume, dependent edema, and pulmonic systolic murmur.[3] Sometimes such simple measures as increased fluid intake can increase maternal plasma volume.

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#### REFERENCES

1. Bubowski R, Gahn D, Denning J, Saade G. Impairment of growth in fetuses destined to deliver preterm. Am J Obstet Gynecol 2001;185:463-7.
2. Goodlin RC, Quaife MA, Dirksen JW. The significance, diagnosis, and treatment of maternal hypovolemia as associated with fetal/maternal illness. Semin Perinatol 1981;5:153-74.
3. Goodlin RC, Dorby CA, Anderson JC, Woods RE, Quaife MA. Clinical signs of normal plasma volume expansion. Am J Obstet Gynecol 1983;146:505-11.

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### Reply

*To the Editors:* We would like to thank Dr Goodlin for his interest in our study. We reported on the high proportion of fetuses with severe impairment of the individual growth potential among ones delivered preterm. We decided not to speculate on the nature of the possible mechanism underlying this impairment because the evidence in this area is sparse and candidate theories are plentiful. Certainly, inadequate maternal volume expansion qualifies as one of the possible mechanisms.

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### Surgical repair of cystocele with mesh by the vaginal route

*To the Editors:* We read with interest the article by Sand et al.[1] This prospective randomized trial studied the efficacy and safety of an absorbable mesh for the surgical repair of cystocele by the vaginal route. The authors concluded that this mesh is safe and effective. Although their study design was excellent, the rate of recurrent cystocele in both groups is unacceptably high: after 1 year, they reported 43% recurrence of grade 2 to 3 cystocele without mesh and 25% with mesh.

Previous studies have shown <10% recurrence of grade 2 to 3 cystocele with no mesh.[2] Furthermore, a mesh should be indicated for some patients with a high cystocele recurrence risk: cystocele of grade 3 to 4 or previous reparative failure. Julian[3] has shown in a randomized study of 24 patients with a 2-year follow-up that a polypropylene mesh (Marlex, Bard Vascular System Division, CR Bard, Billerica, Miss) was more effective than no mesh. In this study, 3 patients of 12 in the mesh group had vaginal erosion within 6 months after surgery, but for 2 of these this adverse effect was easily treated without subsequent consequences. Migliari et al,[4] in other 12 patients, showed a 100% cure rate of cystocele with another polypropylene mesh (Prolene, Gynemesh, Gynecare, Ethicon, Issyles-Moulineaux, France) with a median follow-up of 20.5 months, and with no vaginal erosion.

We have performed in our institution, between October 1999 and March 2001, 36 procedures for cystocele repair by the vaginal route with use of Prolene mesh. All patients had grade 3 to 4 cystocele, according to the Baden-Walker classification, and 2 patients had had one previous reparative failure. Our preliminary results, with a median follow-up of 13 months (range 6 to 23 months), show a 100% cure rate of cystocele. One patient (2.8%) was found to have a 30 × 10 mm vaginal erosion 6 weeks after the operation. We have performed a conservative management by excision of the visible part of the mesh under local anesthesia, with no recurrence of the erosion 1 year later.

We suggest that most recurrences of cystocele should be eliminated using the polypropylene mesh, which has an acceptable risk of adverse effect that is directly dependent on the surgical technique use for the mesh placement.

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#### REFERENCES

1. Sand PK, Koduri S, Lobel RW, Winkler HA, Tomezsko J, Culligan PJ, et al. Prospective randomized trial of polyglactin 910 mesh to prevent recurrence of cystoceles and rectoceles. Am J Obstet Gynecol 2001;184:1357-64.
2. Shull BL, Bachofen CG, Coates KW, Kuehl TJ. A transvaginal approach to repair of apical and other associated sites of pelvic organ prolapse using uterosacral ligaments. Am J Obstet Gynecol 2000;183:1365-74.
3. Julian TM. The efficacy of Marlex mesh in the repair of severe, recurrent vaginal prolapse of the anterior midvaginal wall. Am J Obstet Gynecol 1996;175:1472-5.
4. Migliari R, De Angelis M, Madeddu G, Verdacchi T. Tension-free vaginal mesh repair for anterior vaginal wall prolapse. Eur Urol 2000;38:151-5.

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### Reply

*To the Editors:* We greatly appreciate the letter by de Tayrac and Fernandez regarding our article. Note that our report of recurrent cystoceles to the midvaginal plan and to the hymenal ring included any relaxation of the anterior vaginal wall. This demonstrates the importance of the control group. Clearly, our assessment of recurrent anterior vaginal wall prolapse is far more rigorous than the other report quoted. Please note that no recurrent prolapse beyond the hymenal ring was noted at all in this trial and only 11% of the controls had prolapse to the hymenal ring, with only 3% in the mesh intervention group. These data are certainly consistent with the results previously reported by Shull et all, which you quoted. We also