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General Surgery

A RARE CASE OF PNEUMOPERITONEUM DUE TO VAGINAL VAULT TEAR- CASE REPORT

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ABSTRACT Post coital vaginal rupture is a rare but well documented complication of hysterectomy. Evisceration of small intestine, vaginal bleeding and pelvic pain are common presenting features which occur during or soon after intercourse and the diagnosis is self evident[1] . We reported a case of post coital vaginal rupture presented with pain abdomen in department of general surgery, shanthiram medical college, Nandyal.

KEYWORDS : Coital injury, Hysterectomy

INTRODUCTION :

Post coital vaginal rupture in the literature are limited to cases involving women who are post menopausal, have recently undergone pelvic surgery, or have suffered genitourinary trauma[2]. In contrast, a comprehensive literature review in 2002 published by Ramirez and Klemer ,picked up 59 cases of post- hysterectomy vaginal evisceration.37 had prior vaginal hysterectomy and 19 had prior abdominal hysterectomy and 3 had laproscopic hysterectomy. Majority of these cases occurred in postmenopausal women.[2] Coitus was the most common causative factor for significant vaginal vault trauma in the premenopausal patients, and increased intrabdominal pressure in post menopausal women. A more focused enquiry and preoperative vaginal examination in our patient may have revealed the diagnosis.

CASE REPORT :

A 28 years old female presented to the casuality with complaints of pain abdomen, acute in onset present in the right lower abdomen and associated with non projectile and non bilious vomitings and had a history of bleeding per vaginum 1 episode in the early morning. She underwent 3 LSCS in the past and hysterectomy 5 months back. On examination she had tachycardia and RIF tenderness. Per Abdomen guarding present , tenderness noted on the RIF and right hypochondrium with empty rectum in PR and gloves stained with blood on per vaginal examination, erect X ray showed air under diaphragm , ultrasound of abdomen showed inflamed appendix with leukocytosis.

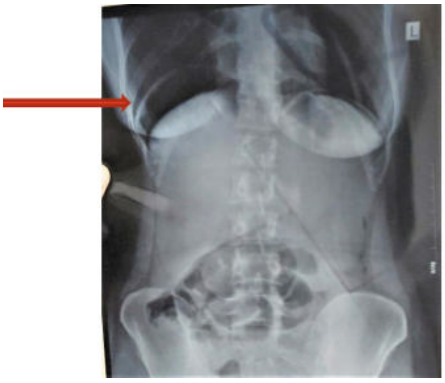

Fig1: Showing Air Under Diaphragm

Considering air under diaphragm, an explorative laparotomy was done. An inflamed appendix is identified and appendectomy was done. A thorough examination of stomach, small bowel, and colon failed to identify a perforation. A closer inspection of pelvis revealed a perforated vaginal stump with localized adhesions. The vaginal stump defect was closed with absorbable sutures. After surgery she confirmed that her symptoms had started after the act of coitus.

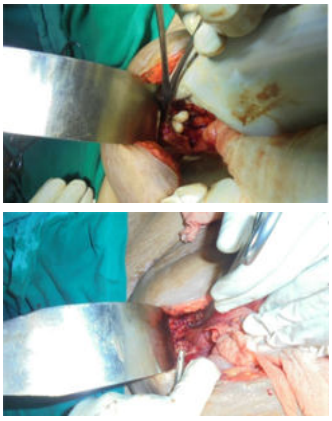

Fig 2: showing vault dehiscence. Fig 3: Vault closure

DISCUSSION :

Rupture of vaginal vault is a rare but well recognized complication of hysterectomy, independent of surgical approach. It can occur during the first postoperative act of intercourse, within months of surgery or as late as 15 years after surgery[3]. Patient with post coital vaginal rupture usually present within 24 hours of event and report a direct association with sexual intercourse. Evisceration of the small bowel, pelvic pain and vaginal bleeding are common features and make diagnosis self evident . Our case had presented within hours after the act of coitus. She concealed the information about the onset of symptoms coinciding with act of sexual intercourse. We have reported this case to highlight vaginal vault rupture as a rare but not a possible cause of generalised peritonitis in this subgroup of women. Where no other cause is evident, a focused gynaecological history and examination should be obtained to aid diagnosis and direct management under the appropriate surgical team [4]. One should be aware of this rare cause of pneumoperitoneum and peritonitis as the preoperative diagnosis may be easily missed and may even miss the diagnosis intraoperatively, resulting in a negative laparotomy.

CONCLUSION :

Prolapse or evisceration of bowel loop or through the vaginal vault is rare but serious complication of hysterectomy operation[5]. Proper closure of the vault with delayed absorbable suture, prophylactic antibiotics, regular post operative follow up and observation of abstinence till complete healing of the vault can reduce the incidence

of this condition. It requires surgical intervention to reduce morbidity and mortality.

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