GENITAL PROLAPSE IN THE NEW BORN

Pages with reference to book, From 316 To 317

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Abstract

A case of a neonate with spina bif Ida who had prolapse of the uterus is presented The causes of genital prolapse in the new born and its treatment are reviewed. (JPMA 37 3 16, 1987).

CASE REPORT

A three days old full term female weighing 2.5 Kgs presented with a mass protruding through the vulva (Figure 1).

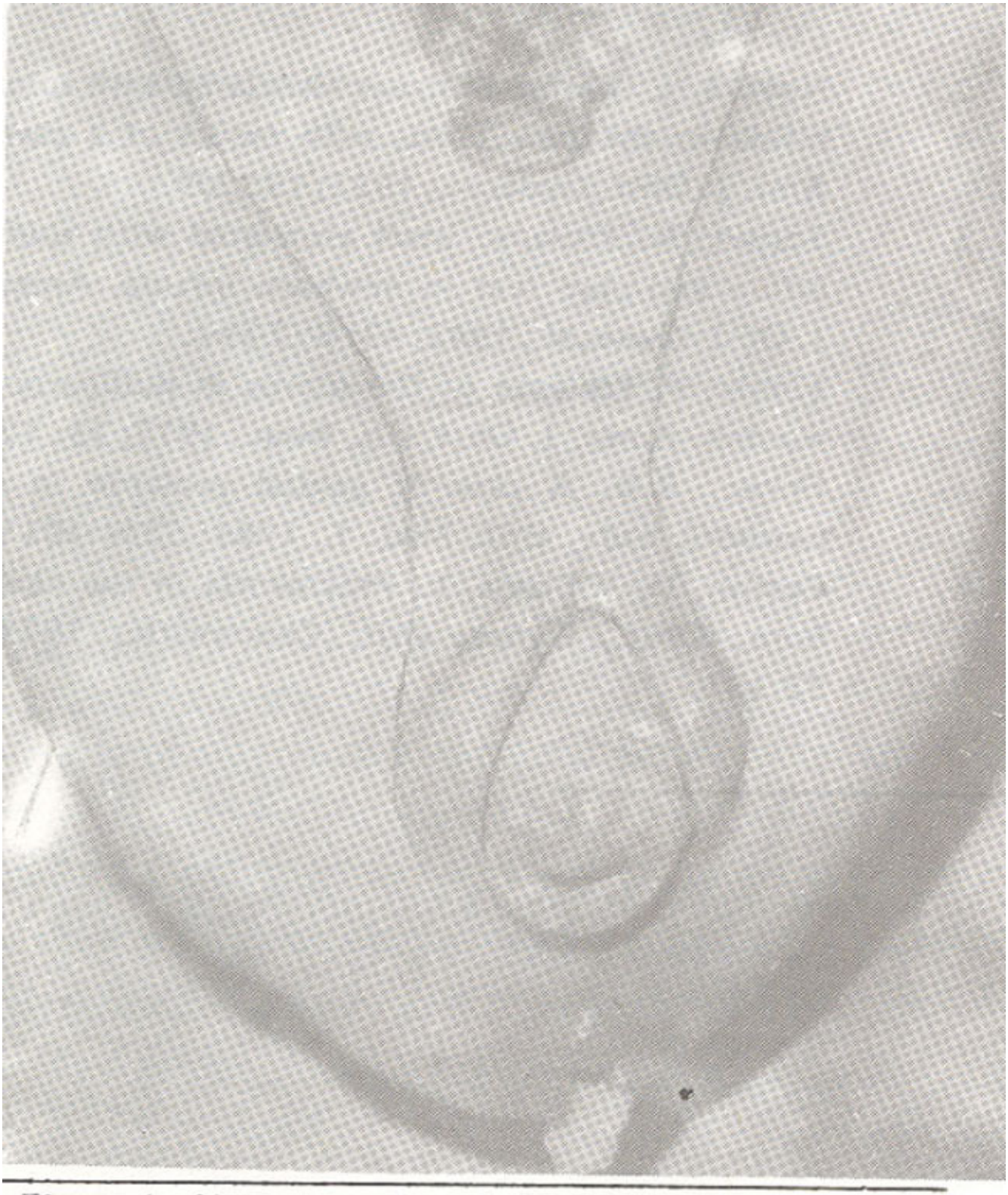

Figure 1. Uterine prolapse in Newborn.

The baby also had a large meningomyelocoele in the lower lumber region, was paraplegic and incontinent of stool and urine. The mother was 5th Para, 28 years of age, had an uneventful pregnancy and delivered child was fairly active spontaneously at home.

The and her res piratory and cardiovascular system were normal. The abdomen was soft and has no

palpable mass. The mass protruding through the vulva was a completely prolapsed uterus of normal size (Figure 1) which could be reduced digitally. The length of cervix was normal.

There was no movement or sensation in the lower limbs which were held in extension at the knee joints and 900 Flexion at the hips. Mild talipes equino varus was present bilaterally. The anal sphincters lacked tone.

The meningomyelo coele ruptured spontaneously during examination. X-Ray of the spine revealed gross spina bifida at the level of L4, L-5 along with kyphosis (Figure 2).

Figure 2.Spina Bifida at the level of L_4-L_5 along with Kyphosis.

Blood examination revealed a Haemoglobin of 10.2 Gram, blood urea was 25 mg % and a serum biirubin 2.5 mg%

MANAGEMENT

The meningo myelocoele was excised and repaired under local anaesthesia. The posterior half of the labia minora and major were partially fused, using two interrupted silk sutures after repositioning the prolapsed uterus as advised by Ajabor. The bady was given injection Gentainycin (10 nig per Kg body weight) before and for 7 days after operation. No intravenous infusion was required as the patient was feeding well. She made an uneventful recovery from the operation and there was no uterine prolapse even on straining (Figure 3).

Figure 3. Post operative appearance of genital prolapse in the newborn.

She was discharged on the fourteenth day after operation. There was no sign of hydrocephalus, the neurological signs remained unchanged.

DISCUSSION

Uterine prolapse is a disease of multiparous women and is extremely rare in the new born as is suggested by paucity of case reports in the literature[2-4]

Findley[4] attributes prolapse of uterus in spina bifida to a faulty innervation of the pelvic floor muscles resulting in their atrophy. There is also hypoplasia of the fat, connective tissue and ligaments of the pelvis.

Ajabar and Okojie[1] have attributed genital prolapse in neonates to an enlarged cervix. This was not the case in our patient.

Fraser[5] and Cotton and Williams[6] found digital repositioning of the prolapsed uterus extremely satisfactory and found no further need for an additional procedure to keep the uterus reduced in our case simple digital reduction was unsuccessful as the prolapse recurred with the slightest straining. Fusion of the posterior halves of tile labia was successful in preventing recurrence ol the prolapse.

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