

## Incarcerated Procidentia With Intestinal Obstruction and Failing Renal Function – (A Case Report)

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Procidentia is an extreme mode of presentation of uterine descent. We present a case of incarcerated procidentia associated with intestinal obstruction, urinary retention and failing renal function.



Fig. 1 : Prolapse.

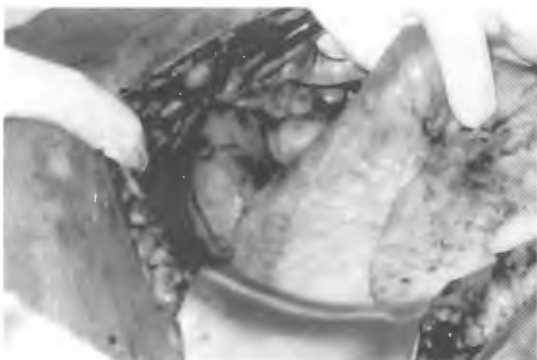


Fig. 2 : Intestinal adhesions.

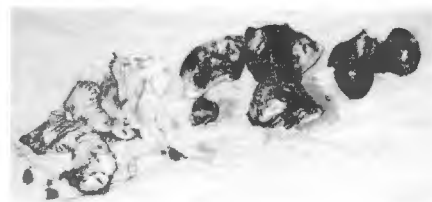


Fig. 3 : Specimen after hysterectomy

A 40 year old multiparous patient came to the outpatient department of the B.Y.L. Nair Charitable Hospital, Mumbai on 28<sup>th</sup> January 2000 with a history of something coming out per vaginam over 15 days, abdominal distention and acute retention of urine for one day. Examination showed a large incarcerated procidentia with no features of decubitus ulceration. Radiography showed features of intestinal obstruction. Ultrasound scan of the area showed a multiple fluid filled mass, a normal sized uterus and bilateral tuboovarian masses. The serum creatinine was 1.2mg/dl on the next day.

On 30<sup>th</sup> January 2000 the patient underwent surgery which included a vaginal approach combined with initial laparotomy to lyse the intraintra-abdominal adhesions and to separate the adherent congested bladder from the prolapsed uterus. Vaginally a total hysterectomy with excision of the T.O. masses was performed. Colpoperineorrhaphy and a right sided therapeutic sacrospinous fixation was also carried out.

The post operative recovery was uneventful and the histopathological report detailed features of oophoritis, salpingitis and cervicitis. The endometrium and myometrium were normal. On the 3<sup>rd</sup> post operative day the serum creatinine was 0.8mg/dl. The patient was discharged after 10 days. She had no complaints when she came for a follow up after one month.