

Prolapse of Gravid Uterus Through Anal Orifice - A Case Report

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Abstract

A 19-week-pregnant housewife, presented with protrusion of a huge mass through the anus and severe waist pain. The cervix protruded through the introitus while the hyperaemic, tender mass extruded through the anus. She was HIV-II positive.

Operative reduction was achieved with a combined push and pull from the anal area and the abdominal cavity via a laparotomy. Round ligaments plication and anoplasty using Thiersch method were carried out. Postoperative condition was satisfactory. However, she spontaneously aborted on the second postoperative day. Follow-up visits revealed no adverse effect.

Key Words: *Utero-anal prolapse, HIV positive, Thiersch anoplasty, plication* [Trop J Obstet Gynaecol, 2006, 23:181-183]

Introduction

Uterine prolapse is an uncommon complication to pregnancy. Prolapse usually occurs when an organ turns inside out and protrudes through a normal body opening. The reasons for an uterus to prolapse may be as a result of overstretching of pelvic muscles, mismanagement of second stage of labour or following chronic cough. Pelvic floor dysfunction can also precipitate prolapse¹. A prolapsed uterus has decreased blood flow due to constricted blood vessels. This can lead to a permanently devitalised uterus. A prolapsed gravid uterus also endangers the foetal life. We report here a case of an unusual uterine prolapse in a 23-year-old woman. Instead of the known route via the vagina, the 19-week-gravid-uterus protruded through the anus.

Case Report:

Mrs. C. P., a 23-year old unbooked illiterate housewife, who was gravida 3 para 2⁰, presented in the Accidents and Emergency unit of Ebonyi State University Teaching Hospital, Abakaliki on the 16th of October, 2002 with a history of protrusion of a huge mass through the anus and severe prostrating waist pain while defecating. She was 19 weeks pregnant.

Patient had been noticing a bulge through her anus upon defecation for some years. The bulge, initially small, got progressively bigger over the years, though reducible on its own after defecation. After her last confinement in 2000, the bulge had to be digitally reduced each time she defecated. This had continued into this current pregnancy.

At home, all efforts to push the mass back failed as she lay prostrate on the floor in severe pains. She was eventually rushed to our hospital in an excruciating continuous waist pain.

She had no history of chronic cough, weight loss, or chronic diarrhoea but occasional constipation. Her

previous obstetric history was uneventful but deliveries were at home.

There was no evidence of pallor and her cardiovascular and respiratory systems were stable. The abdomen showed no area of tenderness and no palpable mass. Vaginal and rectal examinations revealed the cervix protruding through the introitus while a huge, hyperaemic, oedematous and markedly tender mass, approximately the size of a football, extruded through the anus (Fig. 1, 2).

She received intramuscular pethidine injection. An indwelling Foley's catheter was passed and attempts to reduce the mass in our hospital proved abortive. Arrangements were made for emergency reduction of the prolapsed gravid uterus in the theatre under general anaesthesia. Meanwhile, the mass was covered with saline-soaked gauzes. Urgent haematological tests, urinalysis and renal function tests were normal. She however tested positive for HIV-II.

The surgery was performed by a combined team of General Surgeon and Obstetrician. Operative findings were: Gravid uterus covered by hyperaemic oedematous rectal wall extruding via the anus; uterine cervix protruding through the introitus. Another attempt to reduce the mass was unsuccessful. Success was eventually achieved with great difficulty through a combined push and pull from the anal area and the abdominal cavity via a laparotomy incision.

After reduction, plication of the round ligaments was done. Anoplasty using Thiersch method was carried out (Fig. 3, 4).

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**Fig. 1: Anterior-Posterior View:
Utero-Recto-Anal Prolapse of gravid uterus, four months
gestation with uterine cervix protruding through the introitus.**



**Fig 3:
The gravid uterus reduced back into the abdomen,
the uterine cervix reduced into place and
the extreme laxity of the anus obvious.**



**Fig 2: Lateral View of Fig 1:
The orifice of the unfolding rectum visible**



**Fig 4:
Abdomen closed, anoplasty in place and
Foley's bladder catheter protruding from the vagina.**



Immediate postoperative condition was satisfactory. However, she spontaneously aborted on the second postoperative day. She was commenced on liquid paraffin when she started oral intake. Her subsequent recovery was uneventful and she was discharged on the 13th postoperative day.

She was quite cheerful on her next appointment and had no problem. The anooplasty was still intact without any negative effect on defecation. The follow up period was two years.

Discussion

This type of gravid uterine prolapse, to the best of our knowledge, has not been reported in the literature before now. The only reported one during pregnancy was cervical prolapse².

If the patient had been attending our antenatal clinic, which is free in this part of Nigeria, she might have benefited from an early surgical intervention, e.g. anooplasty and probably round ligament raphing, or sacrospinous colpopexy^{3,4,5,6}.

The prompt surgical intervention helped to prevent major damage to the uterus itself and also to the

intestine. Necrosis and perforation of the rectosigmoid in some cases of rectal prolapse have been reported in the literature⁷.

It is obvious that with the gravid uterus protruding, the birth canal became too small for easy manipulation of the oedematous mass. This necessitated enormous forceful push to effect the reduction. The foetus sustained some injuries and was spontaneously aborted on the second postoperative day.

Infection is known to weaken some organs and HIV infection and other forms of pelvic infections might have contributed in weakening the pelvic floor muscles. This needs to be further investigated.

The young woman is reminded of the need for adequate diet and aesthetic lifestyle for her and her husband to prevent constipation, development of AIDS amongst other things.

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