Iatrogenic External OS

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A 30 years old woman coming from a village of 24-Paraganas of West Bengal attended Gynae OPD of R.G. Kar Medical College & Hospital, Calcutta in July 1998 with C/o something coming down P/V following last child birth 5 years back. She was P2, Living issue-2 (F), P1-FTND-10 years back, P2-FTND-5 years back; both were home deliveries conducted by untrained dais. During first delivery she had excessive bleeding P/V and had a perineal tear which was left unrepaired. Her menstrual history was normal with regular monthly interval. No abnormality was detected on general examination except mild pallor. Per abdominal examination revealed nothing significant. On per speculum examination-there was mild cystocele, mild rectocele and lax perineum; uterine descent-1^0, cervix-hypertrophied, elongated and directed forwards and seen near the vaginal introitus. On the posterior surface the upper part of the vaginal cervix a transverse oval opening of about 2 cm x 1 cm size with ragged irregular margin was observed. Near the apex of the cervix in the region of the external os a small dimple was found (Fig.1), which seemed to be apparently closed. On bimanual examination- Uterus was NS, AV & both adnexae were normal. The patient was asked to come during next menstrual period. On speculum examination, menstrual blood was found to be coming through the opening situated at the upper and posterior surface of the vaginal part of cervix, not from the dimple situated at the site of natural external os. EUA revealed that when a uterine sound was introduced through the oval opening it could be easily negotiated into the uterine cavity and the length of the cavity upto this oval opening measured about 8cm. On introducing a small dilator through the dimple situated at the site of external os it was found to be patent and the tip of the dilator was seen through the upper opening (Fig. II). From the history and findings it was speculated that during the first child birth which was conducted by an untrained dai, there was a tear over the posterior surface of the upper part of the cervix through which the baby was delivered. Subsequently, this iatrogenic opening was acting as the functional External os. The original External os (looking like nulliparous os as seen in the Fig. I) and the lower part of the cervical canal remained unused in menstruation and in the second child birth. As the patient wanted tubal sterilization Fothergill's Operation was performed making amputation of the cervix at the level of the tear. Abdominal ligation was done at the same sitting. Postoperative period was uneventful and the patient was discharged on 12^{th} postoperative day.

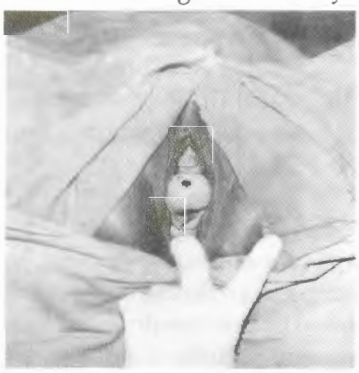

Fig. I : Showing the original external os at the tip of the cervix and the iatrogenic os near the posterior fornix.

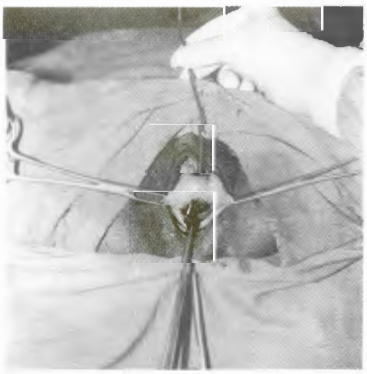

Fig.II : Dilator on passing through the original external os was seen to come out through the old tear.