

Management of pelvic organ prolapse in a woman with fertility wishes: A case report.

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Background

The peak incidence of pelvic organ prolapse occurs in the post-menopausal age group. However, a significant number of women in the reproductive age group with fertility wishes present with the problem seeking surgical treatments. There are several laparoscopic and open approaches for fertility-preserving surgery for pelvic organ prolapse. However, data are scarce regarding successful pregnancy rates and pregnancy outcomes after these surgeries. We present a case of a successful pregnancy outcome following cervical amputation and laparoscopic abdominal cerclage for pelvic organ prolapse.

Aim

To highlight the importance of the knowledge on different management options available in management of pelvic organ prolapse in women in reproductive age group.

Case

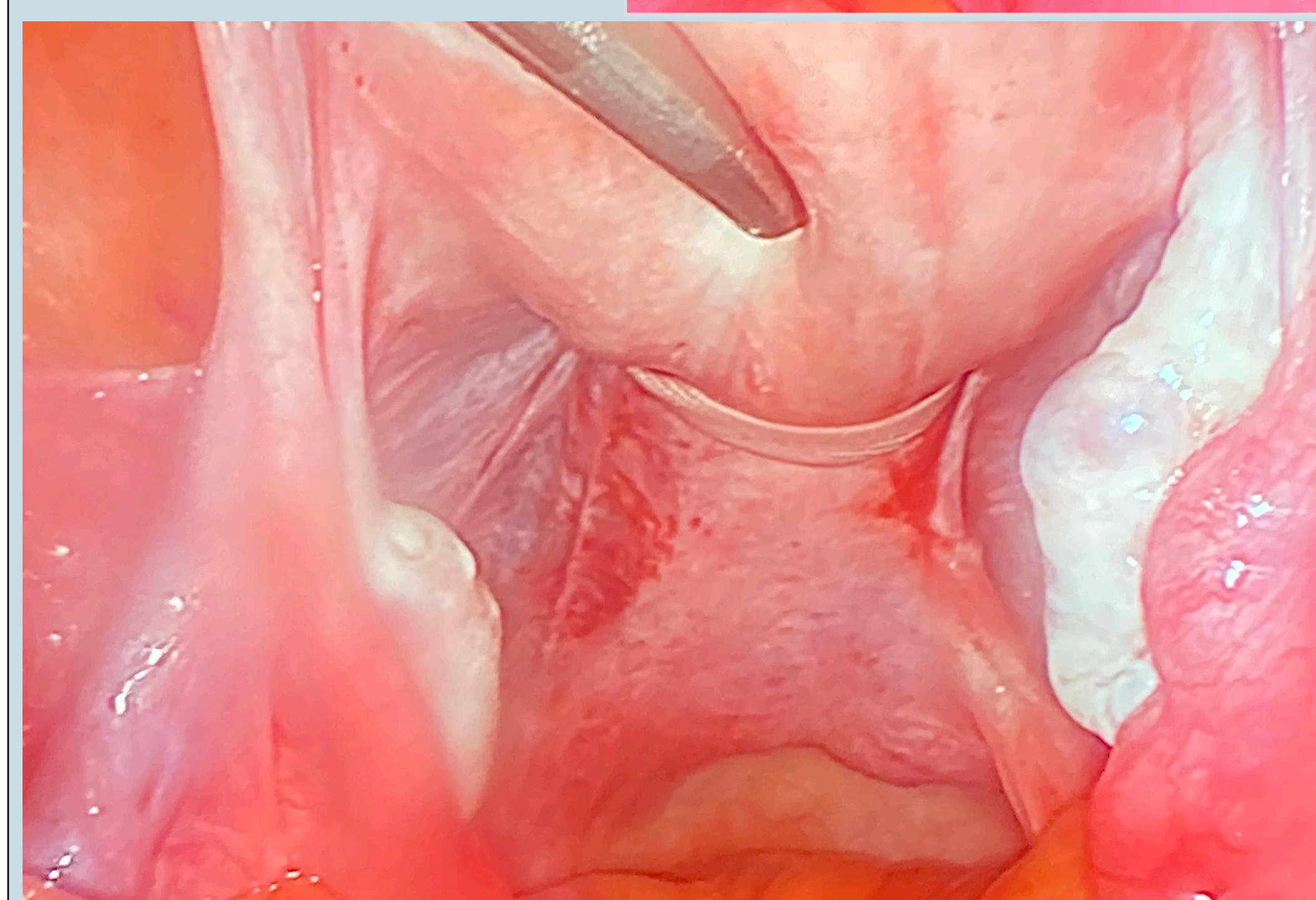
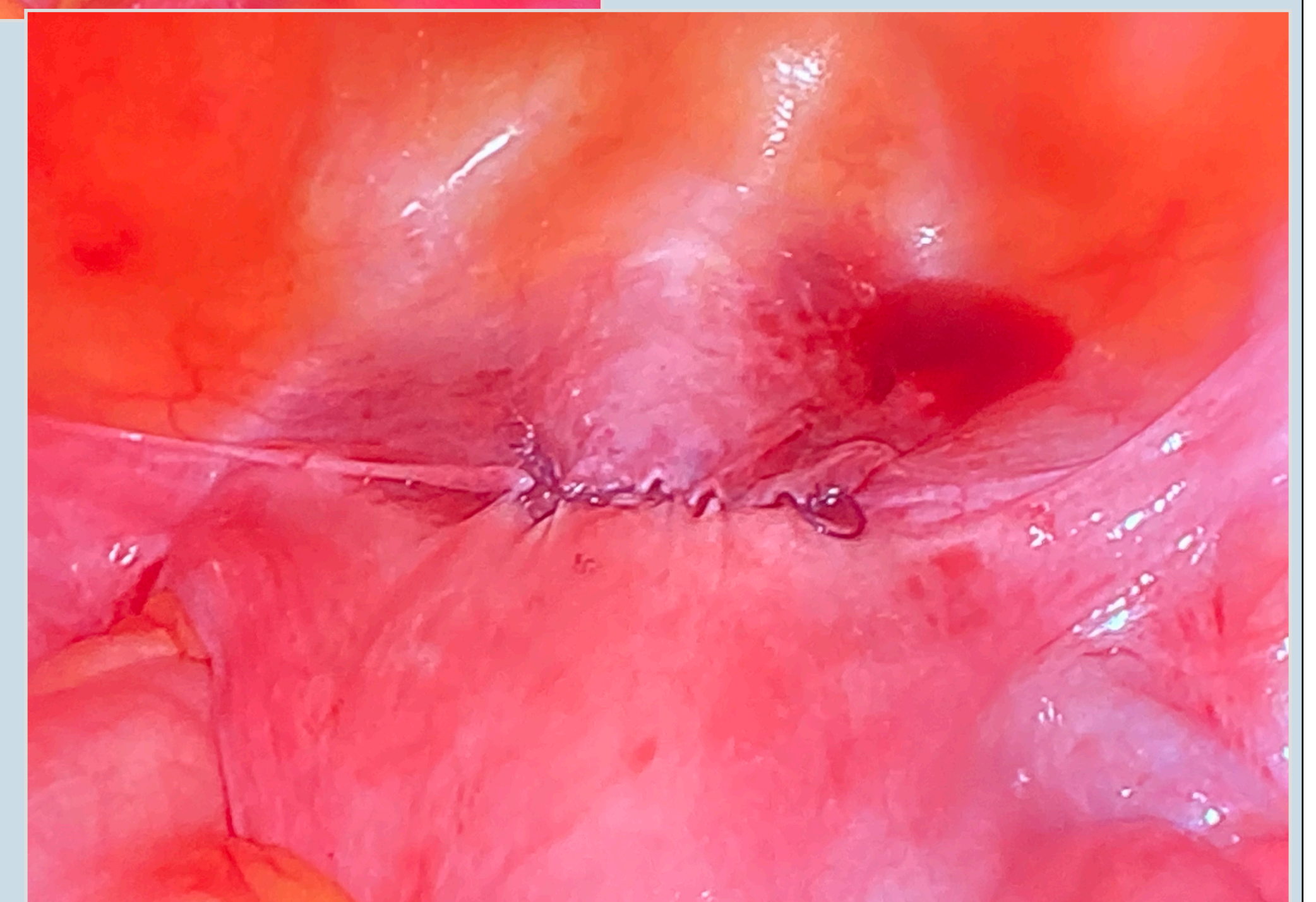
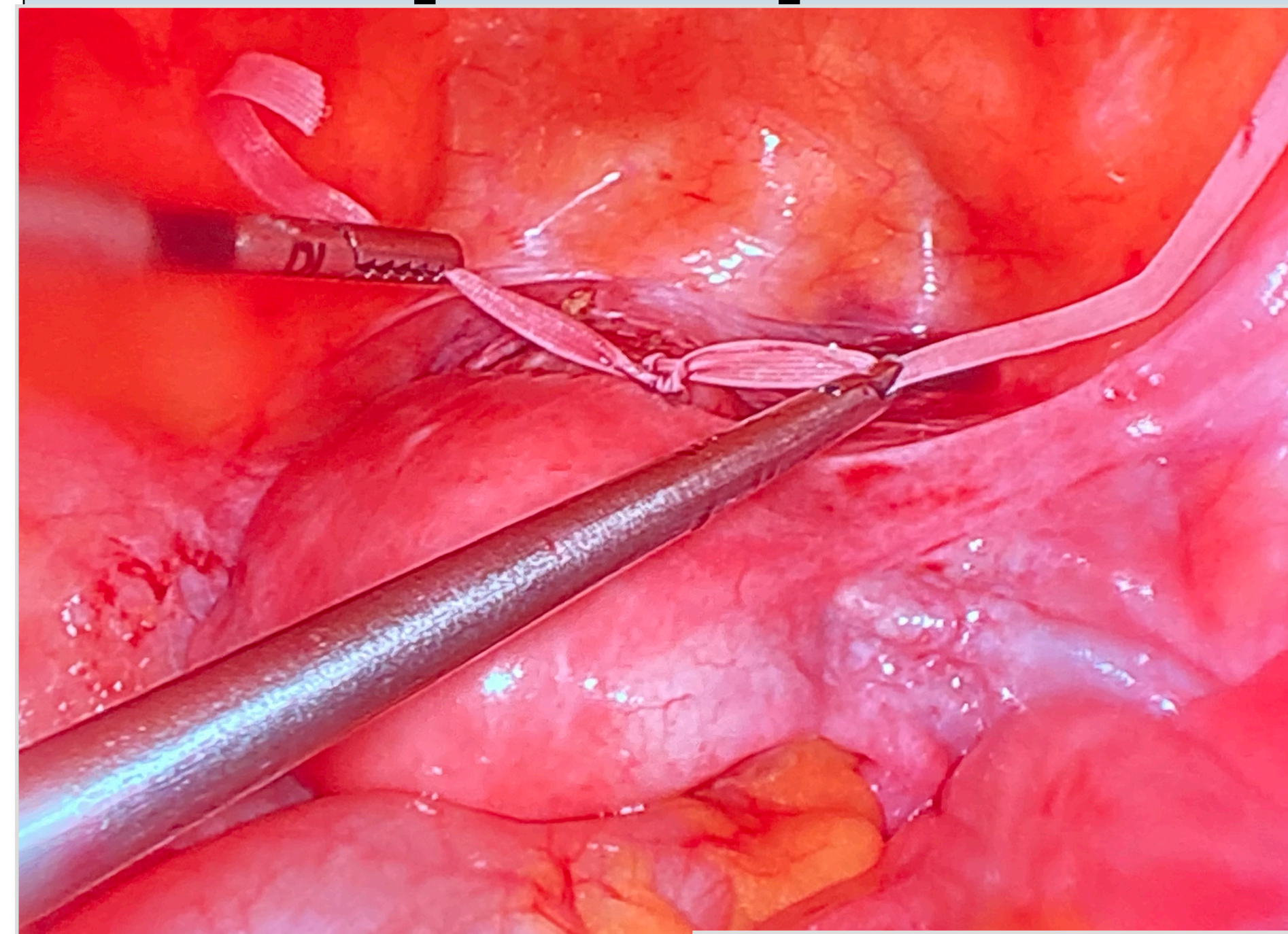
A 35-year-old woman with 2 children presented with a history of lump at vulva for 6 months duration. On assessment, she had a stage 2 prolapse (point C +1 with no significant decent in other components). The cervix was hypertrophic and elongated. She had future fertility wishes and after exploring the options, she opted to have a cervical amputation and placement of an abdominal cerclage. The cervical amputation was done similar to a Manchester repair and an abdominal cerclage was placed laparoscopically using a 5mm polyester fibre ligature (Mersilene tape). The patient had an uneventful recovery and conceived after 3 months following the surgery. She had an uncomplicated antenatal course and a term delivery by elective Caesarean section.

Results

The uterine incision was made above the cerclage during the caesarean section to make suturing feasible. The cerclage was kept intact.

Discussion

Management of pelvic organ prolapse in women of reproductive age is challenging. Their fertility wishes must always be considered in planning the treatment. There are several surgical options to manage pelvic organ prolapse, preserving the uterus. However, the procedure should be customised according to the individual patient's specifications.



References

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