

## Palpable Bilateral Hydronephrosis Due to 3<sup>rd</sup> Degree Uterine Prolapse: A Case Report

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Mrs. G. M. 62 yrs P5+0 post menopausal for 12 yrs attended OPD of Guwahati Medical College for something coming out per vagina for last 4 yrs. On examination, she was found to be hypertensive (160/100 Hg) and there were bilateral cystic masses on both sides suspected to be hydronephrosis. Local examination of the perineum revealed 3<sup>rd</sup> degree uterine prolapse with cystocele and rectocele. Prolapse was reducible with a big decubitus ulcer. Routine blood and urine analysis, blood sugar, creatinine were all within normal limits. ECG was normal and PA view of chest showed hypertensive heart. USG of abdomen confirmed bilateral hydronephrosis which was associated with bilateral hydroureter (upto lower third) and descent of urinary bladder with bladder base at the level of mid vagina. IVP also revealed bilateral hydronephrosis and hydroureter

upto lower third and more on Rt. side without any evidence of calculus and urinary bladder was not seen within the pelvis as shown in the picture (Photo). Patient was admitted on 12-1-1995. Vaginal hysterectomy was done on 19-1-1995 and patient was discharged on 29-1-1995 and the palpable hydronephrosis disappeared within 3 wks of operation. Repeat USG after 3 months showed no evidence of hydronephrosis or hydroureter which proved that genital prolapse was responsible for these changes.

Though these changes of urinary tract are common with genital prolapse particularly cystocele, it is rare to get such big palpable hydronephrosis even with 3<sup>rd</sup> degree uterine prolapse.



IVP showing bilateral hydronephrosis and ureter. Urinary bladder is not seen in the pelvic cavity due to cystocele