

## Case Report:

# Rectal Prolapse with Incarcerated Retroverted Gravid Uterus

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## Abstract

**Background:** The prevalence of combined incarcerated gravid uterus with rectal prolapse is extremely rare condition and only two case have been reported before.

**Aim of Study:** This study aimed to report a third case report of incarcerated gravid uterus within rectal prolapse to raise awareness of its diagnosis and management.

**Patient and Methods:** Case: A case of 33 year old lady with prolapsed incarcerated gravid uterus (gestational age about 12 weeks) in a rectal prolapse and managed by successful manual reduction under anesthesia followed by rectal cerclage. The pregnancy passed without complications and ended by giving a healthy girl.

**Conclusion:** Incarcerated retroverted gravid uterus within rectal prolapse is a very rare case, so the obstetricians should be aware of its risk. Gentle manual reduction under anesthesia is an effective procedure with limited complications.

**Key Words:** *Gravid uterus – Retroversion –Rectal prolapse – Incarceration.*

## Introduction

**THE** Prolapse of the uterus is the descent of the uterus and cervix down the vaginal canal to the introitus. Uterine prolapse during pregnancy is an uncommon event with incidence of one in 10000-15000 pregnancies; however this may be risky [1].

In literatures, only few cases of uterine prolapse during pregnancy were reported with different lines of treatment. Multiparity is the main risk factor for

uterine prolapse [2,3], also advancing age, obesity and white race are contributing factors [2,3].

Many factors increase the prevalence of uterine prolapse together with altered collagen metabolism, which include a decrease in type I collagen and an increase in type III collagen [4,5]. Many obstetric complications may result from uterine prolapse with pregnancy like, abortion, premature rupture of membranes and Preterm labor. Uterine Retroversion is considered a normal variation in females with incidence about 15-20% with no hazardous effects on the oncoming pregnancy, due to spontaneous rotation to the anteverted position.

Many risk factors contributing in fixation of the uterus preventing its return to the anteverted position e.g. adhesions in the pelvis, pelvic tumors, and uterine anomalies [6-9].

The complaint of these ladies may be one of the following: Retention of the urine, pelvic pain, back pain and constipation. This presentations need rapid management to prevent further more serious complications [7,8].

Protrusion of the rectum via the anus may be partial or complete, which can be precipitated by weakness of the pelvic floor musculature, persistent constipation and being pregnant is a contributory element. The medical presentation of prolapsed rectum is usually protrusion after a bowel movement which retracts spontaneously. Finally it may end by chronic prolapse [10,11]. Rectal prolapse has been reported to occur in pregnancy [12,13]. The prevalence of combined incarcerated gravid

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uterus with rectal prolapse is very uncommon and we report the 3<sup>rd</sup> case of incarcerated gravid uterus within rectal prolapse.

### Patients and Methods

A 33-year-old pregnant female referred from General Surgical Operation Emergency Unit to the Obstetrics Emergency Unit of Sohag University Hospital from Dec. 2019 – Feb. 2020, complaining of three months pregnancy and surprising protrusion of a swelling from anus. She tried to push it back however without success. She then rush to the general surgical treatment Emergency Unit in which investigations in the form of abdominal and trans-vaginal US had been done and the uterus couldn't be visualized, subsequently referred to our department of Obstetrics Emergency Unit where pregnancy was confirmed by US on the protruded mass which revealed gravid uterus with viable fetus 12 weeks. Obstetrics history of the patient revealed: She had 3 full term pregnancies all via CS, the third one was stillbirth, on examination there was marked pallor. The vital signs were as follow: Blood pressure 110/80mmHg, pulse 110 beats/min. The abdomen was lax not tender, the bladder was catheterized; the uterus was no longer palpable. On pelvic examination, there was a reddish mass, edematous, within the perineum sticking out via the Anus Fig. (1), with blood tinged mucous on the outer surface. Per vaginal examination the cervix was closed. An ultrasound examination with the transducer on this swelling confirmed a gravid uterus containing single living fetus and a calculated gestational age of 12 weeks Fig. (2). Blood grouping and cross matching had been done and two units of entire blood had been given earlier than anesthesia. Analgesia was given and the patient was informed for fast intervention and consent for surgical treatment was obtained. The risk of feasible pregnancy loss was explained. Examination Under Anesthesia (EUA) was done and the findings have been showed as in advance noted. Manual reduction became tried successfully.

Rectal cerclage was done by applying an encirclement suture around the anus with non-absorbable suture to prevent the prolapse of the rectum which was done by general surgery team Fig. (3). The post-operative period passed without complications, she had analgesics, antibiotics, Tocolytics and laxative drugs. An ultrasound test on the second day post-operative found a living fetus. She was followed-up counseled for antenatal care. The pregnancy passed without complications and ended by CS at 38 weeks giving healthy girl.

### Results



Fig. (1): Rectal prolapse with incarcerated retroverted uterus.



Fig. (2A): Intrauterine pregnancy about 12 weeks.



Fig. (2B): Rectal prolapsed with incarcerated uterus and the transducer of the us on the mass.



Fig. (3): Post-operative picture after rectal cerclage.

## Discussion

Uterine retroversion is a common prevalence in females and infrequently associated with any symptoms. Majority will have normal pregnancy with spontaneous correction as the pregnancy advances. However, while spontaneous rotation fails to arise, incarceration occurs. Such sufferers present with acute urinary retention and severe pelvic pain. Immediate intervention is usually required to relief pain via repositioning the uterus. In this example the patient presented due to the prolapse containing the incarcerated gravid uterus. The mixture of incarceration and rectal prolapse in pregnancy is very rare and only two cases had been reported in literature [14,15]. The presentation is commonly an emergency because of failure of the prolapsed rectum and uterus to be reduced spontaneously or manually. Failure to return to the normal position will bring further serious complications with the chance of losing the fetus, strangulation of the uterus and the rectum. In the first case pronounced, manual reduction was done under anesthesia however the patient aborted few days later. Inappropriate handling can be contributed in the loss of that pregnancy. In the second case laparotomy and reduction of the incarcerated prolapsed uterus and rectum was completed. In our third case, gentle manual reduction of the incarcerated prolapsed uterus was done first followed by reduction of the rectum under spinal anesthesia. This was accomplished with aim of preserving the pregnancy which continued normally. The rectal prolapse was managed with rectal cerclage which prevents further rectal prolapse at some stage of pregnancy, by applying of an encirclement of Nylon suture at the anal margin, done by way of general surgery team for further intervention after termination of pregnancy. None of the greater invasive surgical techniques are tried as they are not suitable for pregnant patient, e.g. laparoscopic rectopexy, Non of the expected complications occurred e.g. recurrence of prolapse, constipation and mucosal ulceration. In our case the pregnancy passed without complications and affected person delivered by CS at 38 weeks giving healthy girl

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## تدلى المستقيم المصاحب بسقوط الرحم الحامل المنحبس والمقلوب للخلف؛ حالة نادرة الحدوث

الخلفية: من النادر جداً حدوث تدلى للمستقيم المصاحب بسقوط الرحم الحامل المنحبس والمقلوب للخلف حيث أنه لا يوجد سوى حالتين فقط تم نشرهما عالمياً.

الهدف من العمل: عرض الحالة الثالثة من حالات تدلى للمستقيم المصاحب بسقوط الرحم الحامل بهدف زيادة وعى الأطباء بتلك الحالات وطرق التشخيص والعلاج.

الحالة: سيدة تبلغ من العمر ٣٢ عاماً وحامل لجنين في الشهر الثالث وتعانى من تدلى للمستقيم المصاحب بسقوط الرحم الحامل المنحبس والمقلوب للخلف حيث تم علاجها بواسطة إرجاع الرحم والمستقيم إلى مكانهما الطبيعى يدوياً تحت تأثير المخدر مع عمل تطويق للمستقيم وإكمال الحمل بنجاح ووضعت المريضة طفلة أنثى حيه كاملة النمو.

الخلاصة: تدلى المستقيم المصاحب بسقوط الرحم الحامل المنحبس والمقلوب للخلف حالة نادرة الحدوث لذا يجب على الأطباء المعرفة بتلك الحالات وخطورتها.

إرجاع الرحم والمستقيم إلى مكانهما الطبيعى يدوياً تحت تأثير المخدر يعد طريقة فعالة للعلاج ومضاعفاتها أقل.