Original Research Paper

Volume - 12 | Issue - 12 | December - 2022 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Obstetrics & Gynaecology

ANNULAR CERVICAL DETACHMENT -A CASE REPORT

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ABSTRACT Annular detachment of the cervix is the total circular separation of the anterior or posterior lip of the uterine cervix during or immediately following delivery or late abortion. Sometimes both lips are separated. Annular detachment of the cervix is a very rare complication usually in primigravidas and in patients with prolonged labour. A case of spontaneous annular detachment of the cervix discovered immediately following delivery is discussed with its possible aetiology, treatment and outcome.

KEYWORDS :

INTRODUCTION

Annular detachment of the cervix is the total circular separation of the anterior or posterior lip of the uterine cervix during or immediately following delivery or late abortion. Sometimes both lips are separated. Annular detachment is thought to occur once every 11000-14500 deliveries , but most probably is even less frequent.

A case of spontaneous annular detachment of the cervix discovered immediately following delivery is discussed with its possible aetiology, treatment and outcome.

CASE REPORT

A 28 year old women G4A3 with 38 week 5 days gestational age,admitted to labour room in active phase of labor. She had been having contractions for 9 hours with normal duration and amplitude.

Past obstetric history included 3 spontaneous second trimester abortions and underwent dilatation and curettage for all the three. She underwent cervical encerclage at 14 weeks of gestation in present pregnancy and got it removed at 37 weeks gestation.

Five minutes after admission to the delivery room, a healthy female infant was born by spontaneous delivery weighing 3115 g. Apgar score at 1 minute was 9. The placenta was spontaneously delivered 10 minutes later. No vulvar tears or lacerations were found but examination revealed cervical tissue 2 cm thick that was detached from the base of the cervix from the 11 o'clock position anticlockwise to 1 o'clock. The tissue at 1 o'clock remained attached to the adjacent cervical tissue while the tissue at 11o'clock was completely detached, creating a band of cervical tissue that extended 7 cm from the cervical canal towards the introitus. The tissue appeared healthy without evidence of devascularization. Systematic repair with interrupted sutures using 2.0 vicryl was used to reattach the cervix.Haemostasis secured.

The patient was debriefed in the immediate post-partum period and experienced an uneventful postnatal course and discharged on 5th postnatal day. Counselling and recommendations for future pregnancy included the need for prenatal cervical length ultrasound monitoring with consideration for cervical cerclage given the potential for cervical incompetence and an elective caesarean section to avoid the risk of recurrence of cervical tear.

DISCUSSION

Annular detachment of the cervix is a very rare complication in modern obstetrics. Several mechanisms for annular detachment of the cervix have been proposed:

(1) Strong uterine contractions drive the presenting part, usually the vertex, against a resistant cervix. The excessive pressure impairs circulation in the distal cervix and if the labor is prolonged, the effacement leads to cervical necrosis, further downwards pressure exerted by the presenting part causes annular cervical detachment
(2) The anterior lip of the cervix is entrapped between the descending fetal head and the symphysis pubis. The continued pressure causes ischaemia, and consequently annular detachment of the cervix;
(3) The cervix is displaced forward during delivery, and the posterior lip is sacculated. The separation most likely begins posteriorly, where the tissues are excessively thin and under tension
(4) The combination of a prolonged labour and the presence of an old cervical suture inadvertently left in place leads to annular detachment of the cervix
(5) The use of oxytocin, which causes strong uterine contractions, or suction cup application leads to this complication
(6) In multigravidas, the parturient bears down before full dilatation, causing oedema and ultimately impaction of the cervix.
(7) A damaged or scarred cervix from previous deliveries (instrumental or surgical) or surgery (conization, cauterization, cervical suture) or fenestration of the cervix is more prone to annular detachment under continuous pressure, especially at the vesicovaginal junction.

In this case, previous cervical encerclage could have been the triggered cause.

Unlike longitudinal tears of the cervix, annular detachment of the cervix is not associated with profuse bleeding because the blood vessels of the detached area are thrombosed when the detachment occurs or is discovered. Hence, there is no need for homeostatic sutures. If the detachment is not complete, the detached stump should be excised and homeostatic sutures placed over the point of excision Late complications of annular detachment of the cervix include secondary dysmenorrhea and puerperal infection but these are very rare. However, future childbearing may be impaired and the risk of premature delivery and spontaneous abortions is increased . Pregnancies following detachment of the cervix may be managed by caesarean delivery.

CONCLUSION

Prevention is the key to annular detachment of the cervix by early recognition and early treatment of cervical dystocia. When conservative management fails, caesarean section may serve as a good preventive measure. In conclusion, annular detachment of the cervix is a very rare obstetrical complication which appears grave on diagnosis but is rather benign in terms of treatment and future outcome. Greater clinician knowledge and awareness of this condition and its predisposing factors will lead to its more efficient prevention, and better management and improved prognosis.