Emergency Surgery for Vaginal Evisceration - Case Report

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Abstract

Background: Vaginal evisceration referes to the protrusion of the small intestine through the ocurring after vaginal vagina, typically hysterectomy, and following sexual intercourse post-surgery. It is a very rare surgical emergency. A rupture on the vaginal wall allows the extrusion of the abdominal viscera, most commonly ileal loops. Preventing bowel ischaemia, necrosis, perforation and sepsis is paramount. The paper aims to present a rare case of trans-vaginal bowel evisceration that was treated with a combined abdominal and vaginal approach that required a segmental bowel resection and anastomosis, culde-sac repair, and colporraphy.

Case Report: The 59 year old female patient was transferred to the surgical department due to

spontaneous trans-vaginal evisceration of bowel loops. She had a history of recurrent vaginosis for the last 2 months. A year earlier, she had undergone a vaginal hysterectomy for uterine prolapse. Following a rapid evaluation, the patient was urgently prepared for surgery. During a median laparotomy, after a difficult repositioning of the intestinal loops, they were found to be non-viable and were subsequently resected. The pelvic floor and vaginal defect were repaired both abdominally and via the transvaginal route. The patient had an uneventful postoperative course and was discharged in good health on the 7th day.

Conclusion: Trans-vaginal eventration of abdominal organs is a rare but potentially fatal

complication of gynecologic procedures. The recognition of a real surgical emergency, efficient preoperative evaluation and management, and adequate intraoperative technique, coupled with a multidisciplinary approach, are associated with better outcomes.

Keywords: Emergency Surgery, Hysterectomy, Vaginal Evisceration, Pelvic Floor Disorders.