

Massive procedentia caused by a prolapsed huge uterine fibroid.

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Objective: We report an unusual presentation of a huge prolapsed uterine fibroids resulting in a massive procedentia. Symptoms were those of severe pain and per vaginal bleeding which has been on for 6 months. These in addition to the dragging sensation had greatly affected her quality-of-life necessitating emergency hospital admission. She was subsequently optimised and had vaginally assisted total abdominal hysterectomy.

Case report: A 60-year-old multiparous lady presented in accident and emergency unit following complaints of pain from prolapsing fibroid and per vaginal bleeding. No history of pelvic infection. Examination finding revealed a prolapsed 10cm subserosa fibroid. Her haemoglobin level was 6.4g/dl at presentation. MRI showed bulky uterus measuring 16.6 x 7.2 x 11.1cm containing large 7.1 x 7.5cm subserosa fibroid. She was optimized with blood transfusion. She had vaginally assisted total abdominal hysterectomy. She was discharged on the second day post operatively.

Discussion: Weakening of the pelvic floor support may result into prolapse of the uterus into the vagina¹. In this case, it will appear that this, in combination with the weight of the fibroid uterus increased the intra-abdominal pressure, resulting into procedentia². The distorted uterine anatomy meant the urologist who were present at surgery were only able to stent the right ureters. As it was not possible to perform vaginal hysterectomy due to the huge, prolapsed fibroid also been intra-abdominal. The mass was palpated up to the pedicles and two Zeppelin's clamps applied. The fibroid removed by diathermising below the clamp. Afterwards, the remaining 14-week size uterus was removed through a four-pedicle total abdominal hysterectomy and bilateral salpingio-oophorectomy. This meticulous approach meant we were able to perform her hysterectomy even when initially it looked impossible.

Conclusion: This case highlight that a fibroid uterus can prolapse and pose operative difficulty. As in this case, deciding pre-operatively on the best approach for surgery will help minimize complications, maintaining optimal patient care and satisfaction.

References:

1. Hansen BB, Svare J, Viktrup L, Jørgensen T, Lose G. Urinary incontinence during pregnancy and 1 year after delivery in. Urodyn. 2012;31(4):475–480.
 2. Babah OA, Afolabi BB, Ayanbode O, Atoki A, Okafor O. Prolapsed submucous uterine fibroid with associated uterovaginal prolapsed, a case report. IOSR J Dent Med Sci. 2014;13:64–7.
- primiparous women compared with a control group of nulliparous women. Neurourol