# An unusual case of small bowel evisceration

## Introduction

This article reports an unusual and rare case of small bowel evisceration per vagina precipitated by sneezing. Vaginal evisceration is a surgical emergency and prompt reduction of the prolapsed viscus is necessary if the sequela of bowel ischaemia is to be avoided.

## Discussion

Vaginal evisceration is a rare but recognized complication following hysterectomy. It is more common following laparoscopic and vaginal approaches than abdominal approaches (Ramirez and Klemer, 2002; Hur et al, 2007; Agdi et al, 2009) and may occur up to 75 weeks after surgery (Agdi et al, 2009).

The small bowel is the viscus most frequently involved (Kowalski et al, 1996), and increased intra-abdominal pressure, steroid therapy, previous radiotherapy to the pelvis, poor operative technique, pelvic infection, sexual intercourse, obstetric trauma, vaginal atrophy and a history of pelvic surgery or pelvic floor weakness have all been implicated in its aetiology (Kowalski et al, 1996; Ramirez and Klemer, 2002; Hur et al, 2007; Agdi et al, 2009).

## Conclusions

If encountered, appropriate management includes prompt assessment and reduction of the herniated viscus with surgical repair of the vaginal defect. Combining abdominal and vaginal approaches, as demonstrated in this case, may facilitate repair. BJHM


Agdi M, Al-Ghafri W, Antolin R et al (2009) Vaginal vault dehiscence after hysterectomy. *J Minim Invasive Gynecol* **16**(3): 313–17

Hur HC, Guido RS, Mansuria SM, Hacker MR, Sanfilippo JS, Lee TT (2007) Incidence and patient characteristics of vaginal cuff dehiscence after different modes of hysterectomies. *J Minim Invasive Gynecol* **14**(3): 311–17

Kowalski LD, Seski JC, Timmins PF, Kanbour AI, Kunschner AJ, Kanbour-Shakir A (1996) Vaginal evisceration: presentation and management in postmenopausal women. *J Am Coll Surg* **183**(3): 225–9

Ramirez PT, Klemer DP (2002) Vaginal evisceration after hysterectomy: a literature review. *Obstet Gynecol Surv* **57**(7): 462–7


***Figure 1. Small bowel prolapsing per vagina.***

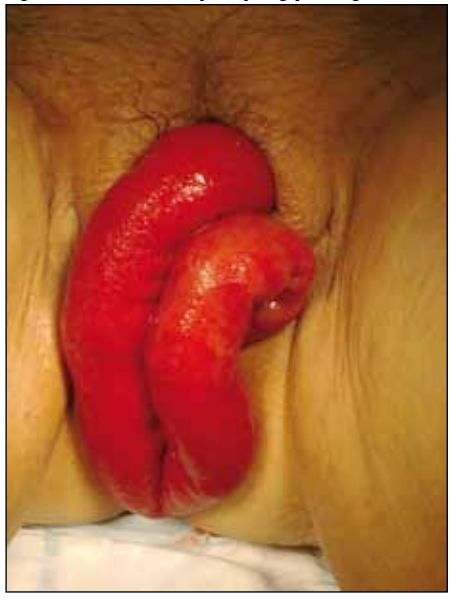


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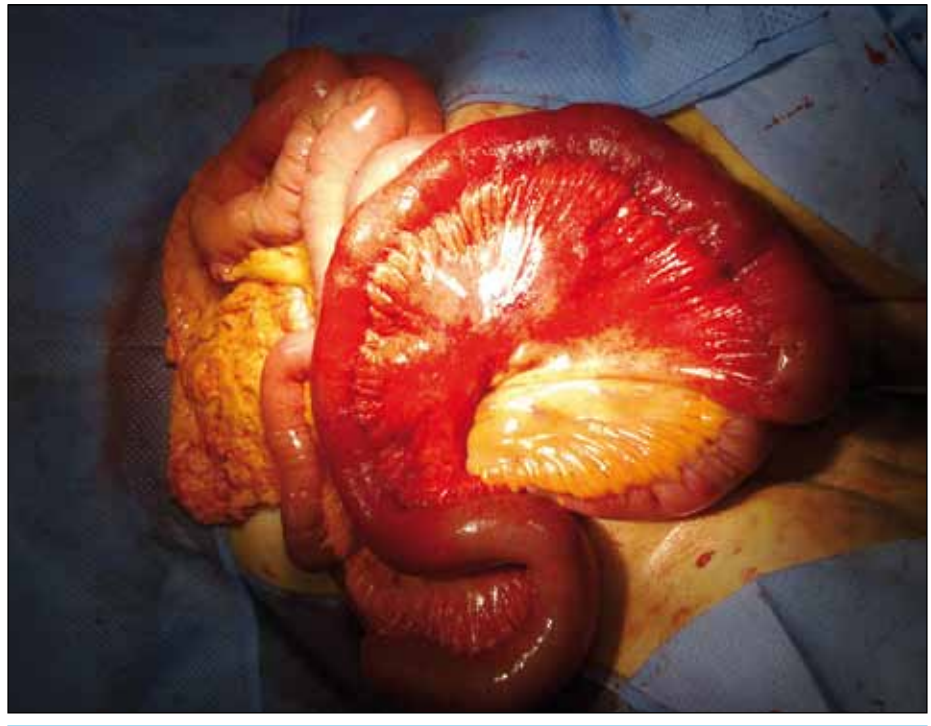
***Figure 2. Small bowel at laparotomy which is seen to be healthy.***



## Case Report

A 75-year-old woman presented to the emergency department with a history of sneezing associated with the onset of severe epigastric pain and prolapse of a mass per vagina. She had undergone an uncomplicated vaginal hysterectomy 3 years previously and over the past 2 months had been experiencing episodes of rectal prolapse. She had a past medical history of hypertension and her medication included co-tenidone and aspirin. On examination, she was haemodynamically stable and the abdomen was soft with mild tenderness localized to the epigastrium. Peristalsing congested but viable small bowel loops and their associated mesentry was seen herniating through the vagina (*Figure 1*). A failed attempt at reduction of the small bowel per vagina was made in accident and emergency; the bowel was then wrapped in warm saline packs and the patient was transferred to theatre. At operation, the small bowel (*Figure 2*) was returned to the abdominal cavity via a combined vaginal and abdominal (through a lower midline incision) approach and the 10 cm defect at the vault of the vagina closed in two layers. The patient had an uncomplicated postoperative course and was discharged home 4 days later.