CASE REPORT

Uterine Prolapse with Subacute Intestinal Obstruction: A Case Report

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ABSTRACT
An elderly woman presented with uterine prolapse and complaints of constipation. On examination, she was found to have abdominal distension secondary to subacute intestinal obstruction. This case is reported to emphasize the importance of meticulous examination before attributing a symptom like constipation to prolapse as it might unveil an underlying condition, which might be more perilous.
KEY WORDS: Defecation disorders, intestinal obstruction, uterine prolapse

Introduction

Uterine prolapse is a condition in which uterus descends below its normal position due to weakening of pelvic floor muscles and ligaments. This often affects postmenopausal parous women due to estrogen deficiency. The patient may experience pulling down sensation, mass per vagina, white discharge per vagina, urinary complaints and rarely bowel problems. Here, a case of the postmenopausal woman presenting with mass per vagina is reported who on examination was found to have subacute intestinal obstruction.

Case Report

A 60-year-old parous female presented to our medical rural camp with mass per vagina since 1 year. On questioning, patient also complained of constipation since 1 week. The patient had no history of fever, melena, nausea and vomiting. Patient had attained menopause 10 years back and had no complaints of postmenopausal bleeding. General physical examination was normal. Vitals were stable. The abdomen was distended with diffuse tenderness (Figure 1). No rigidity, guarding or rebound tenderness were elicited. On auscultation, hyperactive bowel sounds were heard. No organomegaly was noted. Per vaginal examination revealed third degree uterine prolapse (Figure 1). Per rectal examination showed no stool on examining finger. With these findings, a diagnosis of subacute intestinal obstruction was made, and the patient was advised admission for surgical evaluation and gynecological management, but the patient refused and was lost for follow-up.

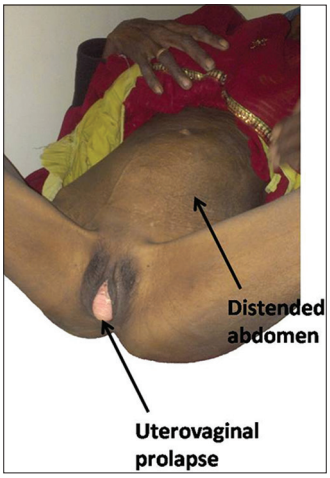

Figure 1: Abdominal distension with uterovaginal prolapse

Discussion

The International Continence Society defined pelvic organ prolapse as descent of one or more vaginal segments: The anterior, the posterior, or the apex of the vagina (cervix/uterus) or vault after hysterectomy.[1] Prolapse development is multifactorial, with vaginal child birth, advancing age and increasing body-mass index as the most consistent risk factors.[2] Precipitating causes could be increased abdominal pressure due to chronic cough, constipation, and abdominal distension due to ascites or tumors.

Symptoms associated with genital prolapse (Table 1).[3]

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Table 1: The symptomatology in prolapse of pelvic organs

Urinary symptoms
Urinary incontinence-stress, urge
Increased frequency
Difficulty in starting micturition
Digitally needs to push the prolapse in to complete emptying
Bowel symptoms
Difficulty in defecation
Incontinence of flatus, stool
Feeling of incomplete evacuation
Sexual symptoms
Dyspareunia
Other local symptoms
Feeling of something coming down
Low back pain
Discharge per vagina-blood stained or purulent discharge

Constipation can be a cause of and also effect of prolapse. There is a high prevalence of constipation and anorectal pain disorders in women with urinary incontinence and pelvic organ prolapse.[4] In our case, the patient had constipation, which was due to subacute intestinal obstruction. Mechanical bowel obstruction is a common emergency problem resulting in high morbidity and mortality.[5] Adhesions resulting from prior abdominal surgery are the predominant cause of small bowel obstruction, accounting for approximately 60% of cases[6] and less common causes of obstruction include intestinal intussusception, volvulus, intra-abdominal abscesses[7] and malignancy.

Conclusion

Chronic constipation is often thought to be a cause or effect of uterovaginal prolapse. However in our case, constipation was secondary to subacute intestinal obstruction which might have been aggravated by the prolapse. Hence, there is a need for a thorough examination of a case as there could be other underlying serious conditions.

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