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# Cervical Prolapse in a term Multigravid Woman - A case report

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**Abstract**
Cervical prolapsed is a rare condition encountered in pregnancy with an estimated incidence of 1 per 1 5,000-20,000 deliveries. We present a case report of a 26-year old woman gravida 3 para 2 live 2 with cervical prolapse admitted in our hospital with labour pains at 39th week of gestation. Cesarean section was performed because of severe edematous and ulcerated cervix. Post natally cervical prolapse spontaneously recovered. Prompt diagnosis and effective management is required in this rare entity. Cesarean section is preferred in case of severe edematous and ulcerated cervix.

**KEYWORDS:** Cervical prolapse, third trimester,ulcerated, edematous

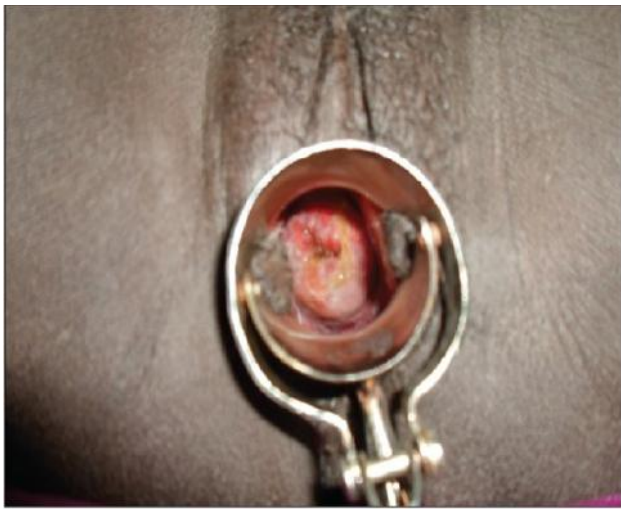
**Case report**

A 26-year old woman gravida 3 para 2 live 2 with previous spontaneous vaginal deliveries admitted in our hospital with labour pains at 39th week of gestation. There was no significant past obstetric history of obstructed labour and macrosomia. Ultrasonic examination revealed a single live intrauterine fetus in cephalic presentation with an estimated fetal weight of 2.5 kg.On examination, she had regular uterine contractions associated with a cervical dilatation of 1-2 cm and effacement 25%. Cervix was found to be irreducible and dessicated (Fig 1). There was minimal bleeding because of erosed and dessicated cervix. When cervical dilatation approached to 2-3 cm with an effacement of 50%, bleeding was profound. As there was associated tachycardia and hypotension because of increased bleeding, emergency cesarean section was performed. An alive boy baby with birth weight of 2.6 kg with apgar score 9 was born.

In early post partum period, cervix prolapse spontaneously recovered without any additional interference (Fig 2). Her post partum stay in the hospital was uneventful. Patient got discharged after 48 hours with a good general health. She was adviced at discharge for follow up at 6 weeks. Her follow up at 6 weeks did not reveal any evidence of cervical prolapse.

**FIG 1**: EROSED AND DESSICATED, IRREDUCIBLE CERVIX AT TERM

**FIG 2**: CERVIX SPONTANEOUS RECOVERY IN EARLY POSTPARTUM PERIOD



Cervical prolapse is commonly encountered among elder woman with a multifactorial etiology. The varied causes include multiparity, genetic factors, congenital tissue defects, difficulty in previous deliveries, obstructed labour, increased intra abdominal pressure, macrosomic baby, prolonged labour, pelvic neuropathies and pelvic trauma[1]. In the literature, there were many cases of multiparous woman with pre-existing prolapse being reported[2]. Our case was a very rare entity of cervical prolapse that developed during the pregnancy.

Cervical prolapse encountered during pregnancy is known to be commonly associated with urinary tract infections, cervical dessication, erosion, obstructed labour and profound cervical bleeding. Most common complications reported in literature during and after labour include cervical laceration, obstructive delivery, protracted labour, uterine rupture and sepsis[3].

Management for cervical prolapse encountered during pregnancy has been varied over the years. Conservative approach includes preventing cervical dessication and trauma with bed rest in trendelenburg position. Topical application of Magnesium sulphate to prevent laceration and edema of the cervix has been recommended by some authors[4]. Vaginal pessaries have been tried but there was no sufficient evidence in favour of its usage[3].

Decision about the mode of delivery remains a serious challenge and is made depending on the severity of prolapse and patient's choice. Though application of forceps were recommended in the past by some authors, these modalities have lead to stretching of lower uterine segment and further to rupture of uterus due to cervical dystocia[5]. In regard of these findings, cesarean section remains the safest choice for a woman with thick, edematous, irreducible cervix, as seen in our case[6]. In many cases, recurrence of prolapse was reported in the early postpartum period. Cesarean hysterectomy with vaginal cuff suspension to pelvic periosteum may be an option for woman not desiring fertility[7].

In our case cesarean section was performed because of profound bleeding due to desiccated and erosed cervix. As there was complete spontaneous resolution of cervix in the postpartum period, no further intervention was performed.

**Conclusion**

Cervical prolapse observed during pregnancy is a rare condition and no guideline has been published regarding its management till date. The decision regarding its mode of delivery poses a serious challenge and it is to be individualized depending on gestation, severity of prolapse and patient's choice. Although no presenting risk factors was reported in our case, prompt diagnosis and effective management is required in this rare entity. Cesarean section may be preferred and has found to be the safest option in case of severe edematous and ulcerated cervix.

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