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A Rare Case of Intestinal Prolapse through Vault after Total Abdominal Hysterectomy

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Abstract: Hysterectomy is one of the most common major gynecological procedures. Small bowel prolapse through vaginal vault defect is a rare complication after abdominal hysterectomy. Furthermore, vaginal vault rupture with the prolapse of the small bowel through vagina during sexual intercourse after abdominal hysterectomy in a pre - menopausal woman is even rarer.

Keywords: vault rupture, intestinal prolapse, post hysterectomy

1. Introduction

Intestinal prolapse occurs when the pelvic organs, supported by various muscles and ligaments, stretch and weaken, allowing the small intestine to shift and fall into the vagina resulting in a bulge in the vaginal canal. The weakening can happen as a result from excessive straining or age causing the pelvic organs to shift from their normal location. Mild cases of Enterocelemay not have specific symptoms. However, in more severe cases patient is likely to notice vaginal discomfort or pain during intercourse and may also notice a tugging sensation in pelvis area or a feeling of pressure or pain. This pressure may also rest on other organs like the bladder causing symptoms of stress incontinence.

2. Case Report

30 – year old woman presented with pain in the perineal region during first sexual intercourse2 months after total abdominal hysterectomy for Dysfunctional Uterine Bleeding. Pain is followed by something coming out of vagina. On examination patient is vitally stable, with evisceration of small bowel of around 60cm, through the vagina during the first postoperative intercourse. Bowel loops are wrapped in sterile saline soaked mop.

3. Surgical Treatment

Patient was taken for emergency exploratory laparotomy, when peritoneum was opened, bowel loops are kept in place and Viability is confirmed. Vault defect of 4 cm was identified through which bowel prolapse occurred and repair was done. Thorough saline wash was given and abdomen was closed in layers. Patient was counselled to avoid squatting position, heavy weight lifting and abdominal straining.

4. Discussion

Enteroceletreatment really depends on the severity of the condition. More mild cases benefit from Kegel exercise that strengthens the pelvic muscle tissues. Women who have experienced menopause, estrogen therapy may be beneficial as it helps keep the pelvic muscles strong. Additional nonsurgical options include inserting pessary supports into the vagina.

5. Clinical Images





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