

Case report - Vaginal evisceration 2 months post laparoscopic hysterectomy in pre-menopausal woman.

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Objective : To report a rare case of vaginal evisceration through the vaginal vault dehiscence, 2 months post laparoscopic hysterectomy and increase awareness of this delayed complication among the gynaecologists.

Discussion:

- Vaginal evisceration is an evisceration of the small intestine that occurs through the vagina.
- Vaginal cuff dehiscence and evisceration of abdominal contents incidence ranges from 0.03% to 0.3% after abdominal or vaginal hysterectomy. This number has recently been reported to be approaching 5% after total laparoscopic or robotic-assisted hysterectomy.
- With reported mortality rate of 6%, evisceration of small bowel through the vagina is a surgical emergency .
- Complications associated with this condition include ischaemia, abdominal sepsis and deep vein thrombosis (DVT).
- Decisions on course of management should be based on patient factors, most importantly on the viability of bowel.

Case report:

41 year lady presented with abdominal pain and PV Bleeding after sexual intercourse following laparoscopic hysterectomy 2 months ago. Abdominal examination normal and on speculum examination showed bowel loops in vagina.

Surgeons review requested - On examination mild suprapubic tenderness noted. On speculum examination bowel loops seen, pink. Requested CT abdomen and pelvis to see for any signs of bowel ischaemia.

CT abdomen pelvis showed grossly unremarkable appearance of the unprepared bowel without any evidence to suggest bowel ischaemia.

Consented for examination under anaesthesia and repair of vault and possible laparotomy. Under anaesthesia cleaned and draped, ovel loops pushed back and Vaginal vault repair under direct vision through vagina with 1 vicryl and haemostasis secured.

Conclusion

- Vaginal evisceration is a surgical emergency, and immediate recognition and surgical repair are crucial for its successful management.
- The appropriate management of evisceration includes a thorough assessment of the herniated viscus and surgical repair of the vaginal defect.
- Transvaginal approach is generally believed to be the least morbid, with primary closure of the vaginal vault if the tissue is healthy.
- Transabdominal assessment can be via laparoscopy or laparotomy, with repair of the vaginal vault essential to prevent recurrence.
- Compared with other types of hysterectomies, vaginal dehiscence was observed at the highest rate after TLH. Studies are needed to define if vaginal opening technique contributes to the risk of dehiscence. The use of barbed sutures does not protect against vaginal cuff separation.