

PROCEDENTIA AND OTHER MULTIPLE ANOMALIES IN A NEW-BORN

(A Case Report)

by

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Complete prolapse of the uterus at birth is a very very rare anomaly. All efforts at seeking references in the Indian literature proved a failure. The only reference obtained is from Ballantyne who records twelve such cases. In nine of these twelve cases, a lumbo-sacral spina-bifida was present; and in some of the cases a semi-paretic condition of the lower limbs. Ballantyne suggests as other contributing factors — in view of the fact that spina-bifida has not always been present — narrowness of the false pelvis, enlargement of the pelvic inlet and outlet, and defective development of the connective tissue of the pelvis.

Case History

A new-born baby, fourteen hours old, was brought to the Casualty Department of the Sassoon Hospital, Poona, at 10-0 P.M. on 19th of November 1954. It was referred, from a local Maternity Home where the infant was born, for treatment of meningocele.

The history obtained from the note accompanying was that Mrs. S. K., aged 26, delivered normally of her fourth child, in the 38th week of

pregnancy, at 8-0 A.M. that morning at the said Maternity Home. The baby weighed 5 lbs. 8 ozs. at birth and cried well. The previous three children were normal and living in good health.

Physical exam. revealed the following:

The baby was lying on its side with the legs extended and stretched over the trunk because of the bilateral genu-recurvatum. Both the feet showed the deformity of talipes.

There was a meningocele about the size of a lemon at the lumbar region which used to become tense on crying. The most striking finding was the everted vagina with prolapsed uterus and cervix. The prolapsed part had become oedematous. There was a slight prolapse of the anal mucosa as well. The skull, the chest and the abdomen did not reveal any abnormalities.

On the following day when the photograph was taken, the baby had developed a high temperature of 103°F. and the meningocele sac had become lax and soft. The high temperature was attributed to the infected state of the ruptured or leaking meningocele.

The infant expired the next morning, the temperature remaining persistently high in spite of the drastic antibiotic treatment given.

Summary

A case of congenital prolapse of the uterus with lumbar meningocele, bilateral genurecurvatum, and talipes in a newly-born infant is described.

I wish to express my thanks to the Civil Surgeon, Poona, for permitting me to publish the case and to Dr. Shalinibai Tilak F.R.C.S., my post-graduate teacher and guide. I also than kDr. D. N. Patel, M.D., F.C.P.S. for helping me to report the case.

Reference

Birn Baun: Malformations And Congenital Diseases Of The Foetus, p. 232.



Fig. 1
Procedentia in the New Born.



Fig. 2
Procedentia in the New Born.