The aim of our study was to set up the parameters, which could be used in the future for objective assesment of posterior vaginal wall descent same as they have been used in the assesment of anterior compartment. We included 42 attendants, 21 with proven descent of posterior vaginal wall; 21 as a control group. We observed the ultrasonographical distance between the most descending point at posterior vaginal wall according to the horizontal line and the inferior margin of pubic bone same as posterior anorectal angle after the intrarectal application of sonographic yelly; both at rest and during Valsalva manévre. Doubleoptional t-test was used for statistical evaluation of the results. Furthermore we judged the demographic features of both groups. We proved the statistic significant decrease in measured distances in the group of patients suffering from the descent compared to the group of healthy women. Values of posterior anorectal angle were significantly highered in the group of patients with the descent. The incidence of descent is related to higher age, higher level of BMI and multiparity in the group of patients. There was also higher incidence of stress urinary incontinence in patients´ group, which had been surgically treated. We obtained no explicit data about influence of menopausal status being an isolated risk factor for development of prolapsed. Statistic significance of the results supports our theory of their for objective evaluation of posterior vaginal wall descent.