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Case Report

Fallopian tube prolapses through uterine rent: a rare complication following dilation and curettage

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ABSTRACT

Fallopian tube prolapse (FTP) presents with symptoms of pelvic pain and vaginal discharge and has been reported as a rare complication after hysterectomy without salpingectomy. On other hand, uterine perforation is common complication reported with dilation and curettage (D&C). Authors reported an unusual case of fallopian tube prolapse through the uterine rent as an unrecognised uterine perforation.

Keywords: FTP, Dilatation and curretage, Retained Product of conception

INTRODUCTION

FTP presents with symptoms of pelvic pain and vaginal discharge and has been reported as a rare complication after hysterectomy without salpingectomy.^{1,2} On other hand, uterine perforation is common complication reported with dilation and curettage (D&C).^{3,4} We report an unusual case of fallopian tube prolapse through the uterine rent as an unrecognised uterine perforation.

CASE REPORT

Mrs X a 26-year-old (P1L1), presented at 50th post-partum day with complains of persistent spotting per vagina for one day. She was vitally stable with pulse rate of 90 beats/minute and blood pressure of 110/80 mm of Hg. There was no abdominal pain or fever. Transvaginal scan revealed a hyperechoic intrauterine lesion measuring 3.2×2.9 cm with internal vascularity (Figure 1). Serum beta hCG was 6.2 mIU/ml. A diagnosis of retained product of conception (RPOC) or placental polyp was made, and the patient underwent dilation and curettage. On postoperative day one, she developed mild right hypochondriac pain. The abdomen was soft, bowel sound

was present, she tolerated oral intake. Ultrasound showed an empty uterine cavity.

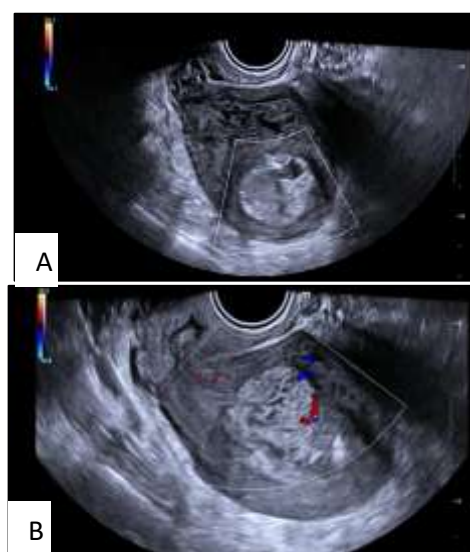


Figure 1: Transvaginal scan (TVS) showing Hyperechoic mass in the uterine cavity with vascularity.

However, due to persistent pain in right upper abdomen, an erect abdominal X-ray was performed and revealed gas under diaphragm. Diagnostic laparoscopy revealed 3×2 cm uterine rent at the right side of fundus with the fimbria end of fallopian tube prolapsed into the defect. Mild hemoperitoneum was present. The prolapsed of the fallopian tube was dilated and oedematous, consistent with prolapse (Figure 2).

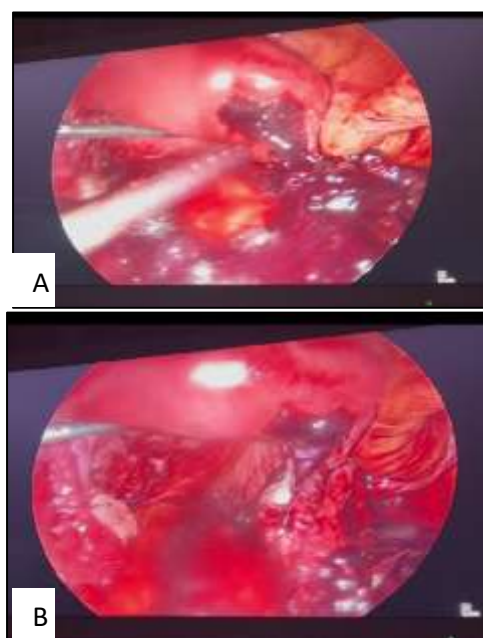


Figure 2: Laparoscopic view Fallopian tube prolapse through uterine rent with hemoperitoneum.

The distal end of the fallopian tube was carefully extracted from the uterine defect, and a right salpingectomy was performed. The uterine defect was repaired laparoscopically using a Figure-of-8 suture. The patient recovered well and reported complete resolution of pelvic pain following surgery.

DISCUSSION

FTP through a uterine wall defect due to perforation is extremely rare complication particularly after D&C.^{1,2}

This is a known complication after hysterectomy.³ It should be considered in the differential diagnosis of persistent pelvic pain post-procedure. High index of clinical suspicion with presence of gas under diaphragm in Abdomen X-ray has pivotal role in early diagnosis. There is reported case of Robotic assisted repair of FTP after hysterectomy.⁴ Early laparoscopic intervention helps in not only to confirm the diagnosis but also treating complication and hence decrease morbidity.

CONCLUSION

This case exemplifies a rare but serious complication of D&C FTP via uterine perforation and the importance of clinical vigilance, especially when symptoms deviate from expected recovery patterns. Laparoscopy should be strongly considered in similar presentations for prompt, safe, and effective management.

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