

**UTERINE PROCIDENTIA IN A 20 YEAR OLD UNMARRIED NULLIPAROUS WOMAN: A CASE REPORT**

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**ABSTRACT**

Pelvic floor weaknesses are usually caused as a result of a vaginal delivery and are caused by tearing and stretching of the endopelvic fascia, the levator muscles and the perineal body. Sometimes pudendal and perineal neuropathies may also be associated with childbirth.<sup>1</sup> Prolapse in a nulliparous woman may occur due to congenital weakness of pelvic floor ligaments, spina bifida occulta or associated neurological abnormalities. Here we present a case of a 20 year old unmarried woman with complete uterine prolapse not associated with any other disease. She underwent a Shirodkar's sling operation for the same with no recurrence for a followup of 1 year.

**KEYWORDS**

Uterine Procidentia, Nulliparous, Unmarried, Shirodkar's Sling Operation.

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**INTRODUCTION**

Impaired nerve transmission to pelvic floor muscles predisposes them to decreased tone, causing its sagging and stretching. Hence, multiparous women are at a higher risk for uterine prolapse. Genital atrophy and hypoestrogenism also contribute in the pathogenesis of prolapse. However, the exact mechanisms are not completely understood. Pelvic tumors, sacral nerve disorders, and diabetic neuropathy are also some other causes of uterine prolapse.<sup>2</sup>

Other medical conditions that may lead to a uterine prolapse are increases in intra-abdominal pressure (Obesity, chronic pulmonary disease, smoking, constipation, etc.). Some connective tissue disorders involving collagen, such as Marfan's disease are also linked to genitourinary prolapse.<sup>2</sup>

Dr. Shirodkar had advised this surgery for patients desirous for maintaining fertility and menstrual function.<sup>3</sup>

Presenting a case of a 20 year old unmarried nulliparous woman operated successfully with an open Shirodkar's sling operation for uterine procidentia.

**CASE REPORT**

A 20 year old unmarried nulliparous woman came to us with the chief complaints of something coming out of the vagina since 1 month associated with difficulty and dribbling of urine since 1 month.

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**Fig. 1: Photo showing Procidentia in a Nulliparous Woman**

Patient had no history of any other medical or surgical history in the past. Her routine investigations of hemoglobin, platelets and WBC counts, blood sugar and a urine routine examination were within normal limits. Her liver and kidney function tests were also within normal limits. A sonography was done showing a normal uterine contour with an increased cervical length of 3.8cm. Her menses were regular with a cycle of 30 days. Per vaginal examination showed uterine procidentia, which was reducible with no mass felt in the adnexa. Patient underwent an open Shirodkar's sling surgery which was uneventful.



**Fig. 2: Photo showing the Fixation of Mersilene Tape to the Base of the Uterus**



**Fig. 3: Exposing Uterosacral Ligament for Fixation of the Tape**

#### DISCUSSION

Uterine prolapse usually occurs after childbirth. The biochemical properties of the connective tissue may also play an important role in the development of prolapse. There is evidence to link clinical and laboratory abnormalities of collagen to pelvic organ prolapse.<sup>[4,5]</sup>

In addition, Rinne and Kirkinen demonstrated an association between prolapse and a history of abdominal herniae in women, suggesting a possible connection with abnormal collagen.<sup>6</sup>

The uterosacral ligaments and the vaginal walls contain estrogen receptors, which are seen in significantly higher number in premenopausal women as compared to postmenopausal women.<sup>7</sup>

An abnormal collagen must be a probable cause in this patient.

Uterine prolapse may not be life-threatening, but it causes significant morbidity and deterioration in the quality of life. With approximately half of elective gynecological operations being performed for correction of urogenital prolapse, the economic considerations are also considerable. Although conservative measures may be useful in the management of mild symptomatic prolapse, surgery offers the definitive treatment. Women should be carefully assessed with regard to their symptoms and how these impact on their quality of life prior to any surgical treatment.

A review of literature shows that the recurrence rate after Shirodkar's sling surgery is less than 1%.<sup>8</sup>

From the literature, it is seen that Shirodkar's sling surgery causes anteversion of the uterus and thus maintains the normal anatomical position of the uterus.<sup>9</sup>

This patient was an unmarried 20 year old female in the reproductive age group. Preserving the uterus and having her regular menses was her primary requirement, which was achieved by a Shirodkar's sling operation.

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