

An injury resulting in vaginal evisceration

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Introduction

Vaginal injuries following perineal trauma are relatively rare. Vaginal evisceration is even rarer accounting for less than 1% of all trauma to the perineum [1]. These injuries are associated with minimal symptoms and signs. Perineal or lower abdominal pain with vaginal bleeding are the common complaints and investigations such as erect abdominal x-ray or abdominal ultra-sonography may not demonstrate the extent of the injury. Vaginal speculum examination, proctoscopy and cystoscopy are important in the evaluation of the patient. CT is useful if peritoneal involvement is suspected.

Case report

A 12-year old girl gave a history of impaling injury to the perineum while she was sliding on a tree trunk. She experienced mild vaginal bleeding and pain at vulva. She did not notice any abdominal pain, retention of urine, haematuria or bleeding per rectum. Her abdomen was not tender and vaginal examination revealed a yellowish lump at the posterior fornix of the vagina with bleeding (Figure 1). Digital rectal examination and proctoscopy showed no injury to the rectum. She was haemodynamically stable.



Figure 1.

Ultrasonography of the abdomen showed a fibrous, band-like echogenic structure extending through the bladder from its anterior wall towards the vault of the vagina. It was difficult to identify the structure with any certainty. CT on the abnormal structure was shown to be a part of an abdominal content coming through the bladder to reach the posterior vaginal wall.

Exploratory laparotomy was done. The omentum was plugged through the posterior wall of the bladder. Cystoscopy showed the omentum crossing the bladder from its anterior to posterior walls between the two ureteric

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orifices to the posterior fornix of the vagina (Figure 2). The omentum was released from the vaginal fornix and the bladder, and omentectomy was performed. After the repair of bladder walls in two layers, vaginal wall repair with hymenoplasty was done. No evidence of any other intra-abdominal injury was found.

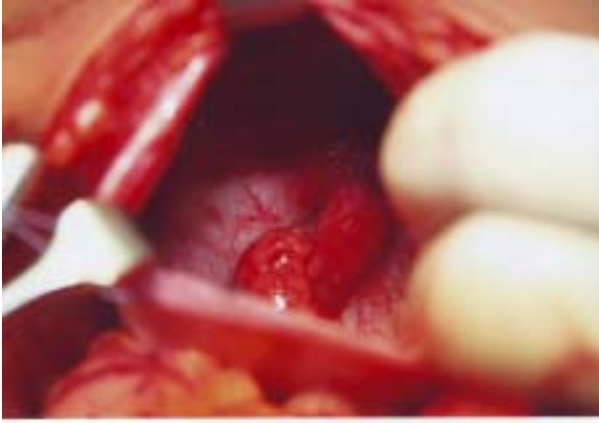


Figure 2.

Discussion

Majority of vaginal injuries are due to obstetric causes, while most of the others are the result of sexual

activity [1]. Other causes of traumatic injury include blunt trauma while in the straddle position and penetrating trauma [1]. Pure traumatic injury may cause vascular, bowel, urinary and neurological injury. Overall, 75% need repair [1]. Absence of abdominal signs may be related to complete sealing of the bladder wall by the omentum. 80% of vaginal injuries present with bleeding per vagina and the rest with lower abdominal or perineal pain [2]. More commonly injury occurs posteriorly and to the right of the vaginal fornix. The injury extends to the peritoneum in less than 1% of patients.

Erect abdomen or chest radiographs may reveal air under the diaphragm. However, it was negative in our patient, most likely due to the plugging action of omentum. Cystourethrography, proctoscopy, exploratory laparotomy or laparoscopy are the investigations of choice in suspected cases of vaginal injury, while CT of the abdomen and pelvis may be useful.

References

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