Case Report

Postcoital Vaginal Vault Dehiscence 4 Months Post-Total Laparoscopic Hysterectomy

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Abstract

Background: As progress continues to be made in the movement from open abdominal procedures to minimally invasive options, total laparoscopic hysterectomy has continued to retain a preeminent position in the armamentarium of the practicing gynecologist.

Case report: A 32 year old multiparous lady with persistent menstrual disorder and chronic pelvic pain despite conservative management, who underwent an uneventful total laparoscopic hysterectomy with a demonstrable healed vaginal vault on pelvic examination at 6 weeks and 3 months post surgery but later developed a 3cm rupture of the vaginal cuff on her first coital attempt 4months post-operation, which was repaired without complication using a delayed absorbable suture material.

Conclusion: 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.

CT scan confirmed some air in the abdomen but no other significant abnormality.

She was counseled on findings and commenced on broad-spectrum IV antibiotics and hydration. Vaginal vault was packed and informed consent was obtained for closure of the vaginal cuff dehiscence.

Excision of necrotic tissue was done under sterile condition with the scalpel and the vaginal cuff successfully repaired transvaginally with interrupted PDS suture.

She was discharged home after completing 24 hours of broad-spectrum IV antibiotics and advised to delay resumption of vaginal intercourse for 3 months.

She was seen and had an uneventful pelvic examination at 1, 6 and 12 weeks post repair.

Discussion

Generally, vaginal cuff dehiscence are usually associated with risk factors for poor wound healing such as smoking and cuff abscess; excessive pressure at the vaginal incision site e.g. coitus; pelvic floor defects and mode of surgery [2].

Preventive measures such as perioperative prophylactic antibiotics and good surgical techniques do aid in decreasing the incidence.

Following a cuff dehiscence, both abdominal and pelvic contents can be expelled through the vaginal opening and serious sequelae such as peritonitis, bowel injury, necrosis and sepsis can result from bowel eversionation and as such, prompt medical and surgical intervention should be undertaken.

Conclusion

There should be a high index of suspicion in patients’ post total laparoscopic hysterectomy who present with a sudden onset of
pelvic pain especially after coitus and despite the appearance of a well healed vaginal vault, there is always the possibility of a rupture at first and subsequent coitus and these should always be discussed preoperatively as part of the informed consent.

References