SPONTANEOUS RUPTURE OF THE CERVIX COMPLICATING EXPULSION OF VESICULAR MOLE

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Two cases are here presented of an unusual complication occurring during spontaneous expulsion of a vesicular mole, namely, rupture of the cervix.

So far I have been unable to find references in the literature to such an accident in these circumstances.

It is surprising and worthy of record that cervical tear should occur during the expulsion of a structure so soft and friable as a vesicular mole. It will be observed that the two cases, though similar, differed, in that a different type of injury to the cervix occurred in each.

Case 1

Girl aged 18 admitted on 27th August 1953 at 1 P.M. with a history of vaginal bleeding since 7 A.M. the same day, accompanied by pain in the abdomen, following an amenorrhoea of four months. She was a primigravida. Her general condition on admission was good, the uterus was enlarged up to the umbilicus. Spasmodic contractions were palpated, but there was no external ballottement and there was a doughy feel. Vaginal examination showed the external os tightly closed, no internal ballottement was made out, the uterus was enlarged and soft, and there was only slight bleeding. Blood count and Hb percentage and grouping were done. She was kept under observation. The Aschheim-Zondek test was done and found positive for diluted and undiluted urine.

There was little change until 31st August, when the uterus felt tense and had increased in size up to two fingers above the umbilicus. There was only brownish discharge and the external os was still tightly closed. As the patient's general condition remained good and the pains only slight, it was decided to prolong the period of watching and waiting. On 2nd September, the abdominal pains became almost continuous. The uterus appeared transversely enlarged. The red blood cell count and Hb percentage fell, but the cervix was still conical, i.e. not taken up and the external os closed. On 3rd September the vaginal bleeding increased, as also the height of the uterine fundus. The external os now admitted the tip of a finger. Old dark brown blood clots drained away.

A blood transfusion (300 c.c.) was given and 4 doses of pitocin 2 units

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at 1/2 hourly intervals. Just after mid-day the mole was passed spontaneously, but in order to ensure that it had been completely expelled, vaginal examination was made under general anaesthesia. Some soft tissue was felt adherent within the uterus to the fundus and a speculum was inserted. The true state of affairs was now revealed. A transverse rupture of the posterior cervical lip was detected about 1½"—2" long (and about ¾" from the external os). A portion of the mole was protruding through it and it was removed. The cervix was now seen with the external os still with one finger dilatation and with fairly thick lips.

The rupture was sutured with 5 interrupted catgut stitches and the patient made an uneventful recovery.

Specimen. Vesicular mole weighing 1½ lbs. The vesicles varied greatly in size and a small amount of fleshy tissue was present also.

On November 16th, almost 3 months later, the patient attended the out-patient clinic. Speculum examination showed a transverse scar on the posterior lip of the cervix about ½" long. Otherwise the cervix and the uterus felt quite normal. The Aschheim-Zondek test was found negative.

Case 2

Girl aged 24, primipara, a resident of Kolhapur, was first examined in Bombay on 1st April 1953. Her complaint was continuous bleeding since the spontaneous expulsion of a vesicular mole on March 2nd at Kolhapur. She had been attended at the time by the Civil Surgeon at the Civil Hospital and no instrumentation was done. A fortnight later, i.e. on March 17th, the cervix was cauterized. At the end of March the bleeding still continued and she came to Bombay.

Her general condition was weak and anaemic. The first impression gained on speculum examination (which was difficult and painful due to a narrow vagina) was that there were several mucous polypi on both the anterior and posterior lips of the cervix and there was slight redness at the site of probable cauterization on the posterior lip. On bimanual examination (also difficult and painful) the cervix was small and almost flush with the vaginal vault. Investigation included an Aschheim-Zondak test which came negative.

It was decided to examine the patient under anaesthesia and to proceed to a dilatation and curettage. This was done on 9th April under Sodium Pentothal. Insertion of a vaginal speculum now revealed the true state of affairs. The "Mucous polypi" were really tags of cervical tissue. There was hardly any cervical canal, the internal os was flush with the vaginal vault. There were a number of small radial tears all round the os, and there was one tear deeper than the rest running anterolaterally on the left side. This picture could have been produced by an inability to dilate on the part of the external os at the time of expulsion, resulting in multiple radial tears on the cervical tissue and one deep tear on the left side extending into the left fornix. After healing took place, the cervical tissue remaining was in the form of multiple tags resembling

polypi, only the internal os remaining undamaged.

The scrapings after curettage showed no villi or decidual cells.

After operation the bleeding promptly stopped but there was a mild left parametritis which was treated with penicillin and diathermy.

No repair of the cervix was undertaken as her general condition did not permit.

Discussion

Both patients were in their first pregnancy and the underlying fault seemed to be a failure of dilatation of the external cervical os probably due to neurogenic or functional causes, as there was no fibrotic stenosis.

As to the actual cause of the rupture, in Case 1 the length of labour was greatly prolonged. Surgical evacuation of the uterus might well have been performed early, and it is fortunate that the final outcome was not more disastrous. In case 2, however, there was no history of prolonged pains, and the possibility suggests itself that the mole may have been of a penetrating nature, but it is difficult to conceive that it should penetrate cervical tissue rather than uterine. The Aschheim-Zondak test was also negative when examined within six weeks of the expulsion. There have been numerous reports of rupture of the uterus due to penetrating moles, or during spontaneous expulsion of hydatidiform moles but thus far none of the cervix.

It will be interesting to observe these patients through a subsequent normal labour.