Small bowel evisceration post vaginal cuff dehiscence post hysterectomy: a rare emergency

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Background: Vaginal cuff dehiscence is a rare but serious complication of hysterectomy. The main risk is expulsion of abdominal contents through the vaginal defect. The incidence of vaginal cuff dehiscence with evisceration ranges from 0.03 to 0.40%. [1-2]

Case:

A 45-year-old female presented with severe abdominal pain post-straining with defaecation. On examination, she had 30cm of small bowel eviscerated from her vagina (Figure 1). Her background includes total abdominal hysterectomy and bilateral salpingo-oopherectomy four months ago after diagnosis of Stage 1a mucinous adenocarcinoma of her right ovary. She reports intermittent constipation since surgery and has started heavy lifting. General surgery and Gynaecology teams were involved. In ED, supportive measures were provided such as IV access, analgesia, antibiotics, indwelling urinary catheter and warm compress to the exposed bowel. In theatre, she had a manual replacement of bowel into vaginal defect, vaginal vault closure and subsequently a laparoscopic inspection and washout of the abdomen. Intraoperatively, a 4cm vaginal cuff dehiscence was noted and there was no evidence of bowel ischemia. She was an inpatient for three days for antibiotics, clear fluid diet and electrolyte replacement. Her post-operative recovery was unremarkable.

Discussion:

Vaginal cuff dehiscence can occur anytime post-hysterectomy. Timely diagnosis is important as this may lead to peritonitis, bowel injury, necrosis, sepsis and death. Risk factors include increasing age, previous vaginal surgeries and factors affecting poor wound healing such as malignancy. Cases can occur spontaneously, but precipitating factors include increased Valsalva and sexual intercourse. A combined vaginal and abdominal approach is usually recommended when bowel ischaemia is not excluded.[1-3]

Figure 1: small bowel evisceration post vaginal cuff dehiscence

References:

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