

Fallopian Tube Prolapse: a rare complication after laparoscopic-assisted vaginal hysterectomy

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Objective:

We are reporting a rare complication of Laparoscopic-assisted vaginal hysterectomy that was identified 7 years after the procedure.

Case Report

A 40-year-old woman with history of chronic pelvic pain, previous five normal vaginal deliveries and no other major comorbidities attended Gynaecology outpatient clinic for review of a lesion on the vaginal vault. She had previously undergone laparoscopy assisted vaginal hysterectomy with ovarian conservation at the age to 33. Urology team referred her after an incidental finding of a query polyp on the vaginal vault noted during investigations for haematuria and suspected urinary leakage. She had been seen after the procedure with pain and vaginal bleeding, granulation tissue was observed at the vaginal vault, which was cauterised. On her second attendance 7 years later, the lesion appeared like a polyp, which was removed with Bonney uterine polyp forceps. Histology result came back as fallopian tube with no evidence of malignancy. She was safely discharged with no further follow up.

Discussion

Prolapse of fallopian tube following hysterectomy is a very unusual complication. Pozzi published the first reported cases in 1902 in French Journal. These were two cases that had such complication following vaginal hysterectomy. Systematic review by Ouldamer et al., included 51 cases with fallopian tube prolapse out of which 70.6% were diagnosed after abdominal hysterectomy, 17.7 % after vaginal hysterectomy, 7.8% after total laparoscopic hysterectomy and 3.9% happened after laparoscopic-assisted vaginal hysterectomy. It has been noted that early sexual intercourse following surgery is likely common factor that increase vaginal vault dehiscence that could lead to fallopian tube prolapse. Patient present with non-specific symptoms; which includes vaginal discharge that could mimic urinary leakage, vaginal bleeding, dyspareunia and pelvic pain. Fallopian tube prolapse could be mistaken for granulation tissue and it should be suspected when polypoidal lesion is seen at the vault post hysterectomy. Diagnosis is achieved by biopsy or removal of the lesion and confirmed with histology.

Conclusion

Early diagnosis of this rare complication could help achieve better management and early relief of patients' symptoms. It has been suggested in the literature that routine salpingectomy during hysterectomy could prevent fallopian tube prolapse and also minimize risk tubal and serous ovarian cancer.



Figure (A):Fallopian tube prolapse mimicking vaginal vault granulation

Ouldamer, Lobna & Caille, Agnès & Body, Gilles. (2013). Fallopian Tube Prolapse after Hysterectomy: A Systematic Review. PLoS one. 8. e76543. 10.1371/journal.pone.0076543.