International Journal of Current Advanced Research
ISSN: O: 2319-6475, ISSN: P: 2319-6505, Impact Factor: SJIF: 5.995
Available Online at www.journalijcar.org
Volume 7; Issue 3(I); March 2018; Page No. 10993-10994
DOI: http://dx.doi.org/10.24327/ijcar.2018.10994.1891

Research Article

A RARE CASE OF POST COITAL VAGINAL VAULT DEHISCENCE AFTER 3 MONTHS OF TOTAL LAPAROSCOPIC HYSTERCTOMY

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ARTICLE INFO

Article History:

Received 16th December, 2017
Received in revised form 20th January, 2018 Accepted 4th February, 2018
Published online 28th March, 2018

Key words:

Vaginal Vault dehiscence, total laparoscopic hysterectomy (TLH)

ABSTRACT

Vaginal Vault dehiscence after hysterectomy is a rare but a life-threatening condition. Vaginal evisceration of bowel can lead to intestinal ischemia and intraabdominal infection. Herein we report a case of 36 year old multiparous lady who underwent an uneventful total laparoscopic hysterectomy for fibroid uterus, with a demonstrable well healed vaginal vault at 6 weeks post surgery on pelvic examination, but later developed a 5 cm rupture of the vaginal cuff on her first coital attempt 3 months post-surgery, which was repaired without complication using a delayed absorbable suture material. Despite the appearance of a well-healed vaginal vault, the possibility of rupture at first and subsequent coitus after a total laparoscopic hysterectomy should always be discussed pre-operatively.

INTRODUCTION

Vaginal vault dehiscence (VVD) after total hysterectomy, though rare (0.03%)[1] is a life threatening complication especially when bowel evisceration is present, as the latter may lead to intestinal ischaemia and intra abdominal infection. The incidence is higher in hysterectomies done for gynecologic malignancies and through minimal invasive surgeries (1.7%)[2]. Immediate recognition and surgical repair are cornerstone for succesful management.

Case History

A 36-year-old multiparous women with complaints of abnormal uterine bleeding (AUB) underwent an uncomplicated total laparoscopic hysterectomy (TLH) for fibroid uterus with minimal use of energy devices. The patient's postoperative period was uneventful and her post operative examination at six weeks revealed a demonstrably well healed vaginal vault. Patient had her first coitus after three months of surgery, following which she felt something coming out of the vagina with severe abdominal pain and vomiting. She was immediately rushed to the hospital .On examination at the emergency department, she was noted to be in painful distress, afebrile, with essentially normal vital signs. Abdominal examination revealed tenderness in the lower quadrants with positive bowel sounds. On pelvic examination, intestines was seen eviscerating through the vagina.

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Intestines were repositioned and betadine packing was done and patient was taken up for emergency laparoscopy with IV antibiotic cover. On laparoscopy bowel walk was done and they were found to be viable. There was a vaginal vault dehiscence measuring five cms which was repaired vaginally by No 0 delayed absorbable suture. She was given postoperative antibiotics and discharged six days later. Follow up at eight weeks after the second surgery showed a well-healed vaginal cuff.

DISCUSSION

VVD is the separation of the vaginal incision that was closed at the time of hysterectomy. The first postoperative coitus was the most commonly reported precipitating event especially in premenopausal women with VVD[3]. Other risk factors included increased age, number of vaginal surgeries, vaginal atrophy, factors that are associated with poor wound healing, and increased Valsalva maneuver. The ileum is the most frequently eviscerated intestinal organ, followed by omentum, sigmoid colon, appendix, and fallopian tube.

The method and type of vaginal cuff closure was a significant surgical risk factor for VVD. Early absorbable sutures have an effective wound support for three weeks while delayed absorbable sutures provides for six weeks. Drudi *et al* [4] found a higher rate of VVD with usage of early absorbable sutures (2.5%) for the vault compared with the usage of delayed absorbable sutures (0.7 %). Uccella *et al* [5] demonstrated a VVD risk of 0.86% with laparoscopic closure and 0.24% with transvaginal closure

VVD and evisceration can be approached transvaginally and transabdominally. Currently within the literature, there are no clear consensus about the best surgical approach. It often depends on many variables such as bowel involvement, patient stability, and surgeons experience. If the bowel is uninjured with no signs of peritonitis and in the presence of a well-vascularized vaginal wall defect, the transvaginal approach is recommended.

Though VVD is a rare complication, surgeons should have a high index of suspicion in post TLH patients presenting with a sudden onset of pelvic pain and discharge post coitus and this condition should always be discussed preoperatively as part of the informed consent.

References

1. Ceccaroni M, Berretta R, Malzoni M, Scioscia M, Roviglione G, Spognolo E, *et al*. Vaginal cuff dehiscence after hysterectomy: a multicenter retrospective study. *Eur. J. Obstet. Gynecol. Reprod. Biol.* 2011; 158:308-313.
2. Uccella S, Ghezzi F, Mariani A, Cromi A, Boqani G, Serati M, *et al.* Vaginal cuff closure after minimally invasive hysterectomy: our experience and systematic review of the literature**.** *Am J Obstet Gynecol.* 2011; 205(2):119.e1-12. doi: 10.1016.
3. Moen MD, Desai M, Sulkowski R. Vaginal evisceration managed by transvaginal bowel resection and vaginal repair. *Int. Urogynecol. J.* 2003; 14(3):218-220.
4. Drudi L, Press JZ, Lau S, Gotlirb R, How J, Eniu I, *et al.* Vaginal vault dehiscence after robotic hysterectomy for gynecologic cancers: search for risk factors and literature review. *Int J Gynecol Cancer*, 23 (2013), pp. 943-950.
5. Uccella S, Ceccaroni M, Cromi A, Malzoni M, Berretta R, De Iaco P. Vaginal cuff dehiscence in a series of 12,398 hysterectomies: effect of different types of colpotomy and vaginal closure. *Obstet. Gynecol*. 2012; 120(3):516-523.

How to cite this article:

Madhu Mitha A., Rahul Manchanda and Preeti Yadav (2018) 'A Rare Case of Post Coital Vaginal Vault Dehiscence After 3 Months of Total Laparoscopic Hysterctomy', *International Journal of Current Advanced Research,* 07(3), pp. 10993-10994. DOI: http://dx.doi.org/10.24327/ijcar.2018.10994.1891

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