Pelvic organ prolapse (POP) is a common group of multifactorial gynecological conditions caused by a disruption of the natural support musculature that maintain the structure of the pelvic organs. In normal patients, the levator, muscular complex, and various connective tissues are responsible for maintaining this support structure (1). However, structural alterations can affect the anterior vaginal wall, posterior vaginal wall, uterus, or apex of the vagina leading to POP as anterior and posterior vaginal prolapse, uterine prolapse, and/or enterocele (2).

The effects of POP can range from asymptomatic in nature to urinary, defecatory, and sexual dysfunction. Proper diagnosis can be obtained by following the Pelvic Organ Prolapse Quantification system (POPQ) which ranks stages of prolapse on a scale of 0 to IV. The POPQ allows for a quantifiable evaluation of the measurements of nine areas including the vagina and vulva and their relation to the hymen (1).

The pathophysiology of POP is multifactorial and may occur as a "multiple-hit" process in which genetically predisposed women are subjected to life incidents that result in the development of prolapse. Major risk factors for POP are vaginal childbirth, advancing age, increasing body-mass index, increasing vaginal parity, as well as gravidity and history of hysterectomy (2, 3).

POP is often asymptomatic with occasional patients exhibiting symptoms associated with urinary, defecatory, or sexual dysfunction that can greatly reduce their quality of life. Physical examination of POP should include pelvic and abdominal examination. A Pelvic Organ Prolapse Quantification Examination is advised before POP treatment to objectively evaluate and document the extent of prolapse (4). Treatment options are available for the rare instances when POP leads to complete vaginal eversion (CVE), uterine procidentia (UP), or stress urinary incontinence (SUI).

The patient underwent a complete clinical and uro-gynecological evaluation for her uterine and vaginal prolapses and her urinary incontinence including urodynamic testing. The clinical evaluation and testing suggested that her best chances for condition improvement was to perform a vaginal hysterectomy while attempting sexual intercourse.

Successful treatment:
- vaginal hysterectomy
- pelvic floor physical therapy

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