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# Prolapse in Pregnancy: A Case Report

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## ABSTRACT

*Prolapse is a frequent disorder of pelvic statics in postmenopausal women. Its occurrence during pregnancy is exceptional. We report one exceptional case of prolapse during pregnancy. A 32 year old multiparous woman was admitted for prolapse after full term delivery in a peripheral hospital. A conservative attitude was decided. The postpartum period was marked by spontaneous regression of the prolapse. Pelvic prolapse during pregnancy could be transient, requiring simple monitoring.*

## Keywords
Prolapse, Episiotomy, Post-partum.

## Introduction
The first described cases of prolapse date back to the era of the Pharaohs, around 1500 years before Christ. It is a very frequent disorder of pelvic statics in postmenopausal multiparous women; its occurrence during pregnancy remains exceptional, with an incidence of one in 10,000 to 15,000 deliveries [1]. Few cases of pregnancy prolapse have been described in the literature, and their management has varied from conservative to radical treatment.

We report a case of prolapse occurring in the immediate post-partum period with spontaneous regression.

## Patient and Observation
This is a 32-year-old patient, G3P3 with two vaginal deliveries with episiotomy and a notion of abdominal expression during her second delivery and birth weights varying between 3100g and 3400g, She was admitted to the maternity ward of the Ibn Roch University Hospital of Casablanca at 5 hours post-partum after a delivery in a peripheral hospital with a term of 40 weeks of amenorrhea, with the birth of a female infant with a birth weight of 3600g.

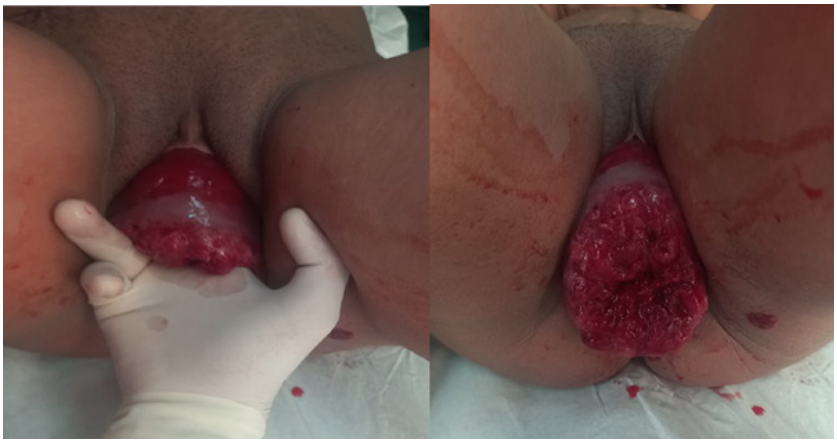

**Figure 1:** Image of prolapse in immediate postpartum.

The clinical examination on admission revealed a stage 4 non-reducible uterine prolapse (Figure 1), the referral form mentioned the appearance of the prolapse in the immediate post-partum period.

The patient was then admitted to hospital and received medical treatment with meching and vaseline compresses, with multiday care. She was subsequently discharged 10 days after her admission after regression of the symptoms, with a discharge order and follow-up appointments of 1, 2 and 3 months. The follow-up of the patient was marked by a favorable evolution with a disappearance of the symptoms.

## Discussion

It is rarely described in the literature cases of prolapse externalized in post- partum, it is most often cases of prolapse persisting in immediate and early post-partum [2,3]. Two published cases are identical to ours with a favorable evolution of the prolapse in post-partum [4,5].

The risk factors identified for gravidic prolapse are a history of prolapse during or outside pregnancy, congenital damage to the supporting aponeurotic tissues, prolonged labour, coughing, chronic constipation, multiparity and significant or repeated efforts [6,7]. In our case, we find the notion of multiparity and the history of dystocic delivery with abdominal expression.

Pregnancy itself has been incriminated by some authors as a risk factor for gravidic prolapse. Indeed, O'Boyle et al. [8] compared nulliparous pregnant women (n=21) with nulliparous non-pregnant women (n=21), all aged between 18 and 29 years. It was found that all the non-pregnant women had a stage 0 or 1 prolapse (POP-Q), unlike the pregnant women, among whom 40% had a stage 2 prolapse or higher. The difference between the two groups was significant for Aa and Ba, Ap and Bp, and anovulvar distance (bp). The increase of the anovulval distance (pb of the POP-Q classification) during pregnancy corresponds to an adaptive phenomenon allowing to limit the anal lesions during the delivery.

Perineal ultrasound can also demonstrate the increased mobility of the pelvic organs during pregnancy, particularly in the third trimester [7]. Pregnancy hormonal impregnation and abdominal hyperpressure are two likely hypotheses but have not been studied much in the literature. The changes in pelvic statics during pregnancy do seem to be related to the alterations in collagen induced by the hormonal changes of pregnancy.

It is also noted that the presence of a prolapse during pregnancy can expose patients to a number of complications [9,10].

- Premature delivery and premature rupture of the membranes.
- Cervical edema due to mechanical obstruction caused by the prolapse.
- Dynamic and mechanical dystocia.

In case of gravidic prolapse, it is recommended by some authors to perform a caesarean section in order to avoid complications, but it is also possible to proceed to an expectant management with abstention and monitoring, especially in the case of patients without particular history.

## Conclusion

Pregnancy prolapse is a very rare pathology which, according to the cases found, could be transitory requiring a simple monitoring and a prolapse protection.

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