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Case Report

Congenital uterovaginal prolapse in a newborn: a case report

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ABSTRACT

Congenital uterovaginal prolapse in a newborn is a rare entity. It is usually associated with neural tube defects. Some cases are managed conservatively while others require more invasive management.

Keywords: Conservative, Meningomyelocele, Newborn, Uterovaginal

INTRODUCTION

Congenital uterovaginal prolapse in a newborn is a rare clinical entity. It is usually detected after birth. It has been commonly associated with neural tube defects with neurological deficit, but can occur without them.[1,2] The management of genital prolapse have been suggested by different authors. The options include simple digital reduction, use of pessary, and use of foley catheter. We are reporting a case of one day old female with uterovaginal prolapse with lumbosacral meningomyelocele, that managed conservatively by simple digital manual reduction followed by Foley catheterisation.

CASE REPORT

A one-day old full term normal vaginal delivery female child presented to our emergency with protrusion of mass per vagina and swelling over lower back since birth. On clinical examination baby was active, weight 2.6 kg and vital signs were within normal limits. There was 4×3 cm pink fleshy mass protruding through the introitus. Cervix like opening noted at the tip of mass, external genitalia appears normal, mild oedema of the prolapsed mass and there was no discharge or bleeding from the mass (Figure 1). The mass was reducible digitally but increase in size when the baby cries. There was also 3×3 cm meningomyelocele (MMC) in lumbosacral region and no discharge from the MMC (Figure 2). On routine investigation, the complete blood count was within normal limits, cranial and abdominal ultrasound was normal. After taking consent from parents, under aseptic precaution prolapse mass was reduced digitally and reposited (Figure 3). The prolapsed mass was maintained in reduced state by inserting a 8 Fr foley catheter per urethra and inflating bulb with 5 ml of distilled water. After 72 hours foley catheter was removed, prolapsed mass was reduced completely and did not recur.

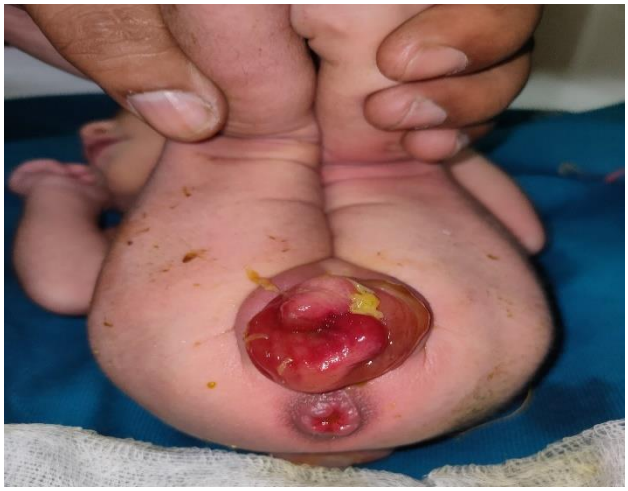

Figure 1: 4×3 cm pink fleshy mass protruding through the introitus

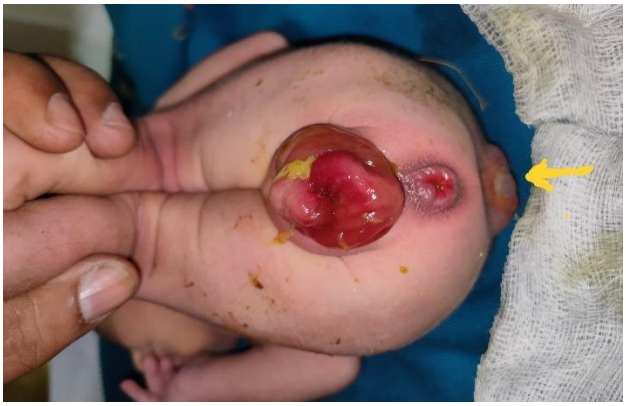

Figure 2: 3×3 cm meningomyelocele (MMC) in lumbosacral region.

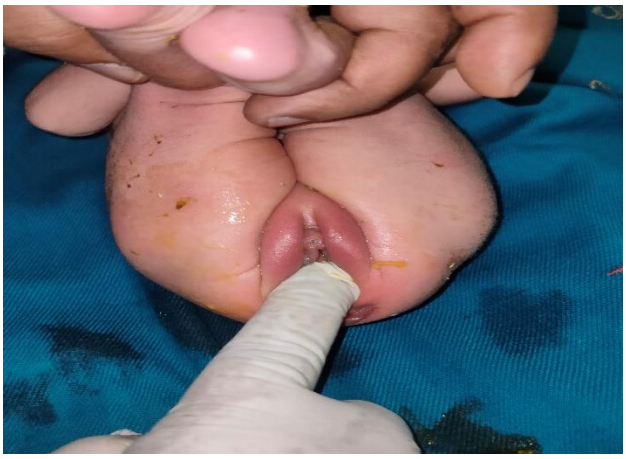

Figure 3: Mass was reduced digitally and reposited.

DISCUSSION

Uterovaginal prolapse is a common condition in old post-menopausal females and is rarely seen in neonates. Congenital uterovaginal prolapse results due to weakness in the pelvic muscle and ligaments. Weakness may be either secondary to congenital weakness in the pelvic musculature or defective innervation.[3] The etiology in newborns is not well known but few risk factors have attributed to the development of the condition. These are risk factors related to the condition are neural tube defect, prolonged breech presentation, birth trauma, congenital cutis laxa, and prematurity.[4] The most common of which is spina bifida (82-86%). Our case is also a patient with congenital uterovaginal prolapse associated with spina bifida. The management depends on the clinical presentation, expectant management with spontaneous reduction has been successful in a few cases; however the rest may require a digital reduction with or without vaginal pessary and further surgical intervention.[5] The use of vaginal pessary after digital reduction followed by insertion of pessary and fixing the pessary to the vaginal wall has been reported as successful intervention.[6] In the published literature, Fraser was the first to describe the successful digital reduction of an isolated uterine prolapse in a newborn.[7] Bayatpour et al described successful reduction of the uterovaginal prolapse by repeated digital reductions taught to and performed by the caretaker.[8] The digital manual reduction method using foley's catheter was described by Sheikh et al with successful outcomes.[9] Our case was moderate genital prolapse in one-day old female child which was managed successfully by digital manual reduction method using foley's catheter. This novel reduction method using foley's catheter was successful in our case. The baby is doing well and is currently in regular follow up.

CONCLUSION

Congenital uterovaginal prolapse is mostly associated with neural tube defects. The early intervention has been noted to provide good long-term outcomes. The digital manual reduction method using foley's catheter was successful with good results.

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