



Fig. 1. Clinical appearance of the O-Sign in Ogilvie Syndrome on abdominal inspection from the foot of the bed (1a) and on lateral inspection from the bedside (1b). Corresponding magnetic resonance images showing large bowel distension in the supine position (1c) and on the lateral view (1d).

management to reduce postpartum maternal mortality after caesarean section.

Conflict of interest

The author and co-authors declare no conflict of interest.

Authors' contributions

LH contributed to the design and analysis of this image case report and produced and finalised the manuscript.

ALF contributed to the analysis.

RA contributed to the manuscript.

WH contributed to the design, finalised and approved the manuscript.

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Incarcerated gravid uterus through a rectal prolapse: First case report



Dear Editors,

Rectal prolapse is defined as a full thickness protrusion of the rectum through the anus [1]. It is usually associated with weak pelvic floor musculature and any increased intrabdominal pressure like pregnancy is contributory. Retroversion of the uterus is reported to occur in 15% of pregnancies in the first trimester [2]. We report a case of incarcerated retroverted gravid uterus inside a huge rectal prolapse. A 35-year-old multiparous woman, with admitted to the emergency unit of Sohag Hospital, Egypt. She was presented at 15 weeks gestation with large painful mass prolapsed outside the anus appeared suddenly after straining during defecation.

Abdominal examination revealed no palpable gravid uterus. Bimanual examination revealed that the portio vaginalis of the cervix could not be palpated. A large firm mass 15 × 12 cm covered with reddish mucosa was palpated protruded from the anus (Fig. 1). Ultrasound evaluation revealed gravid uterus inside the mass with single living fetus, biometry 14.3 weeks. The lady was admitted immediately to emergency theater for trial of reposition of the uterus under general anesthesia.



Fig. 1. Huge mass prolapsed through the anus covered by reddish mucosa.

After complete relaxation of the lady in the lithotomy position, trial of manual reduction of the mass through the anus was done by digital pressure, but failed. Two ring forceps were applied on both lips of the cervix through the vagina. During the traction on the ring forceps two assistants were carrying out their manipulation to reposit the uterus. Continuous pull down on the cervical lips by the ring forceps through the introitus was exerted while pushing the mass through the anus till complete reduction of the uterus was achieved followed by reposition of the rectum and anal walls. A right hand fist was kept inside vagina until rectal pack was inserted to prevent recurrence.

The patient kept lying on bed in left lateral position to displace the gravid uterus away from the posterior abdominal wall. Intravenous infusion of ritodrine was started for 24 h to prevent uterine contractions. The rectal pack was removed after 24 h. The postoperative course was uneventful. Unfortunately, she was presented by inevitable miscarriage one week later.

Up to our knowledge, there was no reported case before of incarcerated gravid uterus through a rectal prolapse. Due to its paucity in young age, only two cases of rectal prolapse during pregnancy have been reported in the literature [3,4], but neither of them was associated with a uterus inside.

The present case scenario emphasized three important points. Firstly, retroverted uterus can be herniated through the anus in multiparous women with lax pelvic floor muscles, so diagnosis of retroverted uterus is mandatory early in pregnancy and trials of conservative anteversion should be implemented if persists till the end of first trimester. Secondly, manual reduction under general anesthesia with continuous downward traction on the cervix through the vagina is the optimum line of management of such cases. Finally, the probability of continuation of pregnancy in such cases is poor after the aggressive uterine manipulations used in reduction.

Conflict of interest

The authors have no conflict of interest to declare.

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