ORIGINAL RESEARCH PAPER

Pathology

POST HYSTERECTOMY FALLOPIAN TUBE PROLAPSE INTO VAGINAL VAULT: A RARE COMPLICATION

KEY WORDS:

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ABSTRACT

BACKGROUND Prolapse of the fallopian tube into the vaginal vault is a rare complication of hysterectomy (0.01–0.05%), usually seen after 2 months to 8 years of hysterectomy. Fallopian tube prolapse is a rare complication of hysterectomy (both abdominal and vaginal). It can be misdiagnosed as a neoplastic or mesenchymal lesion of the vaginal vault.

INTRODUCTION

Prolapse of the fallopian tube into the vaginal vault is a rare complication of hysterectomy (0.01–0.05%), usually seen after 2 months to 8 years of hysterectomy. Its incidence has been reported to be 0.5% in vaginal hysterectomy and 0.06% in abdominal hysterectomy. Patients may present with dyspareunia, abdominal pain, postcoital bleeding, or vaginal discharge. On examination, an erythematous small nodule is seen at the vaginal vault resembling granulation tissue. Tubal prolapse can be misdiagnosed as vaginal vault granulation or neoplastic lesion. Histologically, significant angiomyo broblastic stromal response with atypical glandular inclusions of tubal epithelium may lead to misdiagnosis. Awareness of this entity is essential to avoid wrong diagnosis.

ETIOLOGY

Main predisposing factors include:

- Insufficient pre-operative vaginal preparation
- Postoperative fever
- Profuse postoperative vaginal discharge
- Vault hematoma
- Early resumption of sexual activity
- Difficult surgical procedure
- Non-closure of vault
- Intraoperative vaginal drains and packs
- Chronic cough
- Diabetes mellitus
- Constipation
- Steroid use
- Malignancy

CASE PRESENTATION

A 56-year-old female patient from Bangur Hospital, Pali, presented with profuse vaginal discharge and urinary incontinence for 2 months. She had undergone vaginal hysterectomy 2 years earlier. Clinical examination revealed an erythematous nodular swelling on the right side of the vaginal vault. The presumptive diagnosis was granulation tissue of the vaginal vault.

RADIOLOGICAL FINDINGS

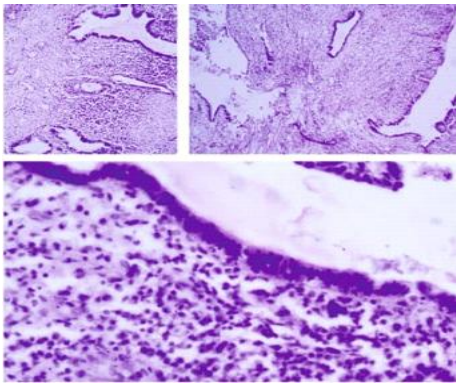
A small hypoechoic lesion measuring **1.5 × 2.2 cm** was noted on the right adnexal region.

GROSS AND MICROSCOPIC FINDINGS

Excised tissue was sent to the pathology department of Government Medical College, Pali, as granulation tissue from the right side of the vault. Grossly, multiple greyish-white tissue pieces measuring altogether **1 × 1 cm** were received and processed. Histopathological examination revealed **features of fallopian tube with granulation tissue**, confirming **fallopian tube prolapse**.

CONCLUSION

Fallopian tube prolapse is a rare complication of hysterectomy (both abdominal and vaginal). It can be misdiagnosed as a neoplastic or mesenchymal lesion of the vaginal vault. Preventive measures include **prophylactic salpingectomy**, **proper vault ligation**, and **suturing of adnexa high up in the pelvis during hysterectomy**.



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