

PROLAPSE OF AN INCARCERATED RETROVERTED UTERUS THROUGH RUPTURE OF VAULT OF THE VAGINA

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Rupture of the vault of the vagina is occasionally met with after vaginal operations but it is unique to find a spontaneous rupture of the vault of the vagina in the absence of any trauma. Hence this case is being reported.

CASE

Mrs. K, 21 years old was admitted on 26-3-1968, at 2.40 a.m. with a history of four months' amenorrhoea and a mass coming down per vaginam since 10 p.m. on 25-3-1968. She had difficulty in passing urine and was taken to a doctor at 8. p.m., in a country boat. She refused examination by the male doctor who suggested catheterisation. The patient was given an injection and a tablet and sent home. At 10 p.m. patient felt like passing urine and she sat in the squatting position and strained. At that time she noticed a mass coming down per vaginam.

She had four full term normal deliveries in quick succession, the last childbirth being one year ago. She had no vaginal operation, no difficulty in passing urine or any history of a mass coming down per vaginam. No history of sexual or external trauma could be elicited.

On examination the patient was found to be anaemic. Her haemoglobin was 50%. Tongue was dry. Her pulse rate was 72 per minute, B.P. 120/80. About 200 c.c. of clear urine was catheterised. The uterine

fundus, 16 week size had prolapsed outside through the pouch of Douglas which had given way transversely. The tubes also could be seen on either side. There was blood stained discharge per vaginam.

The patient was sedated, and intravenous fluids and antibiotics were given.

On examination under anaesthesia in the theatre the 16 weeks sized uterus was found prolapsed outside, covered with thick mud. The fundus of the uterus had escaped through the rent in the posterior fornix. The anterior vaginal wall was intact. The tubes and ovaries were lying outside the introitus. The rent in the posterior fornix was about 7.5 to 10 cms. long and 1 cm. above the posterior lip of cervix. The vaginal wall and peritoneum were echymotic.

It was decided to do a vaginal hysterectomy as the patient was a multipara with 4 living children, the uterus for menstrual function was ruled out. The question of conserving the pregnancy and retaining the uterus was ruled out for fear of recurrence.

The bladder was pushed up after incising the anterior vaginal wall transversely. Vaginal hysterectomy with right salpingo-oophorectomy was done. The left ovary was left behind considering the age of the patient. Post-operative period was uneventful.

Discussion

This is a unique case of spontaneous rupture of the vault where the aetiology could possibly be as follows: To start with the woman might have had a retroverted incarcerated gravid uterus, which produced the retention of urine for which

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she sought the help of the doctor. The subsequent straining in the squatting position encouraged the fundus of the retroverted incarcerated gravid uterus to come down into the pouch of Douglas and consequently it must have given way.

Vaginal ruptures due to direct trauma especially related to coitus have been published before Diddle (1948), Fish (1956) but few similar lesions in the absence of trauma have been reported. Rupture of the vaginal vault previously reported by Thompson (1948), Fox (1949), Kayser *et al* (1951), Outerbridge (1953), Hayes (1961), have all followed a vaginal repair or hystrectomy. Vault rupture due to sneezing has been reported by Morrison in (1967). Three cases of spontaneous rupture of the vaginal vault in postmenopausal women were reported by Purnell in (1965).

Perusal of the available literature revealed only one case report where an incarcerated retroverted gravid uterus had herniated through the pouch of Douglas. (Sharma and Wakhaloo. 1970). In their case the treatment adopted was abdominal hysterectomy with bilateral Salpingo-oophorectomy Vaginal hystrectomy is a technically difficult procedure when

the size of the uterus is enlarged. But we feel in such a case it is definitely a better procedure.

Summary

A case of spontaneous rupture of the vaginal vault in a pregnant woman resulting in herniation of gravid uterus. is reported. Probable mechanism and treatment are discussed.

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See Fig. on Art Paper I