Case report

Vaginal evisceration in a patient with post hysterectomy vault prolapse managed conservatively with a vaginal ring pessary

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Abstract: Vaginal evisceration (VE) is a rare but potentially morbid gynaecological complication with less than 120 cases1 reported in the literature. We present a case of VE in an elderly woman with a post hysterectomy vault prolapse managed conservatively with a ring pessary.

Key words: Vault prolapse; Vaginal evisceration; Vaginal ring pessary.

CASE REPORT

The patient was a 65-year-old postmenopausal Caucasian female with two previous vaginal deliveries. She was obese with a body mass index of 28,5. Her surgical history included a Total Abdominal Hysterectomy and Bilateral Salpingoophorectomy in 2001. In November 2002 and May 2006, she had vaginal repairs of recurrent vaginal vault prolapse with native tissue.

In January 2010, the prolapse recurred once again, and she was not keen to have any further surgery. A vaginal ring pessary was inserted which controlled the prolapse until the morning of 2 December 2011 - when she removed the pessary to clean it, she noticed the small bowel protruding from the vagina.

The patient was brought into casualty immediately where approximately 30-40 cm of small bowel was confirmed to be protruding through the vaginal vault and out of the introitus. Clinically the bowel appeared viable and she was immediately taken for Laparotomy, at which time the bowel was pulled back through the vaginal vault (which had ruptured presumably due to pressure from the pessary). The bowel was assessed by a specialist surgeon, who declared it viable, thus it was left in situ.

The vaginal vault edges were excised and the vault was closed. An Abdominal Sacrocolpopexy, using prolene mesh, was performed. The post-operative course was uneventful and she was discharged from the hospital on 6 December 2011. There have been no further complaints during the follow-up.

DISCUSSION

Vaginal cuff dehiscence with intestinal evisceration is a very rare gynaecological complication that occurs in post-hysterectomy women. It is a surgical emergency necessitating resuscitation and prompt surgical intervention. The incidence varies from 0,24-0,31%.[1-4] Higher incidences of up to 4,9% are reported to be following Laparoscopic Hysterectomy, especially if the cuff closure is done Laparoscopically, as compared to 0,29% following Vaginal Hysterectomy and 0,12% following Total Abdominal Hysterectomy.[2]

Early recognition and prompt intervention was vital for this case. Any delay in diagnosis and intervention has the potential to lead to significant morbidity and mortality. Important steps to manage this condition are the reduction of the eviscerated vaginal content, assessment of the intestinal viability and excision of the necrotic vaginal tissue, with repair of the vaginal defect.

Abdominal Sacrocolpopexy with synthetic mesh (prolene) to treat the vault prolapse was chosen for this case. The use of synthetic mesh to prevent recurrent vault prolapse at the time of VE repair is supported by the literature.[5]

Ring pessaries have been used for treatment of pelvic organ prolapse, as in this case, successfully for centuries. Over the years, complications have been described: bleeding, vaginal discharge, extrusion of the device, pain, constipation and incontinence.

In conclusion, this is the first reported case where the ring pessary lead to rupture/dehiscence of the vaginal cuff and consequent evisceration of the small intestine into and outside of the vagina. The medical practitioner should consider this complication in his/her patients with pelvic organ prolapse managed with ring pessaries, as any delay in recognising this complication may lead to devastating consequences.

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