DELIVERY THROUGH CENTRAL RUPTURE OF PERINEUM

(A Case Report)

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SUMMARY

A case of delivery through central rupture of perineum is reported. The posterior commissure and the anterior margin of the perineum remained intact (Fig. 1).

Case Report

Mrs. K.D. 25 years old, primipara was admitted for perineal tear sustained during delivery at home. The patient and the attendants stated that she delivered in squatting position. Delivery was not conducted by any trained medical personnel.

On examination, the patient was pale with pulse rate 88/mt regular and B.P. 112/70 mm Hg. The posterior commisure and the skin over the anterior position of the perineum were intact. There was an irregular tear somewhat rectangular in shape occupying the centre of the perineum. The tear was about 2 inches broad and 1½ inches long. The posterior margin of the tear was extending just upto the external anal sphincter (Fig. 1). The posterior vaginal wall was badly lacerated and ruptured. The rent located in the lower part of vagina was communicating from the posterior vaginal wall to the central part of perineum via the rectovaginal space. The cervix and uterus were intact. Rectal examination showed intact anal and rectal mucosa, though a few muscle fibres of external sphincter were found torn and lacerated. On pelvic examination the bony pelvis appeared to be adequate for a normal delivery.

The accompanying photograph shows the perineal tear. A rubber tube was inserted to show the continuity of the rent from the vagina to the perineum. A finger in the rectum shows that it is intact.

Investigations—Hb%—10 gm%, Urine analysis showed nothing abnormal. The patient was Rh positive.

Since the wound was infected, the patient was treated with systemic antibiotics, vitamin B complex, vitamin C and protein. Daily dressing of the wound was done with cetavlon, mercurochrome in spirit and soframycin ointment. The infection subsided in one week. Repair of perineal rest was done under general anaesthesia. The posterior commisure and the anterior part of the perineum were incised to convert the central rupture of perineum into third degree perineal tear and repair was done by the conventional method. The patient was discharged on the 12th post operative day with healed perineal wound.

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See Fig. on Art Paper VIII