DETACHMENT OF THE CERVIX IN LABOUR

BY

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Detachment of the cervix was first reported by Scott in 1821, but as late as 1947 there were only 54 such cases recorded in literature (Ingraham and Taylor). In 1951, Jeffcoate and Lister reviewed the subject of cervical detachment and reported six further cases including four specimens, not previously described, from the obstetrical museum of the University of Liverpool. The following case is reported because of its rarity and some of its unusual features.

Case 1. Mrs. B. V., a primipara aged 23, gravida II, one abortion of four months one year ago, married three years; was comparatively well throughout her pregnancy and had attended the antenatal department on three occasions prior to the onset of labour. The expected date of confinement, as calculated according to the last menstrual period, was 29th July 1955. On the occasion of the last antenatal visit, on 27th June 1955, the presentation was vertex I and the head engaged. She was admitted with labour pains, which commenced at 11 p.m. on 30th July 1955. Membranes ruptured at 7 a.m. on 31st July and at 8 a.m. polypoidal structure was seen over the head; this was pushed up by the Sister-in-charge. The infant was born at 8.5 a.m., female 7 lbs. The placenta and membranes were expelled at 8-10 a.m. A speculum examination in the theatre revealed an almost complete annular detachment of the cervix. The prolapsed cervix was hanging through the vulva, being attached anteriorly by a short stump. The detached portion of the cervix was excised. No bleeding, as expected, occurred from the raw edges.

Fig. 1
Posterior and lateral half of amputated cervix from Case 1.

measurements, the blood pressure and urine were within normal limits.

Vaginal examination, made after 48 hours, showed one finger dilatation of the cervix, membranes present; the head at the level of the ischial spines. A vaginal examination, repeated 92 hours after, revealed a cervix two fingers dilated and oedematous. The membranes were absent. Soon after, she delivered a live baby weighing 5 lbs. The vertex was crowned by the ring of cervix.

Puerperium: The patient had slight fever for 4 days; speculum examination on the 10th day showed no cervical projection, its place being taken by a ring of granulation tissue.

Figure 2 shows the amputated cervix, the external os is elliptical in shape, the edges are thick and show 2 or 3 tears. The proximal portion is greatly thinned out and has an irregular frayed appearance the site through which the amputation had occurred.

Case 3. No clinical notes of this case are available.

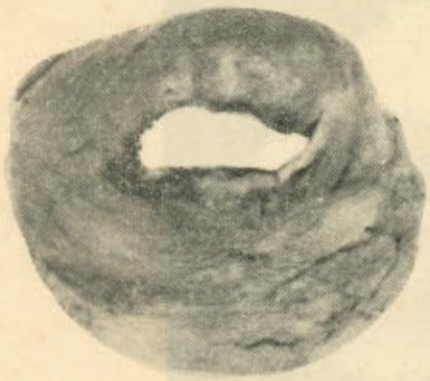

Fig. 3
Amputated cervix from Case 3.

Figure 3 shows the specimen which is described as under in the records of the museum.

Specimen of a partial natural amputation of the cervix. The external os which is about half dilated is elliptical in shape; the edges are thick and their irregularity suggests a parous cervix. The cervical tissue is dark and haemorrhagic in appearance from prolonged compression. The proximal portion has a frayed, irregular appearance. This is the site through which the amputation had occurred.

Discussion. The aetiology, mechanism and treatment of annular detachment of the cervix is discussed at length in Jeffcoate's paper.

Typically annular detachment of the cervix is a complication of true cervical dystocia and it is most likely to occur in primigravidae. Cephalopelvic disproportion is often suggested as an aetiological factor; however the pelvis must be big enough to allow engagement of the presenting part. The presenting part must fit well into the cervix. As a rule, case histories reveal regular and forceful uterine contractions so that the cervix is fully effaced and thin. It is the external os which resists dilatation.

Repeated examinations, both macroscopically and microscopically, have not demonstrated any significant pathological changes in the cervix.

A second group of cases are the multigravidae or primigravidae in whom the cervix is diseased as a result of previous operation or injury, or is the seat of malignancy. To this group our first case belongs. It is an example of a traumatised cer-

vix, the trauma having been inflicted a year ago.

MacMath and Jeffcoate have described similar cases. Jeffcoate's patient was a multipara 37 years old. An old deep laceration divided the cervix into two halves. The onset of labour was spontaneous. A vaginal examination 15 hours later was done as there was evidence of foetal asphyxia and maternal exhaustion. The examination revealed a complete separation of the anterior lip except for thin connecting strand which was later excised.

Meigs has described a case in which the underlying cause was a carcinoma.

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