Original Research Paper

Volume - 13 | Issue - 11 | November - 2023 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Obstetrics & Gynaecology

CASE REPORT ON COMPLETE PERINEAL TEAR AND SUCCESSFUL RECOVERY AFTER REPAIR

Dr Ani Chandanan Associate Professor, Obstetric And Gynaecology Department Tsm Medical College, Lucknow

Dr Mamta Arora Assistant Professor, Obstetric And Gynaecology Department Tsm Medical College, Lucknow

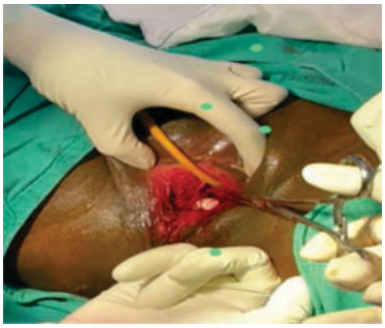
KEYWORDS :

INTRODUCTION

Obstetric anal sphincter injuries (OASIs) occur in 1–9% of all vaginal deliveries [1, 2] and the rates of fourth-degree perineal tear vary between 0.03–0.2% of all vaginal deliveries .In high-resource communities, the fourth-degree tears are diagnosed at time of delivery and local institution protocols are readily available for their management and repair. However, in many parts of the world, women deliver in local villages with no facilities for emergency obstetric services or infrastructures available to repair obstetric anal sphincter injuries. These fourth-degree tears heal by secondary intention, resulting in total perineal defects .

Case

25 year old patient came to emergency in obstetric department at TSM Medical College with bleeding from vagina following normal vaginal delivery at CHC ,Sarojini nagar lucknow on 2o September 2023 .This was her third delivery and previous two delivery were also normal .On general examination pallor grade 2 ,pulse rate 106 bpm ,blood pressure 1oo/60 mmHg .On per abdominal examination –uterus 20 week ,well contracted .On per speculum examination –Bleeding coming through cervical os,cervical tear present ,complete perineal tear which involve vaginal mucosa ,external sphincter and rectal mucosa .On per vaginum examination –rent felt between vagina and rectum ,uterus of around 20 week ,contracted .Decision of CPT (complete perineal tear) repair was taken.Patient shifted to operation theatre after written consent ,general anaesthesia given by anaesthesia team .Patient kept in lithotomy position ,gentle curettage done ,product of retained bits of placenta removed . Cervical tear stitched then H –shaped insicion given over perineum ,vagina separated from the rectum. The torn end of external sphincter identified . Closure of anal mucosa by rapid vicryl 3-0 and suturing the external sphinter by end to end anastmosis done then closure of vaginal mucosa by vicryl 2-0 .Patient was advised for perineal wound care and kept into antibiotics and stool softner .Patient was discharged on 7 post natal day with healthy wound and good control on act of defecation .At the time of discharge ,she was advised no sexual intercourse for 2 month and subsequent delivery better by cesarian section.



Picture Showing Fingure From Rectum Coming Through Vagina

CONCLUSION

As healing of complete perineal tear possible if repaired timely.

REFERENCES

1. Power D, Fitzpatrick M, O'Herlihy C. Obstetric anal sphincter injury: how to avoid, how to repair: a literature review. JFP. 2006;55:193–200. Google Scholar
2. Marsh F, Rogerson L, Landon C, Wright A. Obstetric anal sphincter injury in the UK and its effect on bowel, bladder and sexual function. Eur J Obstet Gynecol Reprod Biol. 2011;154:223–7. Article Google Scholar