

Successful Pregnancy Following Cervical Reconstruction with McIndoe's Vaginoplasty – Case Report

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Mrs. X, a 23 yrs old primigravida, resident of a village in Orissa, was admitted as emergency at 2.30 a.m. on 9.9.99. She had been referred from a peripheral health centre as a case of 'Primigravida with prolonged first stage of labour'.

She was married since 1 ½ yrs and her previous menstrual cycles were regular. L.M.P. was 29.11.98 & E.D.D. was 5.9.99. She had undergone regular antenatal check up and was immunised against tetanus.

Past surgical history: At the age of 13 yrs. (in 1989) she had been admitted to our department as a patient of cryptomenorrhoea and was diagnosed to have cervico-vaginal agenesis. Mc Indoe's vaginoplasty and cervical reconstruction was done and postoperative dilatation of the newly constructed vagina was advised.

She married nine years later and conceived within eight months of marriage.

General Examination: She was of average body built, afebrile, with mild pallor and no pedal oedema. Pulse rate – 76/min. regular and B.P. – 130/80 mm of Hg. There was a patch of fine scarred area of 12cm x 10cm. over her left thigh.

On abdominal examination the uterus was term size, presentation cephalic, with 2-3 contractions per 10 minutes lasting for 40-60 seconds and adequate relaxation. FHR – 144/min. regular.

P/V- vaginal introitus was patulous. There was

membranous annular constriction admitting two fingers, 3cm away from the introitus. The foetal head was felt above this constriction at '0' station. Cervix could not be felt.

She was diagnosed as a case of obstructed labour due to mid-vaginal circumferential constriction and prepared for emergency caesarean section. LSCS was done and a healthy male baby weighing 3.5 kg was delivered at 4 am. No mullerian defect was detected on intra-abdominal examination. The post-operative period was uneventful.

The patient was re-examined on the 5th post-operative day and the significant post-operative findings were as follows: P/S: an annular constriction was seen at the junction of lower 2/3 and upper 1/3 of the vagina. Keratinised epithelium with hair follicles was present in the anterior vaginal wall for 5-6 cm. The colour of the vaginal mucosa was a deeper hue than normal mucosa. P/V – uterus was retroverted, 8 wks. size, fornices free. Cervix was flushed with the vaginal vault and a mid-vaginal annular constriction felt.

The patient was discharged on the 8th post-operative day. She reported for post-natal checkup on October 21st, 1999 and both mother and baby were fine.

This is an unusual case of non-canalisation of the cervix and vagina, who presented with hematometra, underwent cervical reconstruction and McIndoe's vaginoplasty and ultimately delivered a term male baby by LSCS with an uneventful post-operative period.