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Case Report

CASE REPORT ON PROLAPSE UTERUS COMPLICATING PREGNANCY

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A R T I C L E I N F O

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A B S T R A C T

The uterus is a muscular structure that is held in place by pelvic muscles and ligaments. If these muscles or ligaments stretch or become weak, they are no longer able to support the uterus, causing prolapse. Uterine prolapse occurs when the uterus sags or slips from its normal position and into the vagina (birth canal).

Uterine prolapse during pregnancy is a rare event. Complications resulting from the prolapse of the uterus in pregnancy differ from minor cervical infection to spontaneous abortion, preterm labor and maternal and fetal death. This is a case of stage 3 uterine prolapse during pregnancy in antenatal clinic. The patient had pre-existing uterine prolapse, was treated conservatively with bed rest and adviced for a pessary and had a successful vaginal delivery at 38 weeks of gestation. Conservative treatment of these patients throughout pregnancy can result in an uneventful, normal, spontaneous delivery.

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INTRODUCTION

Case report A 34 year old, gravida 2, woman presented to the obstetrics outpatient clinic at 12 weeks gestation. The patient has a known history of cervical prolapse during the past two years and was diagnosed as Stage 3 She was fitted with a cube pessary for uterine support.

Her obstetric history included a vaccum-assisted vaginal delivery at 28years of age at 38 weeks of gestation. Duration of labor was considered normal. She delivered a male baby with birth weight of 2.9kg with Apgar scores of 7.With removal of the pessary the prolapse was seen but easily reduced. She was advised to continue pessary support with regular removal and cleaning of the pessary. The pregnancy progressed without any complications. The onset of labour started at 38weeks of gestation spontaneously. The cervix was at the level of the introitus, 4cm dilated, with membranes ruptured. The labour process lasted for 5hours and she delivered a male baby with birth weight 2.6kg with Apgar scores of 8.

Pre-existing prolapse is associated with infertility, spontaneous abortions and preterm labor. Many etiological factors may contribute to the development of the disorder during pregnancy. Increased parity, vaginal delivery, advanced maternal age leading to decrease in oestrogen, damage to pelvic muscles during delivery are the most usual causative factors. Bed rest in a slight Trendelenburg position should be advised in order to reduce edema and replacement of the uterus, good genital hygiene is imperative and local antiseptics could be used in case of an ulcerated and infected cervix and, following the accomplishment of reduction, continual use of a pessary is recommended, which should not be removed until the onset of labour. Pessaries are available in a variety of shapes and sizes in order to suit different patients.

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