

Successful outpatient loop electrosurgical excision of prolapsed fallopian tube after vaginal hysterectomy

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Objective

This case demonstrates successful loop electrosurgical excision of prolapsed fallopian tube under local anaesthesia as an office procedure, which is especially suitable during COVID-19.

Case report

A 68-year-old woman underwent uneventful vaginal hysterectomy and pelvic floor repair for stage 2 pelvic organ prolapse. She was sexually inactive post-operatively.

Routine speculum examination at 6 months revealed a 2x1cm smooth mass at the left angle of the vault. Avulsion with polypectomy forceps failed. Biopsy showed inflamed granulation tissue. She subsequently developed pain and felt a mass inside the vagina.

Speculum examination 2 weeks later showed a 3x1cm tender polypoid growth. Excisional biopsy was performed with an electrosurgical loop under local anaesthesia. A suture was tied at the base leaving a 1x1 cm stalk behind due to proximity to the left angle with risk of perforation. Histological examination confirmed presence of fallopian tube. She opted for conservative management as she was asymptomatic. The remnant spontaneously resolved after 10 months.

Discussion

Fallopian tube prolapse after hysterectomy is rare [1]. Clinical suspicion and biopsy are key to diagnosis. Systematic review [1] reported surgery as the main treatment strategy. All cases managed conservatively with silver nitrate failed.

Our literature search did not find further successful cases of spontaneous recovery since Ramin et al [2]. A case report in 1950s [3] not included in the systematic review [1] described two successful cases of resecting the prolapsed fallopian tube with a cautery loop.

Our case affirms that this is a feasible strategy. It is an especially attractive alternative as Hong Kong is hit by COVID-19 with full hospital bed occupancy, tight manpower and cancellation of elective operations. Patients could also benefit from the advantages of day procedure.

Conclusions

Although surgery is favoured in recent years, the shortage of resources during COVID-19 even in affluent cities has led to a comeback of a less invasive treatment. This may be the trend until the pendulum swings back when COVID-19 is over.

References

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