Original Article

A Case Report on grade 3 Uterocervical Descent (UCD) with grade 2 cystocele and rectocele

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Abstract

Background: Utero-Cervical Descent is part of the pelvic organ prolapse is a group of disease in which organs in the pelvis slip down from their normal position and bulges into the vagina. It includes bladder (cystocele), urethra (urethrocele), both bladder and urethra (cystourethrocele), small intestines (enterocele), rectum (rectocele), sigmoid (sigmoidocele), and the uterus (uterine prolapse). A cystocele is a condition in which supportive tissues around the bladder and anterior vaginal wall weaken and stretch, allowing the bladder and vaginal wall to fall into the vaginal canal. A rectocele is a condition in which the thin wall of tissues that separates the vagina and rectum weakens and allows the posterior vaginal wall to bulge into the vaginal canal. The condition may be asymptomatic at earlier stages but shows significant symptoms at later stages. Case presentation: We are presenting 35 years old G1P1L1A0 female patient who is admitted to the gynecology ward with the primary complaints of feeling something coming out of the vagina along with whitish discharge and lower abdominal pain (hypogastric), and constipation. After a complete physical examination and various other investigations including ultrasonography of the abdomen and pelvis and Per Vaginal examination, she was diagnosed with grade 3 UCD (procidentia) with grade 2 cystocele and rectocele. The patient has undergone a surgical procedure known as exploring vaginal hysterectomy with vaginal wall repair and treated with analgesic, antibiotics, and proton-pump-inhibitors. After treatment patients' condition improves and symptoms such as bulging and protruding mass in the vaginal canal, whitish vaginal discharge, and constipation were relieved after surgery. Conclusion: A pelvic organ prolapse is a condition in which the bladder bulges through the anterior vaginal wall into the vaginal canal and the rectum bulges through the posterior vaginal wall into the vaginal canal. Females are more likely to experience this condition after menopause. Treatment involves an interdisciplinary surgical approach and appropriate management of existing medical conditions, to restore functionality by treating pelvic organ prolapse and improving symptoms.

Keywords: Uterocervical Descent, Cystocele, Rectocele, Urethrocele.

INTRODUCTION

Utero-Cervical Descent is part of the pelvic organ prolapse a group of diseases in which the pelvis slips down from its normal position and bulges into the vagina. It includes bladder (cystocele), urethra (urethrocele), both bladder and urethra (cystourethrocele), small intestines (enterocele), rectum (rectocele), sigmoid (sigmoidocele), and the uterus (uterine prolapse)(1). A cystocele is a condition in which supportive tissues around the bladder and anterior vaginal wall weaken and stretch, allowing the bladder and vaginal wall to fall into the vaginal canal(2).

A rectocele is a condition in which the thin wall of tissues that separates the vagina and rectum weakens and allows the posterior vaginal wall to bulge into the vaginal canal(3). It mostly occurs in women over the age 50 years of age. It is one of the most common gynecological disorders (4). 3rd most common cause of gynecological surgeries. The lifetime risk for women is 10-18%. Multiple pregnancies, obesity, and connective tissue disorders are some of the risk factors(5).

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Access this article online

Quick Response Code:

Website: www.pnrjournal.com

DOI: 10.47750/pnr.2022.13.03.136

How to cite this article: Bhushan Pekar, Khushboo Pande, Shalini Moon, Aniket Pathade, A Case Report on grade 3 Uterocervical Descent (UCD) with grade 2 cystocele and rectocele, J PHARM NEGATIVE RESULTS 2022;13: 909-911.

Case presentation

We are presenting a 35 years old female patient who came to the gynecological outpatient department with the chief complaint of the primary complaints of pelvic contents coming out of the vagina along with whitish discharge and lower abdominal pain (hypogastric), and constipation for which she had taken treatment from the local clinic but ultimately referred in gynecology department. Now she is admitted to the gynecology ward for further management.

As narrated by a patient she had observed protruding mass into the vaginal canal 5 years ago at that time it was small but it gradually developed into procidentia. She had her last childbirth 10 years ago. On PV examination fundus felt outside introitus, uterus atrophied with reducible mass, and bilateral fornices free.

The Ultrasound of the abdomen and pelvis shows mild fullness of the Pelvicalyceal system in the left kidney i.e. 10.7 × 3.7 cm and normal uterine size, endometrial thickness, and ovaries. Other blood investigations were normal the hemoglobin slightly decreased by 10.8 gm%. Abdominal distention and bulging of the rectum and presenting point cystocele and decubitus ulcer surrounding cervix were also observed.

The patient has been diagnosed as grade 3 utero-cervical descent with grade 2 rectocele with grade 2 cystocele and has undergone surgery Known as vaginal hysterectomy with vaginal wall repair after obtaining physical fitness. After the surgery, she was treated with a tab. Cefotaxime 200 mg, tab. Metronidazole 400 mg, tab. Pantoprazole 40 mg, syp. Duphalac the patient's condition improves. Symptoms such as vaginal discharge and constipation are relieved after surgery.

Discussion

The pelvic organ prolapse includes the bulging of one or more pelvic organs into the vaginal canal or outside the introitus(6-18). Women over the age of 50 years with menopause and multiple pregnancies additionally contribute to the development of the condition(7). The best possible treatment options include an interdisciplinary surgical approach to regain function and relieve symptoms(19-22). A complete history of symptoms and past surgeries along with obstetrical history should be obtained to choose the best suitable surgical approach(23).

The most preferred treatment options for cystocele with rectocele include Fothergill operation for those who want to conserve their reproductive function, exploring vaginal hysterectomy with vaginal wall repair is offered to those who have a complete family. American College of Obstetricians and Gynecologists and the American Urogynecologic Society et al. reported that 95 % of patients are satisfied and the symptoms were relieved after vaginal wall repair procedures(24--35).

Conclusion

Grade 3 UCD with grade 2 cystocele and grade 2 rectocele are parts of the pelvic organ prolapse in which the bladder bulges through the anterior vaginal wall into the vaginal canal and the rectum bulges through the posterior vaginal wall into the vaginal canal the untreated condition may further lead to complications and disturb the quality of life of an individual. The female easily improved the condition without complications as a surgical intervention has taken place. The patient was advised to take the prescribed medication and visit after 1 month for follow-up treatment. The female was able to perform her routine tasks after a few days of rest.

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