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ADVANCED CERVICAL PROLAPSE IN HIGH-RISK MULTIPAROUS PREGNANCY: A MULTIDISCIPLINARY CASE APPROACH

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ABSTRACT Cervical prolapse during pregnancy is a rare and challenging condition, particularly in multiparous women due to weakened pelvic structures from repeated pregnancies. We report a case of a 35-year-old multiparous woman (G7 P5103) presenting at 37 weeks gestation with 3° cervical prolapse and a history of recurrent adverse outcomes. With a previous LSCS complicating the delivery plan, and a failed attempt at VBAC due to persistent prolapse the management team opted for an elective LSCS and bilateral tubectomy to ensure maternal and fetal safety. This case emphasizes the importance of a multidisciplinary, individualized approach in managing high-risk pregnancies with cervical prolapse, highlighting the need for early diagnosis, vigilant antenatal care, and a tailored delivery plan to optimize outcomes and provide long-term health solutions for the patient.

KEYWORDS : Cervical prolapse, High-risk pregnancy, Multiparous, Multidisciplinary management

INTRODUCTION

Cervical prolapse during pregnancy is a rare and complex condition that poses significant challenges for both maternal and fetal health. It occurs when the cervix descends into or beyond the vaginal canal, often due to weakened pelvic floor structures. This condition is particularly prevalent in multiparous women, where repeated pregnancies and deliveries contribute to pelvic floor dysfunction. When cervical prolapse occurs in pregnancy, it complicates antenatal care, delivery planning, and postpartum management, necessitating a comprehensive and individualized approach to mitigate risks and achieve favorable outcomes.[1]

This case report presents the detailed clinical journey of a 35-year-old woman with a history of multiple pregnancies (G7 P5103) and cervical prolapse, who was admitted to Dr. Rajendra Prasad Government Medical College & Hospital, Kangra at Tanda (H.P.). Her obstetric history is marked by recurrent adverse outcomes combined with history of a prior Lower Segment Cesarean Section (LSCS) and current presentation of a 3° cervical prolapse posed substantial challenges for the management team.

The management team's decision to perform an elective LSCS with bilateral tubectomy was influenced by the high-risk obstetric profile, the necessity to prevent further prolapse complications, and the need for a definitive solution to the patient's reproductive challenges.

Case Description

A 35-year-old multiparous woman married for 17 years(G7P5103) reported persistent lower abdominal pain was admitted at 37weeks for comprehensive evaluation and management. However, a gynecological assessment revealed the presence of a 3° cervical descent. Despite this, there is no recorded history of treatment for this condition before the current pregnancy. The patient's obstetric history is complex, spanning multiple pregnancies with various outcomes. All conception occurred spontaneously, first being two years after marriage. She gave term birth vaginally at home to a neonate with normal birth weight. During second pregnancy she delivered twins that die 2 days after birth at birth at home One year later vaginally delivered term normal sized baby at home which died three hours after birth preceded by prolonged labor. For fifth delivery, she had undergone LSCS at term due to fetal distress and baby succumbed on the first day due to respiratory complications. Four years later she again delivered normal sixed baby at home. She has history of early resuming to work after delivery(within 2 days). Further, she had exacerbation of prolapsed part in subsequent years that hampered her daily activities. In present pregnancy by the seventh month onwards she had increased discomfort.

Due to her history of a prior LSCS, an attempted VBAC (Vaginal Birth After Cesarean) was considered but ultimately not viable due to persistent 3° cervical descent , the decision was made to proceed with an elective LSCS combined with a bilateral tubectomy to manage her risks comprehensively.Intra operatively no complications were seen and following surgery, the patient was monitored closely in the postoperative recovery area without any complications. There was spontaneous regression of prolapse post operatively.

DISCUSSION

Cervical prolapse during pregnancy is a rare and challenging condition that necessitates comprehensive and multidisciplinary management to minimize complications and ensure optimal outcomes for both mother and fetus. The incidence of cervical prolapse is relatively low, and when it occurs in the context of pregnancy, it can present with numerous complications, including preterm labor, fetal growth restriction, cervical edema, and difficulties in achieving a safe and effective delivery.[2,3]

The choice of elective cesarean section was consistent with findings from similar reports where vaginal delivery was deemed too risky due to the severity of the cervical descent and the potential for obstructed labor or cervical trauma. The decision to perform a bilateral tubectomy during the cesarean section was a strategic choice aimed at providing a permanent contraceptive solution, thereby mitigating the risks associated with further high-risk pregnancies.

This case highlights the importance of preventive measures and long-term management strategies for patients with a history of cervical prolapse. Postoperative pelvic floor rehabilitation, including physiotherapy for strengthening the pelvic floor muscles, is essential in preventing the recurrence of prolapse.

CONCLUSION

This case illustrates the importance of early diagnosis, careful antenatal surveillance, and a strategic delivery plan tailored to each patient's unique risk factors, contributing valuable insights for the management of similar high-risk obstetric cases in the future. Given her history of cervical prolapse, future assessments will focus on pelvic floor rehabilitation. Referral to a physiotherapist for pelvic floor strengthening exercises will be considered. This proactive approach aims to prevent recurrence and enhance her quality of life.

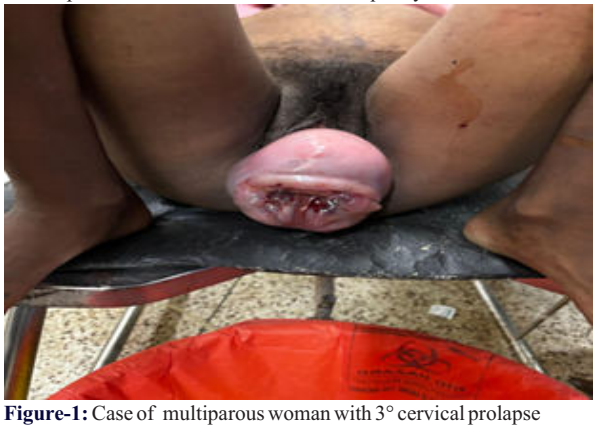

Figure-1: Case of multiparous woman with 3° cervical prolapse

Consent To Participate

Informed consent was obtained from the patient.

Consent To Publish

The participant has consented to the submission of the case report to the journal.

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