

Surgical Management of Chronic Fourth Degree Perineal Tear: Case Series

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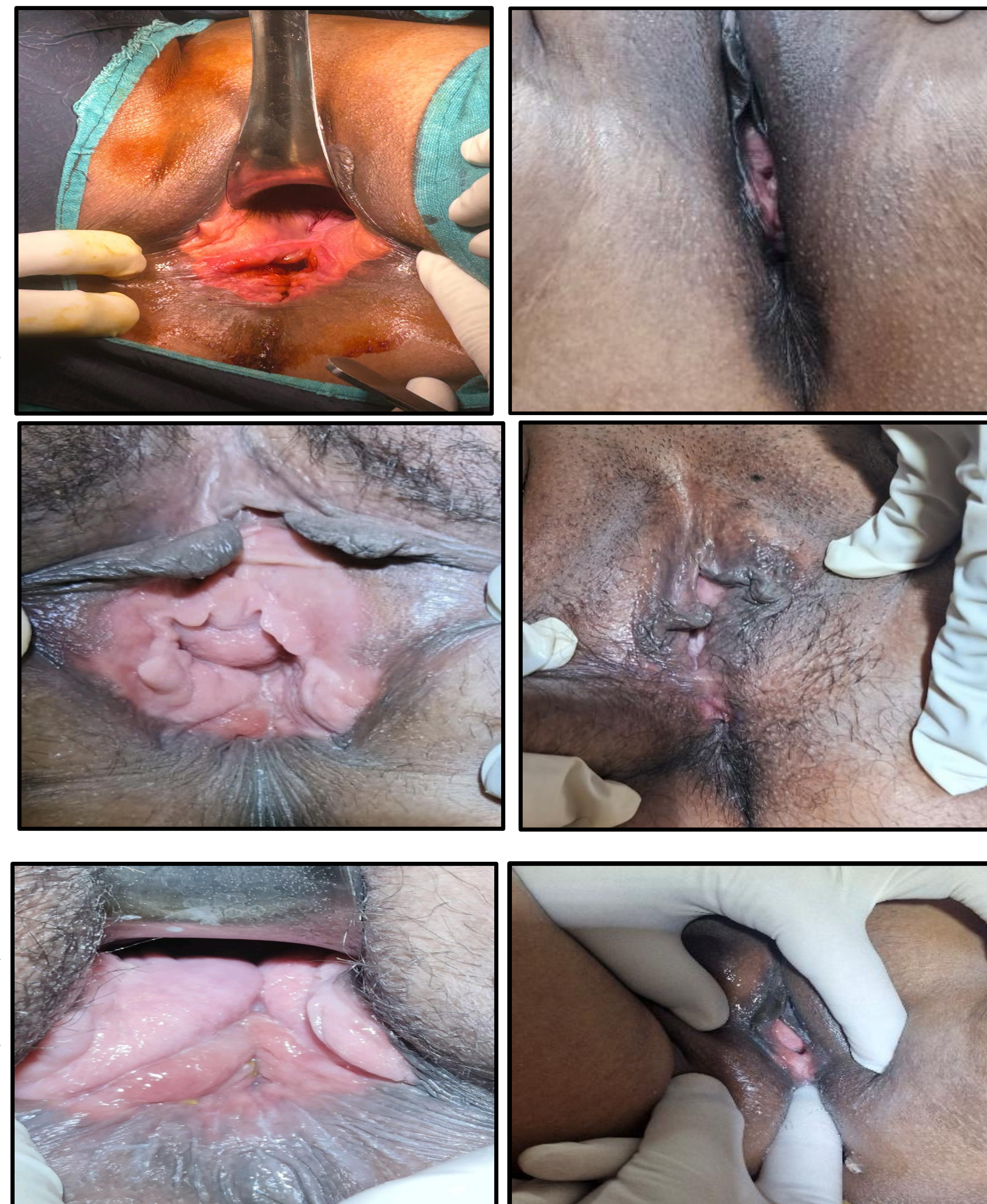
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Objective: To discuss the surgical management of chronic fourth-degree perineal tears with a delayed presentation. We present three cases of complete perineal tears that came for treatment a few years after childbirth.

Case 1: 39 years old P3A0 with last birth 15 years ago. She had all home conducted vaginal deliveries by midwife and complaints of incontinence of flatus 7-8 months after childbirth followed later by incontinence of stools.

Case 2: 45 years P2 with complaints of incontinence of stools and flatus since 23 years and AUB with menorrhagia. She had both home conducted vaginal deliveries with B.Wt 3.0 kg and 2.5 kg. **Case 3:** 36 years old P4 with complaints of incontinence of flatus and stools for a few months. Her last childbirth was seven years ago, weighing 3.5 kg, and she had a third-degree perineal tear, which was inappropriately repaired at the time of childbirth. In all three women, secondary repair of complete perineal tear was performed with a delayed absorbable suture, polyglactin 910 and three months post-op, they were asymptomatic.



Discussion: Perineal tear can lead to long-term effects on women's quality of life, and many may not seek care till late, esp. in LMIC. Identification of perineal injury at the time of childbirth and primary repair is most appropriate and efficient. However, for those presenting late, a meticulous secondary repair and post-op management are crucial to get optimal results.

Conclusion: Obstetric injuries can lead to significant morbidity. Immediate diagnosis and management are key to avoid anal incontinence and negative impact on a woman's quality of life

References: RCOG GTG no 29