# Case Report on Elective Lower Segment Cesarian Section for Indication of Previous History of Complete Perineal Tear Repair

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Abstract: Perineal tear is common complication during vaginal delivery, particularly among first time mothers. This case report highlights the experience of 32 year old female patients who presented with history of complete perineal tear repair after er previous vaginal delivery. The patient was diagnosed with G2P1L1, 38 week pregnancy with non severe preeclampsia. Due to her previous perineal tear, an elective cesarian section was planned and successfully performed, resulting in the birth of a healthy baby. This case emphasizes the importance of considering previous complete perineal tear as an indication for elective cesarian section to minimize the risk of further complications.

Keywords: Perineal tear, vaginal delivery, cesarian section, preeclampsia

## 1. Introduction

During childbirth, several women may have trauma to the perineum, a large part of them come to the maternity ward to give birth for the first time [1], and perineal tears are the most common complications during vaginal delivery [2,3]. Based on the anatomical structures of women, perineal tears are injuries to the perineum, vulva, and vagina that occur during vaginal birth [3,4]. Risk factors for perineal tears include high birth weight or macrosomia, shoulder dystocia, instrumental deliveries, and history of perineal tears [5].

## 2. Case Report

32 year old female patient visited to Obstetrics department at TSM Medical College Anora, Lucknow on 9 January 2024 as unbooked case with diagnosis of G2P1L1 with 38 week with non severe preeclampsia with previous history of complete perineal tear repair. Previous delivery was full term vaginal delivery 4 year back at some government institute, after delivery she told that stool was coming through vaginal root during defecation and after examination doctor told that there was defect between vagina and rectum .The defect was repaired after 6 month of delivery. At TSM, Medical college her general condition was good, pulse rate 80 bpm, Blood pressure 130 /90 mmhg, urine protein +1, pallor absent.

On abdominal examination – Uterus 36 week, longitudinal lie, cephalic presentation, FHS +/140 bpm regular, uterus relaxed. On per speculum- cervix closed, posterior, vaginal mucosa intact.

Elective LSCS planned for indication previous history of complete perineal tear repair.

Lscs was done on 10 january 2024 with delivery of healthy live baby with APGAR 8, 9, 9.

Patient was discharged on 5<sup>th</sup> post operative day. With healthy condition and injection depot medroxy progesterone given to patient as a method of contraception.

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