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Title: VAGINAL HYSTERECTOMY IN A DENSELY ADHERENT VENTROFIXED UTERUS: A CASE REPORT

INTRODUCTION:-

Pelvic Organ Prolapse is a common and debilitating condition occurring in women. The protruding organ can be the uterus and the cervix, the bladder, the rectum, the intestines or a combination of the above. Vaginal hysterectomy with or without anterior colporrhaphy and posterior colpoperineorrhaphy is a treatment for uterovaginal prolapse in women. However, visceral adhesions due to prior surgeries or chronic pelvic ailments like pelvic inflammatory disease or endometriosis often pose a hindrance to the successful execution, necessitating conversion of to the abdominal route. We discuss a case of **vaginal hysterectomy in a woman with multiple previous pelvic surgeries.**

HISTORY:-

40 year old P2L2 (Previous 2 LSCS) presented with complaints of **something coming out per vaginum** since 7 years.

- History of **bladder extrophy** at birth for which she had undergone 2 surgeries at the age of 5 years and 7 years respectively.
- She subsequently underwent **two lower segment cesarean sections** 5 years and 2.5 years ago resulting in two live births.
- History of a **failed abdominal sling surgery** done 4 years ago.
- Patient also had a history of **pulmonary Koch's with right sided pleural effusion 2 years ago** for which she had taken antitubercular therapy for 9 months and was declared fit for surgery.

No other medical comorbidities.
Menstrual History: Regular, moderate flow
Obstetric History:
P1: 5 yrs/male/LSCS/Alive and well
P2: 2.5 yrs/male/LSCS/Alive and well

EXAMINATION FINDINGS:-

- Per Abdomen: Soft with a vertical midline scar from umbilicus to pubic symphysis.
- Per speculum: **Third degree uterovaginal prolapse with minimal cystocele. Perineum was lax and cervix elongated. No stress urinary incontinence**
- Per vaginal examination: Uterus was normal in size, ventrofixed. Bilateral adnexae were clear. Uterocervical length was 10 cm.

INVESTIGATIONS:-

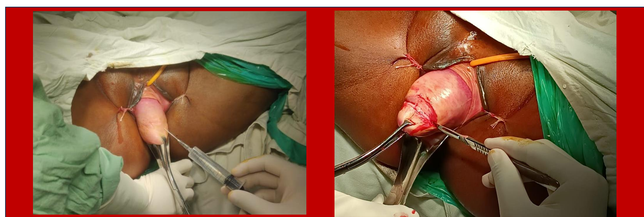
- Transabdominal ultrasound: Uterus anteverted, endometrial thickness 7 mm, left ovary showed a corpus luteum of size 13 x 15 mm, right ovary was obscured and bilateral adnexae were clear.
- USG KUB showed **moderate hydronephrosis-hydroureter on left side with RPAPD of 15 mm.**
- Cystourethroscopy: Urethra was obliquely placed with a length of 2 to 2.5 cm. Bladder neck was normal. Right ureteric orifice was found on left lateral wall of urinary bladder. Bladder mucosa was normal. Trigonal area could not be appreciated well. Bladder capacity was 200 ml.
- Urodynamic study: **Underactive bladder**.

SURGERY:-

After all preoperative preparations, the patient underwent a **vaginal hysterectomy with anterior colporrhaphy and posterior colpoperineorrhaphy** under spinal + epidural anaesthesia.

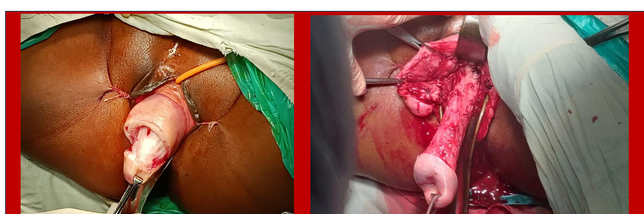
Aa +1	**Ba** +4	**C** +6
GH 5 cm	**PB** 2 cm	**TVL** 8 cm
Ap -3	**Bp** -3	**D** -8
Interpretation: 3rd stage UV descent with point 'C' being the leading point with cystocele and no rectocele with lax perineum.		

PREOPERATIVE PICTURES

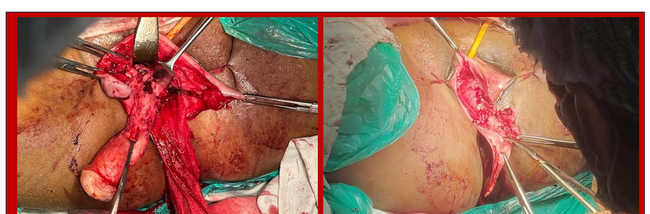


HYDRODISSECTION AND ANTERIOR INCISION

OPENING OF POUCH OF DOUGLAS



ANTERIOR PERITONEUM OPENED. DENSELY ADHERENT UTERUS SEPARATED FROM THE BLADDER AND THE ABDOMINAL WALL.



ACCESS TO CORNUAL STRUCTURES WAS DIFFICULT BUT WAS ACHIEVED USING LATERAL SPACE AND PREDICTIVE ANATOMY. SPECIMEN EXCISED.

HEMOSTASIS ACHIEVED AT ALL STUMPS.
THIS WAS FOLLOWED BY ANTERIOR COLPORRHAPHY AND VAULT CLOSURE FOLLOWED BY POSTERIOR COLPOPERINEORRHAPHY.
POSTOPERATIVE IMAGE IS AS SHOWN.
POSTOPERATIVE RECOVERY WAS UNEVENTFUL.

CONCLUSION:-

Women are increasingly undergoing multiple surgeries during their reproductive and menopausal life. Pelvic surgeons are encountering more such patients and have to take additional care to prevent complications, reduce morbidity and improve safety.
Vaginal route was particularly suitable in this patient as she had multiple complex abdominal surgeries which would have been difficult if a laparotomy or laparoscopy was attempted. A correct concept of pelvic anatomy and a concrete perioperative plan is necessary to improve the chances of success in such cases.

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There is no Conflict of Interest