
Article:
Mancuso, E orcid.org/0000-0003-1742-1656, Downey, C orcid.org/0000-0001-9818-8002, Doxford-Hook, E et al. (2 more authors) (2020) The use of polymeric meshes for Pelvic Organ Prolapse: current concepts, challenges and future perspectives. Journal of Biomedical Materials Research - Part B Applied Biomaterials, 108 (3). pp. 771-789. ISSN 1552-4973

https://doi.org/10.1002/jbm.b.34432

List of Figures

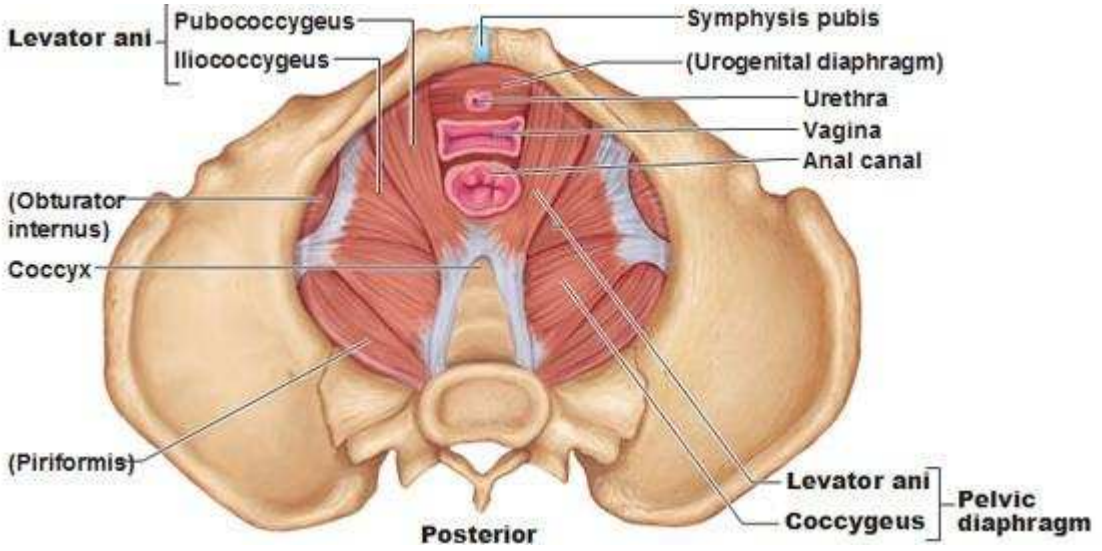

Figure 1: Anatomy of pelvic floor. Source:

https://pittsburghpelvichealth.wordpress.com/the-basics/

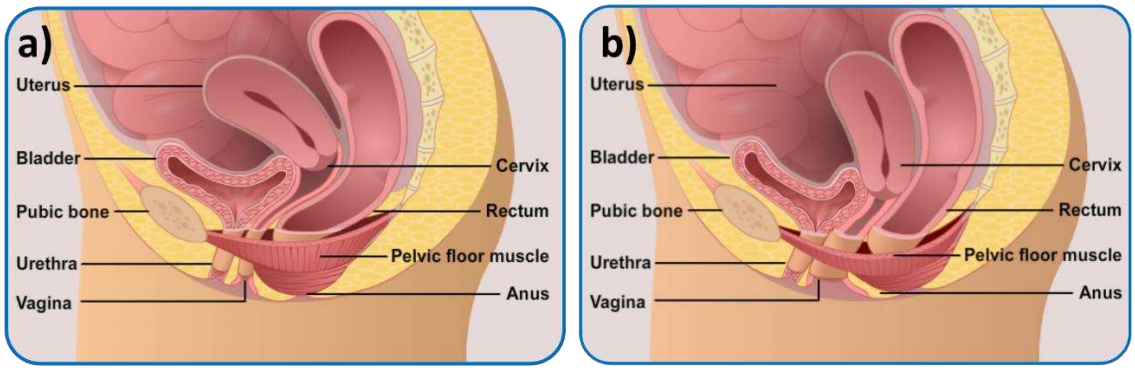

Figure 2: a) Normal pelvic support and b) weakened pelvic support. Source American Urogynecologic Society (https://www.augs.org/).

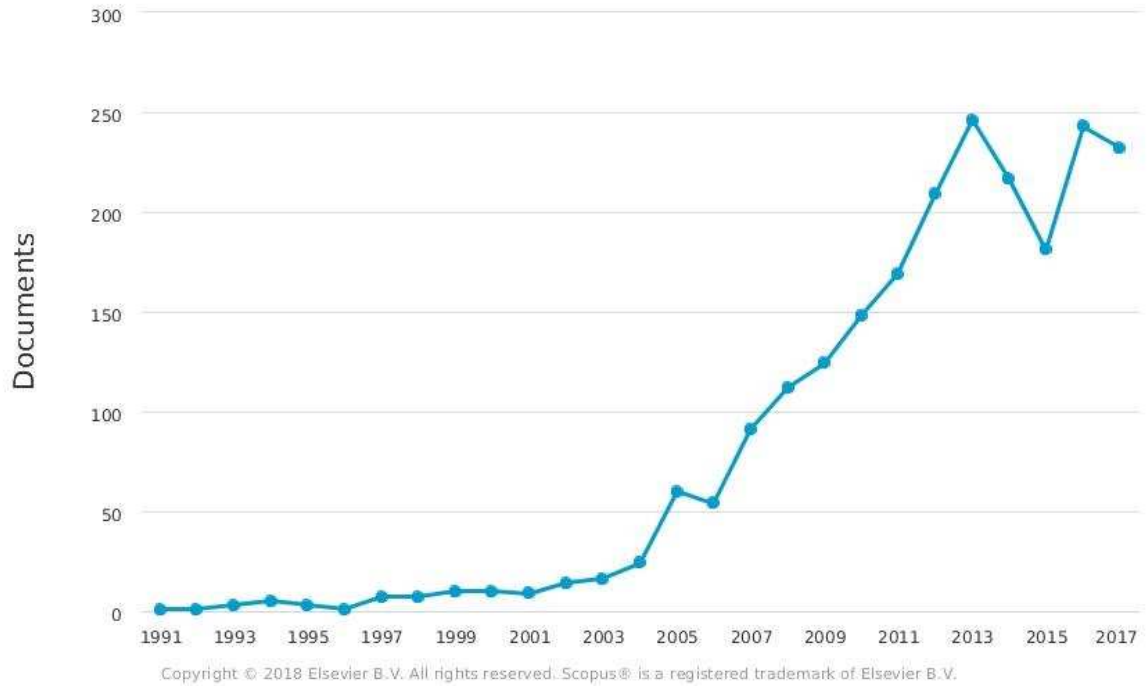

Figure 3: Number of publications indexed in Scopus between 1991 until 2017 for search topic keywords "mesh, pelvic, organ, prolapse".

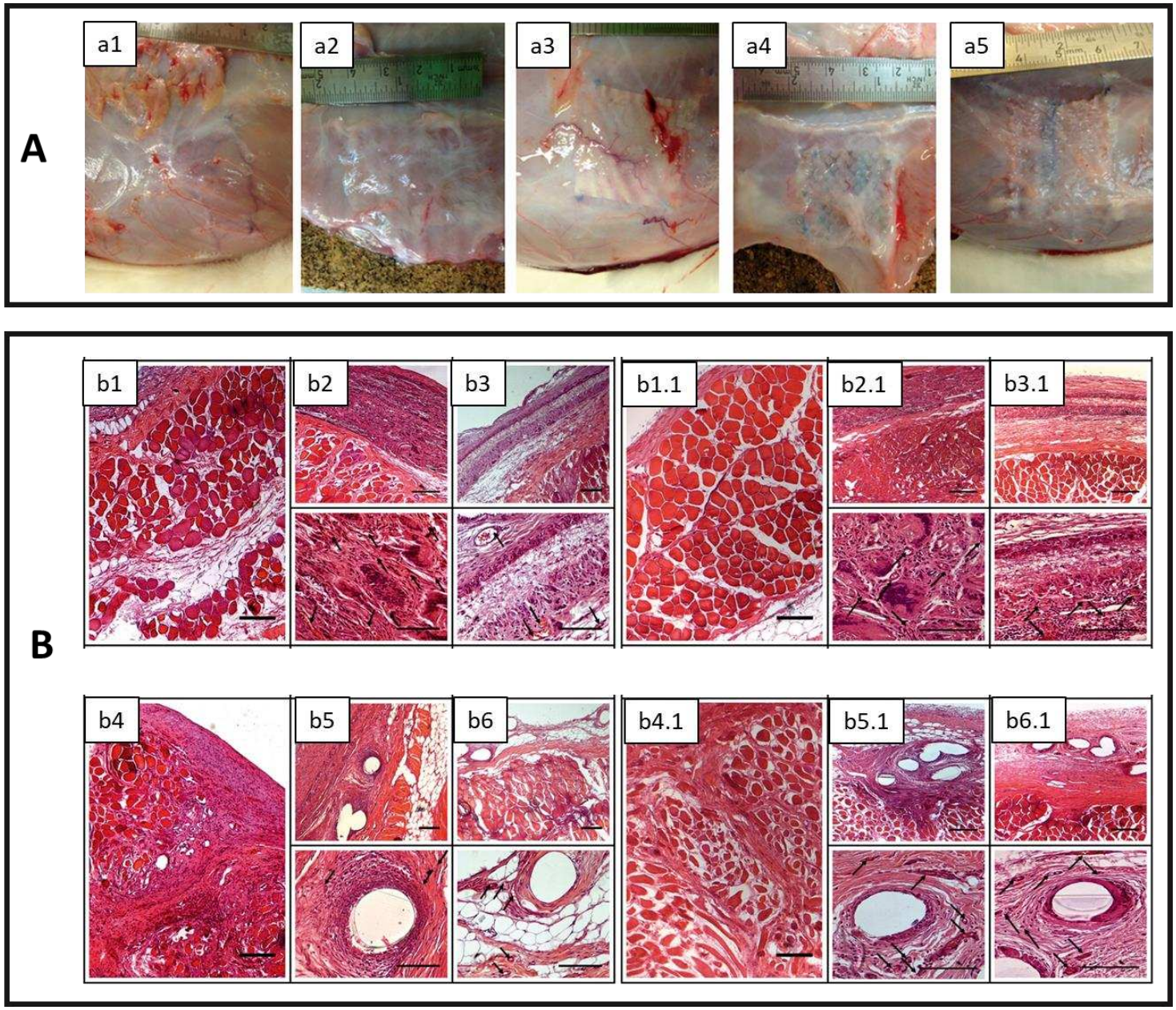
A
a1
a2
a3
a4
a5
B
b1
b2
b3
b1.1
b2.1
b3.1
b4
b5
b6
b4.1
b5.1
b6.1

Figure 4: A) Macroscopic appearance of a1)sham control, a2) PLA, a3) PU, a4) PVDF and a5) PP 90 days after implantation. B) Hematoxylin and eosin staining. b1 and b1.1, healthy abdominal wall; b2 and b2.2., PLA; b3 and b3.1, PU; b4 and b4.1, sham control; b5 and b5.1, PVDF; b6 and b6.1 PP. After 30 days (b1 to b6) and 90 days (b1.1 to b6.1) of implantation. By 90 days of implantation PLA and PU meshes integrated well into host tissue, where more blood vessels were found. In contrast, the commercial PPL and PVDF meshes showed evidence of sustained inflammation (M1 response) with excessive fibrotic tissue formation around the mesh filaments. Figure adapted from [115]**.**