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# Prolapse complicating pregnancy

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**Abstract :** Uterine prolapse associated with significant complications manifesting in pregnancy is a rare occurrence. It is usually best managed conservatively with bed rest and use of appropriate pessary. When considering the mode of delivery, we should look for associated cervical inflammation and edema , which may complicate a normal vaginal delivery.

**Keyword :**Pelvic organ prolapse, pregnancy, cervix

**Prolapse complicating pregnancy**

**INTRODUCTION**

Pelvic organ prolapse (POP) is a common gynecological complaint with a mean prevalence of 19.7% (range 3.4-56.4%). Pelvic organ prolapse manifesting for the first time during pregnancy, is a relatively rare condition. The estimated incidence is1 per 10,000-15,000 deliveries. Furthermore, this is declining since 1980. Prolapse of pelvic organs, manifesting first time during pregnancy is different from that in a woman with a pre-existing prolapse. Pelvic organ prolapse before pregnancy, usually resolves spontaneously by the end of second trimester. The prolapse manifesting first time during pregnancy usually starts developing in second or third trimester, which may worsen if unattended.

**CASE REPORT**

A 28 year old pregnant woman, (gravida 2, para 1) presented to outpatient department at 38 weeks of gestation. She complained of mass descending per vaginum since 32 weeks. In her previous pregnancy, the second stage of labor was prolonged. Delivery was completed by application of forceps. The child was 3.2kg at birth. There was no significant complaint except for an abnormal sensation in the perineum since 32 weeks. On examination it was a stage III disease. There was no ulceration, edema or desiccation in the cervix. She was hospitalized and advised bed rest in slight Trendelenburg's position. As a result cervix was interiorized but descended again during walking or straining. She went into labor spontaneously at 38 weeks 3 days of gestation. She ruptured her membranes spontaneously. On examination, liqor was stained with meconium and cervix was unfavorable. Hence she was taken up for caesarean section. Postnatal period was uneventful. The patient was discharged. She was scheduled for further followup in gynecology clinic after puerperium.

**DISCUSSION**

Pelvic organ prolapse manifesting for the first time during pregnancy is an extremely rare condition. There is limited literature available on prolapse manifesting for the first time. Since 1980 only 39 cases of Pelvic organ prolapse with pregnancy have been reported. Out of these 39 cases, 26 (67%) were Pelvic organ prolapse manifesting for the first time during pregnancy. The remaining 13 (33%) were those who had a pre-existing prolapse. Pelvic organ prolapse with pregnancy was quiet common in the past. Around 250 cases had been reported before 1990. With decrease in parity and better management of labor, incidence of pregnancy with Pelvic organ prolapse has fallen. In recent times, cases of "Pelvic organ prolapse associated with pregnancy" are those who manifest for the first time during pregnancy.

The exact cause of Pelvic organ prolapse manifesting during pregnancy is not known. Multiple factors are incriminated. Multiparty is a predominant risk factor. Other risk factors involved are prolonged labor, obstructed labor, cervical elongation and hypertrophy. Rarely, it may manifest spontaneously in nulligravidas. Hormonal changes in pregnancy, such as increased levels of cortisol, progesterone and relaxin could contribute to occurrence of prolapse. Age, BMI, congenital weakness in pelvic fascial support, chronic increased intra-abdominal pressure, pelvic tumors and pelvic trauma can also be a contributing factor. Most common presentation is

feeling of heaviness in the perineum or something coming out of the introitus, usually in the second trimester. The cervix can become edematous, desiccated; ulcerated and infected Mainstay of ante-natal management is “internalization of the exteriorized cervix”. This reduces cervical edema, desiccation and ulceration. Judicious use of bed rest and a vaginal pessary helps to reduce these complications. If cervix is thick & irreducible, magnesium sulphate dressing can be used. Good genital hygiene is essential. Local antiseptics may be used. Spontaneous labor and normal vaginal delivery can be safely anticipated. Intra-partum complications include preterm labor, cervical dystocia, cervical laceration, obstructed labor, uterine rupture, fetal death and severe maternal morbidity and mortality .In case of cervical dystocia with a well descended head, duhrssens incision on the cervix can be used in deliver the fetus. Caesarean section is restricted for obstetric indications.

**CONCLUSION**

Pelvic organ prolapse manifesting for the first time during pregnancy is a very rare condition. It may be an innocuous presentation of heaviness in perineum. It may also present as uterine rupture, fetal or maternal death. In view of the possible complications institutional delivery is preferred.

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