

AN UNUSUAL DELAYED SPONTANEOUS ANNULAR DETACHMENT OF THE CERVIX — POST CAESERIAN

(A Case Report)

by

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Introduction

Spontaneous annular detachment of the cervix in prolonged labour is very rare. Ghosh *et al*, (1973) reported only one case in a review of available literature of the last 10 years and Pushpa Kawathekar *et al*, (1976) reported only 2 cases. Our case underwent L.S.C.S. for prolonged labour with acute foetal distress. She had the episode (detachment) on her 24th day of abdominal delivery. This type of accident is never reported earlier and the case thus singles out in its unusual behaviour of the incidence. Moreover, we could have easily missed the accident and the case could have been lost if her stay in the hospital was not delayed because of urinary fistula. In this case the pathogenesis has become a complexity. We have been unduly prompted to report this case because of its isolated nature of the whole physio-pathogenesis.

CASE REPORT:

Mrs. Ng. aged 35 years with 6 living children having the last delivery 5 years back, was admitted as emergency in the R.M.C. hospital

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(Obst. & Gynec.) with the history of having labour pain for the last 30 hours. She gave a history of draining liquor for 24 hours. She was at term.

Clinical Finding: She was of average build and nutrition but looked anaemic and dehydrated. Pulse 90/min; Temp. 98.9°F; B.P. 120/80 mm Hg; all the other systemic examination was found within normal limit.

Obstetrics Findings: Uterus 36 weeks' size in labour, vertex presenting, with head in the brim. F.H.S. occasionally irregular, 140-150/min.

Vaginal examination: Os fully dilated with big caput at 'O' station, membranes absent; liquor with meconium +.

Investigation: Hb. 8 Gm%; Urine N.S.; Blood Group—AB Rh + ve.

Management:

Soon after admission, hydration was maintained and antibiotics started. In view of prolonged labour with acute foetal distress, L.S.C.S. was decided and a male baby weighing 3 Kg. was delivered after about 4 hours of admission. She developed haemorrhagic shock on the same day and spent very stormy night. She recovered well after proper therapeutic measures but she complained of passing urine vaginally. Dye test was negative. She was kept under observation for one more week. On her 24th postoperative day, she had an attack of severe bleeding vaginally and went into shock. In the midst of blood clots removed from vagina, an annular fleshy mass was detected. This was confirmed to be cervical tissue and annular detachment of the cervix was diagnosed. She was given blood transfus-

sion and antishock therapy. She recovered and was discharged home on the 14th day of the accident of annular detachment still having the urinary fistula. She is now doing well on further check up.

Discussion

True, annular detachment of the cervix is a rarity but probable pathogenesis is not due to a single factor as all the cases of prolonged labour with high vertex with absence of membranes does not meet the accident. Moreover, the fit of the head on the cervix is never so tight as to cause all round pressure necrosis and subsequent annular detachment of the cervix (Jeffcoate *et al*, 1952). And it does happen in those cases where no cephalopelvic disproportion exists even in multipara. Further, the theory of pressure necrosis in such cases cannot satisfactorily explain non-occurrence of such incidence in all the cases of prolonged labour with ruptured membranes. In our own experience, hundreds of cases who underwent C.S. were having more than 30 to 40 hours prolonged labour with the absence of membranes, having variable degrees of cervical dilatation, without meeting such accident. Thus, there might be some individual neuro-vascular disparity at the cervical os level or, as for a better explanation of such accidents during prolonged labour. This rare accident of labour had been well documented already by Greenhill (1965); Brown and Brown (1964) and Chassor Moir (1964).

Most authors like Lindgreen and Smyth (1961) and Brown and Brown (1964) consider it inherent among primigravida but our case is a grand multipara with normal vaginal deliveries earlier. The finding of a fully dilated cervix thus excluded any traumatic scarring of the cervix. The unusual symptomatology

like very delayed detachment, simply gives scope for the future to be more watchful and careful on the part of modern obstetricians who are too busy with more sophisticated instruments and commitments.

Summary

A case of annular detachment of the cervix with vesico-cervical fistula in a case of C.S. is described. Available literature has been reviewed. The nature of delayed detachment (on 24th day of abdomen delivery) needs special attention of all obstetricians. Such unusual case has never been reported earlier. This is the only case in our experience in the last 18 years of obstetric practice.

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