



## Vault prolapse - A clinical study

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**OBJECTIVE(S) :** To study the clinical parameters of patients who present with vault prolapse and the modalities of its treatment.

**METHOD(S) :** A retrospective study of 13 cases of vault prolapse seen during the 5 year period from 1999 to 2004 was carried out. The data regarding the clinical parameters like age, parity, symptomatology, POP-Q staging, type of previous hysterectomy and the interval between hysterectomy and the onset of symptomatic vault prolapse were collected and analyzed.

**RESULTS :** The commonest symptom after a mass protruding from the vagina is difficulty in voiding urine. Most patients present with Stage II of POP Q system. The patients are equally distributed about the median value of Stage II (Normal distribution). Greater degrees of vault prolapse follow vaginal hysterectomy, compared to abdominal hysterectomy. The utilization of sacrospinal colpopexy is significantly less despite its various advantages.

**Key words:** vault prolapse, sacrospinal colpopexy

### Introduction

With the availability of better health care facilities and understanding of health issues, women are now having increased life expectancy. At the same time there is an increased awareness about better quality of life with maintenance of sexual function. Pelvic floor disorders will continue to become more prevalent and important health and social issue. Unfortunately the training programs in Gynecology do not emphasize on the study and management of vault prolapse. This study is an attempt to emphasize on the clinical features and management strategies that are prevalent in our set up.

### Methods

A retrospective study was conducted on 13 cases of vault prolapse that were admitted over a 5 year period from 1999 to 2004. The patients are evaluated with respect to age, symptomatology, degree of vault prolapse according to POP-

Q system, associated clinical findings, parity, type of surgery that they had undergone earlier, time interval between hysterectomy and development of vault prolapse, and the various treatment modalities that were tried.

Of the 13 patients one had bladder calculus and underwent surgery for removal of bladder stone along with the corrective procedures for the vault prolapse. The data are collected from previous case sheets and are analyzed statistically and compared with other trials.

### Results

Patients ages ranged from 35 to 65 years, the median age being 45 years. Their parity ranged from one to eight, the median being four. All had vaginal deliveries only. All the patients presented with vaginal mass. Seven patients had difficulty in voiding urine. Pain during voiding, dyspareunia and anal incontinence were associated symptoms in one patient each.

The degree of vault prolapse was quantified according to POP-Q system (Table 1), and each stage was analyzed with respect to the type of hysterectomy that the patients had previously undergone.

As can be inferred from (Figure 1) all symptomatic cases begin from Stage I. Out of the 13 cases five presented in

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Stage II while four each in Stage I and Stage II. We did not observe any patient with Stage IV descent.

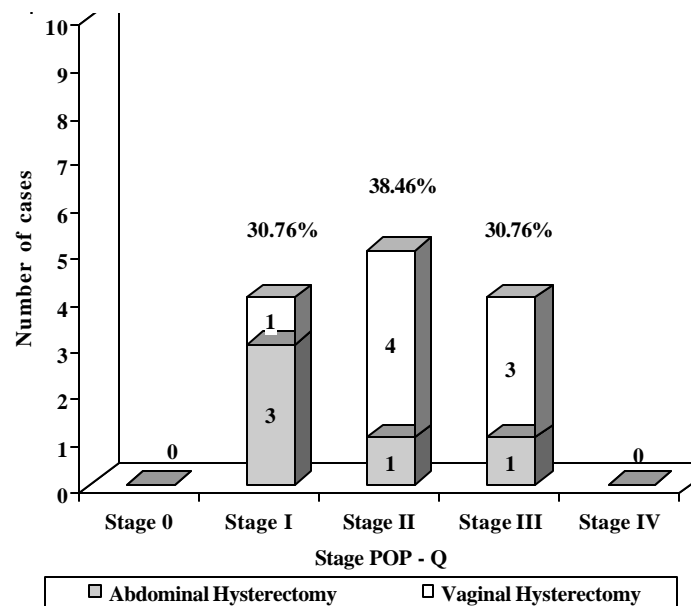
**Table 1. Pop Q Staging**

Stage 0:	No prolapse demonstrated
Stage I:	The most distal portion of the prolapse > 1 cm above the hymen.
Stage II:	The most distal portion of the prolapse < 1 cm proximal or distal to the plane of hymen.
Stage III:	The most distal portion of the prolapse is > 1cm below the plane of hymen but protrudes no further than 2cm less than total vaginal length.
Stage IV :	Eversion of the total lower genital tract is essentially complete.

With respect to the type of the procedure that these patients previously had; vaginal hysterectomy contributed to one out of four cases in Stage I. Most of the four out of five in Stage II and three out of four as Stage III descent. In all out of the 13 cases eight had vaginal hysterectomy and five had abdominal hysterectomy four total and one subtotal. But out of the nine cases in Stage II and III, seven had vaginal hysterectomy.

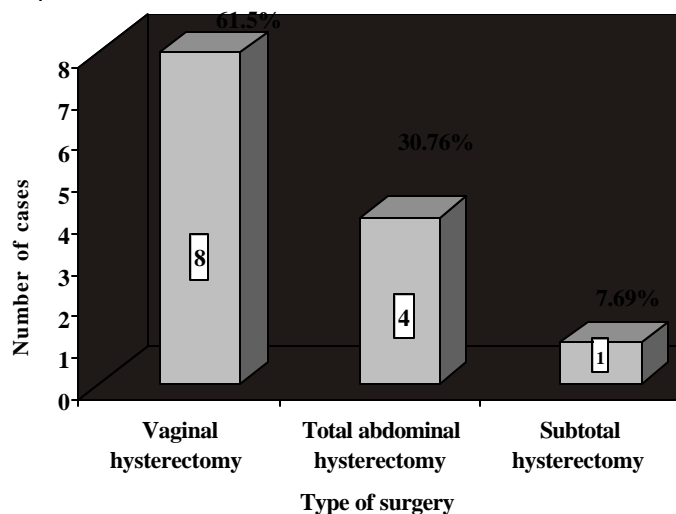
Of the 13 patients seven had cystocele and one had bladder calculus.

The mean interval between hysterectomy and seeking of treatment for vault prolapse was 12.07 (Figure 1).

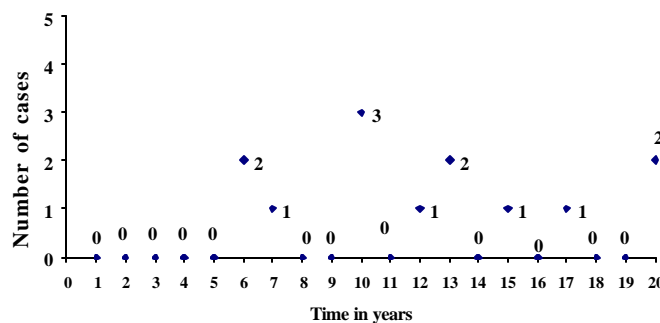


**Figure 1. Staging POP-Q**

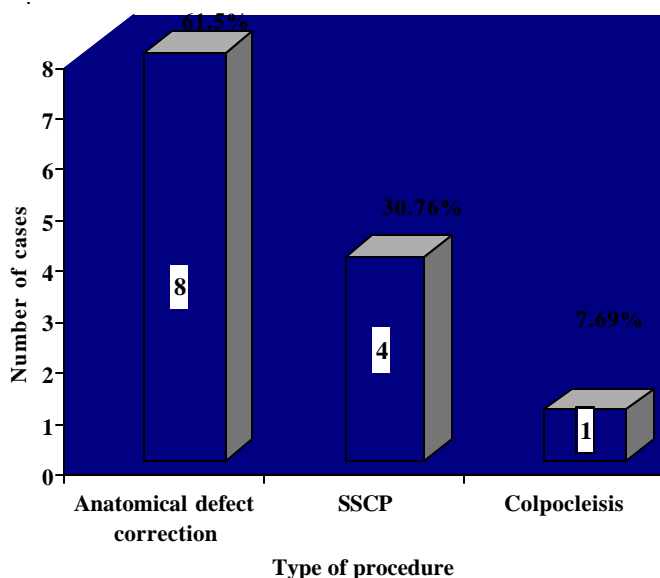
The treatment carried out was excision of the excess vaginal wall followed by correction of the anatomical defects (like bladder buttressing, PFR and enterocele repair) in eight



**Figure 2. Time interval between hysterectomy and seeking treatment for vault prolapse (Mean interval 12.07 years)**



**Figure 3. Time interval between hysterectomy and seeking treatment for vault prolapse (Mean interval 12.07 years)**



**Figure 4. Type of procedures for vault prolapse.**

patients in three out of whom vault suspension stitch was also used. In four patients sacrospinal colpopexy was done and in patient colpocleisis was done.

### Discussion

In our study the commonest complaint after vagina mass was difficulty in voiding . All these patients with voiding difficulty had demonstrable cystocele implying anterior compartmental defect.

Majority of the patients (9/13) presented in Stage II or III. Where the type of hysterectomy is related to the staging of prolapse it is found that of the five who had abdominal hysterectomy three were in Stage I while of the eight who had vaginal hysterectomy only one was in Stage I. This is in agreement with the statement of Swift that the incidence of

vault prolapse was significantly higher in vaginal hysterectomy compared to that in abdominal hysterectomy <sup>1</sup>.

Only four patients out of the 13 had sacrospinal colpopexy. Majority were treated with a procedure involving anatomical reconstruction as was done by Rajmaheshwari and Karthik<sup>2</sup>. Although Sacrospinal colpopexy is a simple and effective procedure it was used less frequently because of more familiarity with other procedures. Sacrospinal colpopexy should be learnt and applied more frequently considering many of its advantages.

### References

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