

Clinical Image

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Vaginal evisceration after abdominal total hysterectomy: A life-threatening complication

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Abstract

Vaginal cuff dehiscence and subsequent small intestine evisceration can be a dramatic complication of hysterectomy regardless the mode and type of it and if not treated will evolve to a life-threatening situation.

Keywords: Transvaginal evisceration; Vaginal cuff dehiscence; Hysterectomy complications.

Abbreviations: TAH: Total Abdominal Hysterectomy; BSO: Bilateral Salpingo-Oophorectomy.

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Description

A 50-year-old woman was admitted to our emergency department suffering from extremely abdominal and vaginal pain and a painful palpable mass in the vaginal introitus after vaginal intercourse. On examination small intestine loops with visible peristalsis were getting out of the vagina.

She had undergone a TAH with BSO elsewhere three months ago due to benign gynecological disease. Her medical history included hypothyroidism that was difficult to reach a normal thyroid function by hormonal medication and medically managed depression. She was a chronic HBV carrier. Surgical history included a fibroadenoma of her right breast and appendectomy in childhood. Her obstetric and gynecologic history included two vaginal deliveries of liveborn singletons, one miscarriage and an abortion. She didn't report any short or long-term complications after the hysterectomy.

The exposed intestinal loops covered with wet gauzes and the patient was admitted to the operation room immediately. The viability of the small intestine was evaluated, and the vaginal cuff was repaired by interrupted suturing in two layers. The

postoperative recovery was fast and with no adverse events. She was discharged after five days.

There are various risk factors in many published reports even in the cases of spontaneous transvaginal intestinal evisceration [1] or after procedures other than hysterectomy [2]. The reported incidence of vaginal cuff dehiscence ranges from 0,14% to 4,1% but researchers point out the differences in the definition of the case among studies [3,4]. In our case the patient had started intercourse just only a month after the surgery while the published literature recommends at least 8-12 weeks before resumption of intercourse and had quitted smoking four years ago. In conclusion, efforts must be put to recognize high-risk patients and vaginal cuff dehiscence before evisceration [3].

Declarations

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Figure 1: Transvaginal small intestine evisceration. There was visible peristalsis of the small intestine loops, no hemorrhage, other fluids or intraperitoneal organs coming out from the vaginal cuff dehiscence.

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