

- **Neglected Uterovaginal prolapse with self-attempted cutting as a rare cause of small bowel Obstruction: A Case Report and review of literature**

Abstract

- **Introduction**

Uterovaginal prolapse(UVP) is herniation of the uterus through the vaginal canal due to weakening of the pelvic support structures. Neglected UVP may lead to several complications and symptoms. The objective of this clinical case is to highlight the unusual presentation of patients with UVP.

- **Methods**

We report the presenting features, treatment, and outcomes of a patient diagnosed to have neglected UVP with Self-attempted cutting leading to complicated gangrenous small bowel obstruction.

- **Case Report**

A 45-year-old para 5 woman presented to the hospital with a complaint of an unusual mass protruding per vagina for 2 days associated with bilious vomiting, fever, and abdominal pain. She reported a long-standing mass per vagina of 10 years' duration and attempted to cut the prolapsed mass with a local blade 3 days before the current complaint. Examinations objectivise tachycardia, fever, hypotension, active bleeding from the protruding mass per vagina, and a gangrenous herniated small bowel. We made a diagnosis of gangrenous small bowel obstruction and started symptomatic treatment with fasting, aggressive fluid replacement, gastrointestinal decompression, and antibiotics followed by emergency exploratory laparotomy.

Intraoperatively we found about 4 cm anterior uterine defect around the lower uterine body and 60 cm gangrenous herniated small bowel about 15 cm proximal to the ileocecal junction. We resected the gangrenous segment of the ileum and an ileostomy was done. We did a total abdominal hysterectomy with vaginal vault suspension for the prolapsed uterus. The patient was successfully discharged with functional ileostomy on postoperative day seven.

- **Conclusion**

Neglected UVP can be life-limiting, adversely affecting physiological processes, function, and quality of life, with patients reporting years of pain, discomfort, humiliation, and embarrassment. We should take a careful history, especially about the psychosocial burden of the disease when patients seek medical advice.

- **Keywords:** small bowel obstruction gangrenous, uterovaginal prolapse, self-attempted cutting.