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'BURST VAGINA' BOWEL LOOP PROLAPSE YEAR AFTER HYSTERECTOMY

Gynecology

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ABSTRACT

INTRODUCTION: Spontaneous evisceration through the vagina was first described in 1907 by McGregor. To date, only eighty five cases of transvaginal small bowel evisceration have been documented worldwide.

CASE: A 61-year-old postmenopausal woman who was admitted to the emergency department with vaginal herniation of small bowel one year after Laparoscopic Assisted Vaginal Hysterectomy. After examination and evaluation planned for Laparotomy. Laparotomy was done. Retrieved the small bowel loops. Bowel loop was viable. The dehisced vaginal vault closed with polyglactin. Recto-vaginal space obliterated by interrupted sutures. Post operative period was uneventful.

CONCLUSION: Vaginal evisceration after hysterectomy is rare, but can occur. Recognition and repair of enterocele at primary surgery and adequate postoperative rest is important. Emphasis that it is an emergency is crucial.

KEYWORDS

INTRODUCTION

Spontaneous evisceration through the vagina was first described in 1907 by McGregor.[1] To date, only eighty-five cases of transvaginal small bowel evisceration have been documented worldwide.[2] The associated mortality rate is 5.6%; morbidity is higher when the bowel has become strangulated through the vaginal defect.[3]

CASE

We are reporting a case of 61 year old P4L4 hypertensive and diabetic postmenopausal woman with Complaints of mass coming out of vagina and Pain abdomen since two days. She had laparoscopy assisted vaginal hysterectomy 1year ago, elsewhere, for prolapse uterus. No history of Post-op vaginal bleeding, febrile morbidity, Vaginal injury, coitus, Violent cough or constipation. She is a helper in special children at home. On Physical examination she is stable, Abdomen is soft and non tender; bowel movements sluggish. Speculum ex - bowel loops with omentum in vagina; no bleeding; not oedematous or discoloured. (Fig.1)[bowel was covered with saline moist clean gauze]. Eviscerated bowel cleaned with povidone iodine.

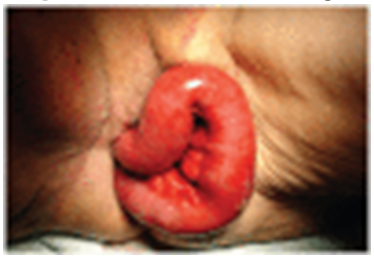

Fig 1:showing eviscerated bowel loops out of vagina.

TREATMENT

Laparotomy was done. Retrieved the small bowel loops (Fig 2). Flimsy adhesions to vaginal vault were noticed and released. Bowel loop was viable. No ulceration or gangrene noticed. The dehisced vaginal vault closed with polyglactin. Recto-vaginal space obliterated by interrupted sutures. Post operative period was uneventful.

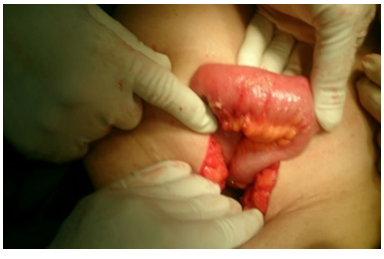

Fig 2:Retreived eviscerated viable bowel loops .

DISCUSSION

Vaginal evisceration is rare following hysterectomy. Of the reported 3/4th are after vaginal hysterectomy. [2] Uncorrected enterocele, coital trauma, postoperative vaginal cuff infection, early resumption to heavy work could be considered as some causes.

In the presented case, possibly unsupported vault (LAVH for Prolapse), early resumption to heavy work may be the triggers. Laparotomy was considered necessary for whole bowel exploration and to be prepared for resection-anastomosis if required.

CONCLUSION

Vaginal evisceration after hysterectomy is rare, but can occur. Recognition and repair of enterocele at primary surgery and adequate postoperative rest is important. Keeping the eviscerated loops covered and moistening from time to time until reaching hospital will save from bowel gangrene. Emphasis that it is an emergency is crucial.

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