



Uterovaginal Prolapse and Cystocele : A Case Study

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ABSTRACT

Pelvic organ prolapse is one of the common gynaecological problems in India among the parous and aged women. Though the pelvic organ prolapse is not life threatening if left untreated it can lead to many social issues and also it reduces the quality of life of a woman. Uterovaginal prolapse is a distressing condition affecting mostly the old age, menopausal women. It is the most common gynaecological condition, affecting a large population of women in both developing and developed countries. Prevalence of uterovaginal prolapse is increasing with increase in life expectancy of women. The treatment is usually definitive surgery doing vaginal hysterectomy with anterior colporrhaphy & posterior colporrhaphy.

Keywords: Uterovaginal Prolapse, Cystocele, Colporrhaphy

1. Introduction

Uterovaginal prolapse is an abnormal protrusion or herniation of pelvic organs from its normal anatomical position in the pelvis, due to the loss of anatomical supports.1 Uterovaginal prolapse is becoming more common as women's life expectancies rise.2 The development of uterovaginal prolapse has been linked to a variety of circumstances.3 When compared to nulliparous women or those delivered by caesarean section, parity and mode of delivery have long been described as important causative factors for uterovaginal prolapse. Women who delivered vaginally had a significantly higher prevalence of pelvic floor disorders than those who delivered by caesarean section. The occurrence of uterovaginal prolapse has also been linked to being overweight.4 Hypoestrogenemia and vaginal atrophy are also major factors in the pathophysiology of uterine prolapse.5

Symptoms of uterovaginal prolapse include vaginal heaviness or a mass protruding through the vagina, urinary symptoms, vaginal discharge, vaginal irritation, ulceration, and bowel movement changes. The most common presenting symptom is a protrusion of mass or heaviness in the vaginal canal, followed by urinary problems, such as cystocele.6

The diagnosis process starts with a thorough examination of the vulva and vagina to look for erosions, ulcerations, and other abnormalities. Suspicious lesions should be biopsied and examined locally using a speculum/bimanual inspection. The stress test of Bonneys evaluates the tone of the pelvic muscles. Rectovaginal examination position for patient-standing and straining, dorsal lithotomy Examine the tone of your pelvic floor.

Uterovaginal prolapse is treated in a variety of ways. For those who want to save their reproductive function, conservative surgery such as Manchester repair is available. Those who have finished their family are given a vaginal hysterectomy with pelvic floor repair, while those who are not fit for surgery are given pessary treatment. Burch procedure to relieve cystocele symptoms.7

2. Case Presentation

A 52 year old female house wife visited KNSH, Shimla Gynaecological department with the complaints of protrusion of mass through the vagina, shorten of breath, burning micturition, discomfort during extensive standing, lifting, coughing and physical exertion, she also had dragging sensation and low backache, she was experiencing these conditions from last 3 months. On physically examining the patient it was found that cervix coming 3 cm outside the introitus, cystocele were present.

3. Past Medication History

She was taking over the counter medication [Tablet Ibuprofen(400mg) BD & Tab. Cefixime(200mg) BD, Tab. Pantop (40 mg) OD] when she experienced protrusion of mass through the vagina, shorten of breath, burning micturition, discomfort during extensive standing, lifting, coughing and physical exertion, she also had dragging sensation and low backache, since 3 months.

4. Past Surgical History

Not significant general and gynaecological surgical history in past.

5. General Examination

Weight: 60 kg

Height: 5 foot 2 inches

BMI: 24.2 kg/m²

Physical activity: dull activity, while performing household tasks she felt discomfort, low backache & protrusion of mass through the vagina.

Special investigations

LFT, RFTS, Ultrasound, Chest X-Ray, MRI, Pelvic flouroscopy, Coagulation Profile

6. Treatment

Tab.Cefixime 200 mg BD, Tab. Ibuprofen 400 mg TDS, Tab. Pantop 40 mg OD

7. Interventions

Vaginal Hysterectomy operation was done.

Patient was advised to avoid mobilisation and take adequate amount of rest.

8. Care Plan

Eat a well-balanced diet – including protein, fruits and vegetables, which will help with healing after surgery.

Drink about 8-10 glasses of fluids a day to keep body well hydrated.

Kegel exercise regularly, used to tone up pelvic musculature. Done 3 times a day for 20 min. each. Avoid strenuous exercises and standing for prolonged time.

Avoid trans and saturated fats, like fats found in butter, margarine, fried foods, snack foods, sweets.

9. Outcome

After the vaginal hysterectomy procedure the patients symptoms were relieved.

Patient was advised to take the prescribed medications .

Patient was advised to visit hospital after 1month for follow up.

10. Discussion.

Uterovaginal prolapse is an abnormal protrusion or herniation of pelvic organs from its normal anatomical position in the pelvis, due to the failure of anatomical supports. It affecting mostly the oldage, menopausal women. Prevalence of uterovaginal prolapse is increasing with increase in life expectancy of women. Clinical features include-vaginal heaviness or protrusion of mass through the vagina, urinary symptoms, vaginal discharge, vaginal itching, ulceration, alteration in bowel movements. Protrusion of mass or heaviness in the vagina has been reported as the predominant presenting symptom, next being urinary complaints i.e. cystocele. Investigations to be done are biopsied local examination per speculum examination/ Bimanual examination Bonneys's stress test evaluation of tone of pelvic muscles, Rectovaginal examination position of patient for examination-standing & straining, dorsal

lithotomy, Evaluate the pelvic floor tone. Conservative surgery like Manchester repair is offered for those who like to preserve their reproductive function. Vaginal hysterectomy with pelvic floor repair is done for those who have completed their family and pessary treatment for, those who are not fit for surgery. Burch operation for relief of symptoms of cystocele

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