# Uterine prolapse in a 19 year old pregnant woman: a case report

## *Ondokuz yaşındaki bir gebede uterin prolapsus: bir vaka sunumu*

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## *Abstract*

It is well-known that multiparity and advanced age are major risk factors for pelvic organ prolapse which can rarely complicate pregnancy. We present the youngest case of uterine prolapse during pregnancy. She admitted with ruptured membranes at the 36th week of gestation and irreducible prolapse. As the edematous and thick, trapped and ulcerated cervix was not reducible, labor was obstructed due to cervical dystocia and a cesarean delivery was decided. A live male infant weighing 3100 gram was delivered. The prolapsed uterus recovered spontaneously following the cesarean operation. Uterine prolapse during pregnancy should be managed conservatively. It seems to be essential to perform elective cesarean section because of the risk of possible obstructed labor . We observed a rapid recovery of the anatomy, probably due to the young age.

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**Key words:** Uterine prolapse, pregnancy, adolescence

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## *Özet*

Ileri yaş ve multiparitenin gebeliği nadiren komplike eden pelvik organ prolapsusu açısından önemli bir risk faktörü olduğu bilinmektedir. Bu vaka sunumunda gebelik esnasında uterus prolapsusu gelişen en genç hastayı sunmaktayız. Hasta gebeliğinin 36'ncı haftasında membran rüptürü ve redükte edilemeyen uterus prolapsusu ile hastanemize başvurdu. Ödemli, kalınlaşmış, sıkışmış ve ülsere serviks redükte edilemediğinden ve servikal distosi sebebiyle doğum engellendiğinden, sezaryen doğuma karar verildi. 3100 gram ağırlığında canlı bir erkek bebek doğurtuldu. Doğum sonrasında uterus prolapsusu kendiliğinden düzeldi. Gebelik esnasında gelişen uterus prolapsusu konservatif olarak takip edilmelidir. Doğum obstrüksiyonu ihtimali nedeni ile elektif sezaryen yapılması daha uygun gibi görülmektedir. Muhtemelen genç hasta yaşı nedeni ile anatominin hızla düzeldiği görülmüştür.

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**Anahtar kelimeler:** Uterin prolapsus, gebelik, adolesan

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### Introduction

Irreducible uterine cervical prolapse during pregnancy is unusual, with an estimated incidence rate of 1 per 10,000–15,000 deliveries (1). Only less than 10 cases have been reported during the last decade (2). Almost all cases have been issued third or/and fourth decade ages (2, 3, 6-8). This is the first case of the age of 19 years woman with uterine prolapse during pregnancy that simply benefits from of a conservative management.

### Case Report

A 19-year-old pregnant woman (gravida: 2, para: 1) admitted to the hospital with premature rupture of the membranes in labor at $36^{+5}$ weeks' of gestation with an irreducible cervical prolapse. One year ago, she had no history of prolapse during the pregnancy which resulted in one uncomplicated spontaneous vaginal delivery at term. The weight of newborn was in the normal range, 3,250 g. The medical and obstetric history was unremarkable. There was neither history of pelvic trauma or prolapse nor any stress incontinence during or after the previous pregnancy. She had no antenatal care and reported that she complained of a sensation of vaginal fullness and a firm mass in the lower vagina, protruding through the vaginal introitus two weeks before.

Pelvic examination in the dorsal lithotomic position revealed a third-degree uterine prolapse. The elongated cervix was projecting through the vaginal introitus with the vagina being partly inverte and bloody secretions. Biophysical profile of the fetus was normal on ultrasonography evaluation. Fetus was at vertex presentation and with estimated fetal body weight of 3.200 g. Irregular and non effective uterine contractions and a normal fetal heart rate pattern were obtained by cardiotocography. As the edematous and thick, trapped and ulcerated cervix was not reducible, labor was obstructed due to cervical dystocia and a cesarean delivery was decided. A live male infant weighing 3.100 g was delivered. She was discharged in 4 days with no complaint and complete resolution of the cervical prolapse. A follow-up examination at 3 months postpartum revealed no evidence of uterine prolapse.

### Discussion

We reported the youngest pregnant woman with cervical prolapse in the literature. Uterine prolapse is a rare complication of pregnancy despite it is a common condition in non-pregnant older women (3). Multiple studies have suggested that the prevalence of pelvic organ prolapse increases with age that a risk factor for the development of pelvic organ prolapse, a correlation between age and pelvic floor

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**Figure 1. Uterine prolapse and cervical elongation at 36+5 weeks' of gestation**

relaxation (4). Contrarily in the present case 19 years old and has second pregnancy.

There are well-known risk factors for pelvic organ prolapse, including aging, childbirth trauma, multiparity, congenital weakness, traumatic and prolonged labor and operative vaginal deliveries, chronic increases intra-abdominal pressure, genetic factor, smoking, prior surgery, myopathy and collagen abnormalities (5). The main cause of prolapse of the uterus and vaginal vault is failure of supportive ligaments of the uterus, such as Mackenrodt or cardinal ligaments (6). Often, a combination of these etiologic factors results in pelvic organ prolapse.

The situation is usually first well-known in the third trimester (7) and disappears after labor and delivery (6). Treatment options are very limited. Conservative management of antenatal uterine cervical prolapse is consisting of genital hygiene and bed rest in a slight. Trendelenburg position (7) should be considered the foremost treatment option. A suspensory pessary application to protect the prolapsed cervix from trauma and minimize the discomfort for the patient may be practical though it frequently falls out after a few days (8).

In conclusion, obstetricians also all included caregivers should be aware of this rare condition, as early diagnosis is very important for an uneventful gestation. Cesarean delivery is probably the safest mode of delivery (3). However, an individualized approach depending on the gestational age, the severity of the prolapse, the probable complications and the patient's preferences may ensure a successful pregnancy outcome. It is also should be concluded that prolapse is not a disease of the elderly.

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