

A Case Report on Pregnancy with Third Degree Prolapsed Uterus

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Abstract

Occurrence of prolapse of uterus during pregnancy is an extremely rare event. Less than 200 cases have been reported in the literature till date. Incidence of uterine prolapse in pregnancy is 1 in 5,000-10,000 deliveries worldwide. A woman of 30 years of age G2P2L2 with the surgical history of tubectomy. Patient complained of discomfort while walking and mass per vagina. On examination a globular pink mass descending from vagina was seen. The woman wasn't pregnant, her menstrual cycles were normal and had done tubectomy. There are many etiological factors that could have cause such types of condition but mainly increased pressure in the abdomen such as chronic cough (with bronchitis and asthma), straining (with constipation), pelvic tumors (rare), or an accumulation of fluid in the abdomen Being overweight or obese with its additional strain on pelvic muscles & Major surgery in the pelvic area leading to loss of external support.

Keywords: Vagina, Pregnancy, Prolapse, Uterus.

Introduction

A 30 -year-old G 2P2L2 female was admitted in post Gynaec ward having surgical history of tubectomy. With chief complaints of having discomfort while walking and mass per vagina. Patient is non-smoker and non-alcoholic and is having her menstrual cycles regularly. Patient's vitals were normal. On vaginal examination a globular pink mass descending from vagina was seen. She had 2 pregnancy and 2 live birth which says her uterus was normal before and after giving birth. On patient's lab examination patient hemoglobin levels appeared to be 7g/dl. The patient was advised to go for hysterectomy. Hysterectomy was done and blood transfusion was done before surgery and her final hemoglobin levels after blood transfusion were 12gm/dl. Patient was given conservative treatment like antibiotics, multivitamins and antacids. there were no complications

during the surgery and patient was discharged the 2nd post operative day with advice.

Discussion

Prolapse is the downward displacement of genital organ through the natural urogenital hiatus in the pelvic floor. It is In fact a form of hernia. About half of all women develop mild pelvic floor weakness during their life. It is estimated that about 3% of women have a prolapse that causes symptoms.² There are many complications may occur in prolapsed part, like keratinization of the vagina, decubital ulceration, hyper trophy of the cervix, congestion & oedema, Glandular hypertrophy, obstructive lesion of the urinary tract, infection of urinary tract & renal failure, incarceration of the prolapse, carcinoma of cervix & vagina (rarely).² Several factors can contribute to the weakening of the pelvic muscles, including: Loss of muscle tone as the result of menopause, Pregnancy, Vaginal childbirth, especially if you've had many babies or large babies (more than 9 pounds), Obesity, Chronic coughing or straining, Chronic constipation, Repeated heavy lifting. The main cause of prolapse of the uterus and vaginal vault is failure of supportive ligaments of the uterus, such as Mackenrodt or cardinal ligaments. Often, a combination of these etiologic factors results in pelvic organ prolapse. There are surgical and nonsurgical options for treating uterine prolapse. Bed rest with slight Trendelenburg position is advisable for reposition of uterus and reduction of cervical edema. Perineal hygiene should be advised and in case of cervical ulcerations, local antibiotic application also can be recommended. After reduction of cervical edema, pessary is placed to keep the uterus in reduced position and shouldn't be removed until the onset of labour. Non-surgical options include the insertion of a pessary. A pessary is a removable

device that can be inserted into the vagina to support the prolapsing muscles and organs.

Conclusion

Obstetricians as well as all involved caregivers should be aware of this rare phenomenon, as early diagnosis is crucial for a safe gestation. Conservative treatment of these patients throughout pregnancy can lead to an uneventful, normal, spontaneous delivery.¹ In this case the possible cause of uterine prolapse can be loosening of weakened or damaged muscles and connective tissues such as ligaments allow the uterus to drop into the vagina obesity, severe coughing and straining on the toilet.

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