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COMPARISON OF PELVIC FLOOR DISCOMFORT SYMPTOMS BETWEEN VAGINAL AND CESAREAN DELIVERY WOMEN

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Background: Pelvic floor disorders (PAD) include urinary, pelvic and anorectal symptoms. According to the type of delivery performed, the symptoms become more frequent. It is known that there is a greater risk of developing urinary incontinence and pelvic organ prolapse in women who had a vaginal childbirth when compared to women who had a cesarean section.

Objectives: The aim of the present study was to compare the symptoms of pelvic floor discomfort among puerperal women after vaginal and cesarean deliveries.

Methods: This is an observational study, conducted in two micro-regions in southern Santa Catarina, with 242 primiparous puerperal women aged 18 years or older. Women with up to 12 months of puerperium were selected. The instruments were applied through an online questionnaire. First, the participants were asked about sample characterization data. Afterwards, the Pelvic Floor Distress Inventory (PFDI-20) was used, which evaluates the symptoms of pelvic, anorectal, and urinary discomfort, with higher scores demonstrating more symptoms of PAD. Data were analyzed descriptively and inferentially, with a significance level of 5%.

Results: Analysis in progress.

Conclusion: Postpartum women with normal delivery are more affected by urinary symptoms when compared to postpartum women with cesarean section. It is necessary to conduct studies that seek to create strategies to minimize this type of symptom after vaginal childbirth.

Implications: The lack of national studies on this theme is highlighted, evidencing the importance of its realization.

Keywords: Pelvic floor disorders, vaginal delivery, cesarean delivery

Conflict of interest: The authors declare no conflict of interest.

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ANALYSIS OF MOTOR FUNCTION MEASUREMENT, MUSCLE STRENGTH, AND FATIGUE LEVEL IN INDIVIDUALS WITH MUSCULAR DYSTROPHIES

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Background: Muscular dystrophies (DMs) represent a complex, varied, and important subset of neuromuscular disorders, caused by genetic alterations that result in skeletal muscle degeneration and progressive muscle weakness, generating changes in motor function and directly impacting functionality. Fatigue is a common symptom that prevents adequate muscle contraction and interferes with daily activities, reducing the quality of life.

Objective: To assess motor function, muscle strength, and fatigue in individuals with DM.

Methods: Quantitative and cross-sectional study, carried out in a state rehabilitation center in Goiânia, Goiás, Brazil. and data collection took place between March and July 2022. The research consisted of individuals with a confirmed diagnosis of muscular dystrophy, over 18 years and who attended the neuromuscular diseases clinic of the institution. Motor function was assessed using the Motor Function Measurement Scale (MFM-32), muscle strength using the Medical Research Council (MRC), and fatigue using the Fatigue Severity Scale (FSS). All evaluations were performed by the same, duly trained evaluator. The parametricity of the data was verified using a normalized Q-Q plot and a histogram of standardized residues. Comparison between groups was tested by applying the Analysis of Variance (ANOVA) and Pearson's Chi-square tests. The significance level adopted was $p < 0.05$.

Results: The sample consisted of 66 participants, with a mean age of $35.7(\pm 13)$ years, most of them male 39(59.1%). The sample was divided into three groups according to the presented diagnosis. The group with limb girdle muscular dystrophy (LGMD) was composed of 30(45.5%) individuals, Duchenne Muscular Dystrophy (DMD) 17 (25.8%), and Myotonic Dystrophy type 1 (DM1) with 19(28.8%). The mean found in the MFM-32 score was 54.9 ± 29.5 , with the DMD having the lowest value of 23.5 ± 12.6 with a statistical difference between groups ($p < 0.001$). The MRC presented a total average of 32.4 ± 17.4 with the DMD presenting lower values of 12.8 ± 5.8 with the statistical difference ($p < 0.001$). The general FSS presented a mean of 36.0 ± 13.3 , predominantly classified as moderate in DM1 11 (57.9), without fatigue in LGMD 11(36.7) and DMD and 6(35.3) with no difference between the groups.

Conclusion: Motor function and muscle strength were reduced in individuals with DM, and DMD showed lower values concerning LGMD and DM1, showing greater severity of the disease. Fatigue was not reported in most individuals with LGMD and DMD, however, it was moderate in DM1. **Implications:** This article is innovative in describing the clinical aspects of a rare disease, and the sample size of this study proved to be satisfactory, allowing a more robust and detailed interpretation of the functionality of this population, and enabling better rehabilitation strategies.

Keywords: Muscular Dystrophies, Respiratory Function Tests, Muscle Weakness

Conflicts of interest: The authors declare no conflicts of interest.

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DYNAMIC AND STATIC INSPIRATORY MUSCLE STRENGTH OF CHRONIC QUADRIPLÉGIC PATIENTS UNDERGOING PULMONARY REHABILITATION: A CONTROLLED CLINICAL TRIAL

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