

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20222492>

## Case Report

# An interesting case of post hysterectomy vaginal bleeding

Ramna Banerjee\*, Farheen Rahman, Sabita Bajoria

Department of Obstetrics and Gynaecology, Apollo Multispecialty Hospital, Kolkata, West Bengal, India

**Received:** 31 July 2022

**Revised:** 08 September 2022

**Accepted:** 09 September 2022

### \*Correspondence:

Dr. Ramna Banerjee,

E-mail: rban44@gmail.com

**Copyright:** © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

## ABSTRACT

Post hysterectomy vaginal bleeding is a very rare problem, particularly in women in whom the cervix has been removed with a reported incidence of 0.2-2%. It is very distressing for the women who has had hysterectomy in particular for abnormal uterine bleeding as she expects the bleeding problem to have been completely resolved after the procedure. We reported a case of a 34 year old women who underwent total abdominal hysterectomy and a left sided salpingo-oophorectomy for uterine fibroids and an ovarian cyst who presented with persistent vaginal spotting for 1 year following the surgery. During surgery it was found that the fimbrial end of the right fallopian tube was adherent to the vaginal vault that apparently periodically bled through a small rent in the vault. She was also found to have a small cyst in the right ovary.

**Keywords:** Vaginal bleeding, Fallopian tube, Ovarian cyst, Laparoscopy

## INTRODUCTION

Post hysterectomy vaginal bleeding is a rare problem with few studies reporting the incidence to be between 0.2-2%.<sup>1</sup> The amount of bleeding may vary from spotting to heavy bleeding, but any amount is very distressful to the patient and has an adverse effect on her quality of life as post surgery she expects relief of any degree of vaginal bleeding. In some cases, heavy bleeding may be life threatening also.

Depending on the duration post hysterectomy, it may be reactionary or secondary.<sup>2</sup> The reported causes of delayed bleeding are infection, haematoma, granulation tissue formation, vaginal atrophy, vascular malformations, endometriosis and more alarmingly malignancy. Bladder and bowel pathologies may also cause fistulas resulting in bleeding from the vault.<sup>3-5</sup>

Another rare cause of bleeding, especially in premenopausal women who have undergone adnexa sparing hysterectomy is tubal prolapse into the vault in

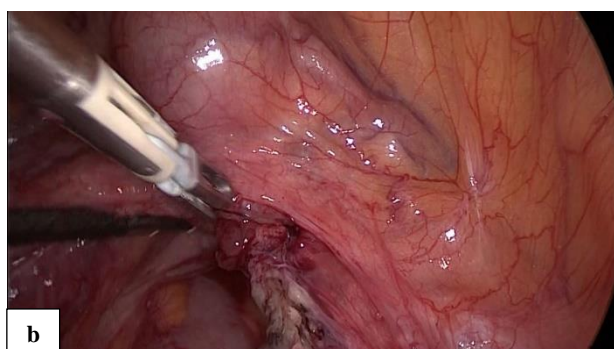
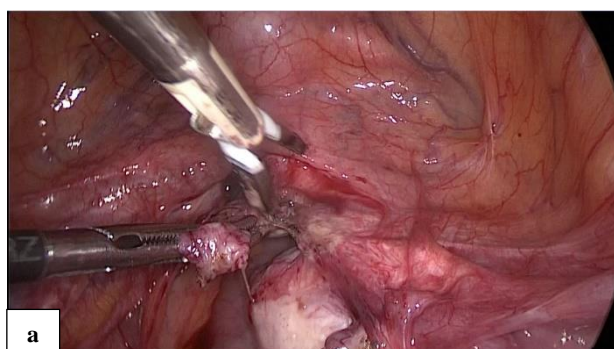
which the patient may present with blood stained watery discharge, post coital bleeding, dyspareunia and/or abdominal pain.<sup>6-8</sup> This diagnosis is usually confused with vault granulomas due to the similar presentation and appearance and the diagnosis is generally made only after treatment of the commoner causes has failed.<sup>9</sup>

In this report, we presented a case of post hysterectomy vaginal bleeding in a young 34 years old lady who underwent total abdominal hysterectomy with left sided salpingo-oophorectomy for uterine fibroids and an ovarian cyst and was found to have a rent in the vault with the fimbrial end of the tube adherent to the vault resulting in intermittent vaginal bleeding.<sup>10</sup>

## CASE REPORT

A 34 year old female patient, P2+0, presented to our hospital OPD with a history of vaginal bleeding for 1 year following total abdominal hysterectomy. She underwent a total abdominal hysterectomy with left sided salpingo-oophorectomy for abnormal uterine bleeding secondary to uterine fibroids and an ovarian cyst at her native place.

Histology report confirmed uterine fibroids with an endometriotic cyst. However, following the procedure she continued to experience vaginal bleeding on and off for 1 year and hence presented to our hospital. An ultrasound done locally suggested a 2.0×2.0 cm right ovarian haemorrhagic cyst for which she was started on dienogest 2 mg. However, she continued to experience vaginal spotting on and off and hence presented to our hospital. She was diabetic and hypertensive, had 2 casarean sections in the past. Her weight was 64.0 kg, BP 110/80. She had nil urinary or bowel symptoms. Her abdominal examination was unremarkable. Vaginal examination revealed a normal vault without any evidence of induration or tenderness. However, the gloves were blood stained after examination.



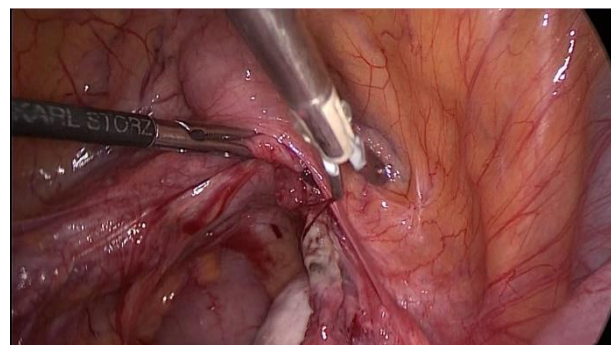
**Figure 1: Right fallopian tube being dissected off vault.**



**Figure 2: Bulky cystic right ovary.**

A PAP smear (vault) was done which was negative, Hb was 11.4, CRP and WBC were normal. A contrast MRI of

pelvis was done that showed a small fluid collection in the vaginal canal. The vaginal walls appeared normal in outline, the vault appeared mildly irregular and a small vaginal canal opening appeared to be present. A small cyst was seen in the right ovary measuring about 2.67×2.24 cm. After administering IV contrast, uptake was seen along the wall of vagina and vault. A high vaginal swab taken showed no vaginal growth.



**Figure 3: Vault after removing fallopian tube.**

Patient was posted for examination under anaesthesia and laparoscopy. Examination under anaesthesia revealed a very small rent on the right side of vaginal vault with evidence of very slight spotting. At laparoscopy it was found that the fimbrial end of the right fallopian tube is adherent to the vaginal vault and slight bleeding was noted from the end (Figure 1 a and b). A small follicular cyst was also noted arising from the right ovary (Figure 2). The left tube and ovary were absent (operated). Rest of the peritoneal cavity looked normal. A right salpingectomy was done after releasing the tube completely from the vault and the vault rent was repaired with single vicryl 2,0 stitch (Figure 3).

## DISCUSSION

Vaginal bleeding in a patient after hysterectomy is rare. It is common to have a blood stained vaginal discharge on and off for several days to several weeks after hysterectomy as the stitches dissolve and tissue heals, from the resolving granulation tissue.<sup>9</sup> Other causes of post hysterectomy vaginal bleeding include atrophic vaginitis, cervical stump cancer, infiltrating ovarian tumours, estrogen secreting tumours in other parts of the body, bladder pathology. Endometriosis of the vault can also sometimes cause post hysterectomy vaginal bleeding.<sup>1-3</sup> Diverticulitis of the bowel may give rise to vaginal discharge and bleeding. Vaginal cuff tear secondary to infection or haematoma may cause bleeding as well.<sup>11</sup>

In our case the fimbrial end of the fallopian tube was found to be adherent and possibly fistulated to the vaginal vault causing vaginal spotting on and off. The medial end of the tube was attached to the right ovary that showed a small 2.0×2.0 cm small functional cyst. Histopathology confirmed fallopian tube without any evidence of infection, granuloma or malignancy.

## CONCLUSION

In summary post hysterectomy vaginal bleeding is rare. It can be extremely disturbing for a woman who has had the uterus removed for abnormal uterine bleeding to begin with. If persistent it should be thoroughly evaluated and appropriately treated.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: Not required*

## REFERENCES

1. Ancuța E, Zamfir R, Martinescu G, Crauciuc E, Sofroni D, Sofroni L, et al. Bleeding after hysterectomy: recommendations and what to expect. Intech Open. 2022.
2. Sidiropoulou Z, Setúbal A, Acosta C, Roberto E. Post-hysterectomy vaginal haemorrhage: a case report. Case J. 2009;7195.
3. Green TH, Meigs JV. Pseudomenstruation from posthysterectomy vaginal vault endometriosis. Obstetric Gynecol. 1954;4(6):622-34.
4. Aydin Y, Atis A, Ercan E, Donmez M. An endometriotic vault fistula presenting with monthly bleeding after hysterectomy. Arch Gynecol Obstetric. 2009;280(6):1011-4.
5. Choi CH, Kim JJ, Kim WY, Min KW, Kim DH. A rare case of post-hysterectomy vault site iatrogenic endometriosis. Obstet Gynecol Sci. 2015;58(4):319-22.
6. Bharti A, Kumari S. Fimbrial prolapse after abdominal hysterectomy: a case report. Int J Sci Stud. 2015;3(2):217-9.
7. Sanklecha VM, Sisodia SM, Ansari SAH, Pol JS. Posthysterectomy fallopian tube prolapse. Midlife Health. 2012;3(1):40-1.
8. Ouldamer L, Caille A, Body G. Fallopian tube prolapse after hysterectomy: a systematic review. PLoS One. 2013;8(10):76543.
9. Song YS, Kang JS, Park MH. Fallopian tube prolapse misdiagnosed as vault granulation tissue: a report of three cases. Pathol Res Pract. 2005;201(12):819-22.
10. Moreno A, Hall R, Kennedy K. Fallopian tube prolapse following hysterectomy. Female Patient. 2007;32(8):51-2.
11. Safta YB, Ghalieb M, Baccari A, Kebir GHE, Daldoul S, Sayari S, et al. Vaginal cuff dehiscence and evisceration 11 years after a radical hysterectomy: a case report. Int J Surg Case Rep. 2017;41:234-7.

**Cite this article as:** Banerjee R, Rahman F, Bajoria S. An interesting case of post hysterectomy vaginal bleeding. Int J Reprod Contracept Obstet Gynecol 2022;11:2861-3.