

8th International Conference on Gynecology and Obstetrics Pathology

June 24-25, 2024 | webinar

Volume : 14

Vault dehiscence and bowel evisceration in young patient: A Case Report

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A case report of vaginal vault dehiscence in young patient, three months post laparoscopic hysterectomy. The vault dehiscence was associated with loops of small bowel evisceration into the vagina. An emergency repair of the vault was performed, and the bowel was replaced. The presentation of the patient, the examination findings and the care provided are discussed below

The incidence is reported to be higher after laparoscopic hysterectomy compared to vaginal or abdominal hysterectomy. There are certain risk factors which can predispose to vaginal cuff dehiscence including vault hematoma, postsurgical infection, chronic steroid use immunosuppression, diabetes and early return to sexual intercourse. Most of the researchers have hypothesized that either the use of electrosurgical thermal radiations or the suture procedures contribute to higher incidence of VCD after hysterectomy. During laparoscopic hysterectomies most of the tissue becomes necrotic and revascularized. Ultrasonic, monopolar and bipolar energies are the three types of energies used in colpotomy. Found that bipolar energy generates the most tissue damage, whereas ultrasonic causes the least. Certain surgical techniques have shown to predispose to the risk of dehiscence includes use of early absorbable sutures rather than delayed absorbable sutures and using electrocoagulation rather than sutures. Certain methods like using PDS sutures to close two layers of the cuff placed at least a cm from the edge and bidirectional braided suture material use has been shown to reduce the risk.

Vaginal vault dehiscence is a surgical emergency requiring immediate intervention, initial measures should be used including Trendelenburg position and packing the vagina with a moist swab. ACOG recommends copious lavage of the exposed bowel and sufficient debridement before full thickness interrupted sutures repair.

Biography

Dr. Mehreen Altaf is a dedicated and accomplished physician in the Department of Obstetrics and Gynecology at York and Scarborough Teaching Hospitals NHS Trust in the UK. With extensive experience in women's health

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Abstract received : April 27, 2024 | Abstract accepted : April 29, 2024 | Abstract published : 09-08-2024