

Full Term Pregnancy with Third Degree Uterovaginal Prolapse

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Patient Mrs. R. N. 20, years was admitted in the emergency labour room of Obstetrics and Gynaecology Deptt. Of J.N.M.C. Hospital with complaints of amenorrhoea of 9 months, pain in lower abdomen for 24 hours and something coming out of introitus for 12 hours. She was second gravida with previous caesarean section for nonprogress of labour due to uterovaginal prolapse 2 years back. There was history of nulliparous prolapse. On examination patient was exhausted, dehydrated and in hypovolaemic shock with a moderate degree of pallor, pulse was 120 / mt., B.P. was 90/60 mm Hg, Per abdomen examination revealed tonically contracted uterus of 30 weeks size. FHS was not clinically audible. Local examination showed with third degree uterovaginal prolapse markedly congested and oedematous prolapsed cervix. Through the partially dilated cervix, fetal head and caput were seen bulging (Fig. 1). After initial management of shock and hypovolaemia patient was

anaesthetized with all preparations for laparotomy. Duhrssein's incision at 2 and 10° clock position followed by craniotomy and vaginal delivery of an IUD fetus along with placenta was carried out. Uterus on exploration was found to be intact, previous scar line was also intact and uterus contracted well after giving oxytocics. Reposition of prolapsed part of uterus was done.

Postdelivery patient was given broad spectrum antibiotics and daily dressing of vagina with antibiotic ointment. Patient was discharged well with advice to undergo surgical treatment for prolapse at a later date.



Photograph I: IIIrd degree uterovaginal prolapse with bulging fetal head and caput.



Photograph II: Photograph of the patient on discharge showing site of Duhrssen's incision.