

Evisceration of sigmoid epiploica through vaginal cuff dehiscence misdiagnosed as vaginal prolapse leading to delay of care

Background: Vaginal cuff dehiscence and evisceration are rare complications post-hysterectomy that warrant a high index of suspicion given the potential associated morbidity and mortality.

Objective: To present a case report of vaginal cuff dehiscence and evisceration highlighting the patient history, diagnosis, and management with a review of the literature.

Case presentation: A 63-year-old G2 P0 female with a history of total vaginal hysterectomy two years prior presented to the emergency department (ED) with sudden onset abdominal pain and vaginal bleeding after sexual intercourse. She reported a several month history of tissue protruding from the vagina that she attributed to prolapse. The ED physician examined the patient and discharged her home with suspected prolapse and gynecologic follow-up arranged. One week later, she returned to the ED with persistent vaginal bleeding and a painful mass at the vagina then was discharged again. Patient followed up with gynecology outpatient one week later where evaluation revealed large 10 x 8 x 5 cm multinodular mass extending outside of the introitus felt secondary to evisceration of bowel. She was directly admitted to the hospital and taken urgently to the operating room with suspected vaginal cuff evisceration. On exam under anesthesia and exploratory laparotomy, patient was found to have an evisceration due to of an infarcted epiploic appendage.

Methods: We utilized PubMed and PubMed Central to search for “vaginal cuff evisceration” within the last five years of publication, which spans from January 2018 to June 2023.

Results: On initial search, we identified 24 publications on Pub Med and 63 publications on PubMed Central focusing our review on post-hysterectomy vaginal cuff evisceration. We excluded 31 publications that were not post-hysterectomy and 17 duplications between the two searches. We evaluated 39 publications including 29 case reports, five cohort studies, two case control studies, one randomized control study, one review of the literature, and one resident survey. Upon analysis of these case reports, the average age of presentation is 53 years old. Common presentations include sudden onset abdominal/pelvic pain (85.71%), vaginal bleeding/discharge (42.86%), protruding mass from vaginal introitus (37.14%), and nausea/vomiting (25.07%) most frequently after an inciting event (77.14%) like sexual intercourse (42.86%) or straining with urination or defecation (17.14%). Time from hysterectomy to current presentation ranged from 4 weeks to 17 years. Based on these findings, our case report is consistent with the presentation of vaginal cuff dehiscence and evisceration.

Conclusion: Vaginal cuff dehiscence and evisceration must be considered as a differential in all patients with recent hysterectomy presenting with acute abdominal/pelvic pain, vaginal bleeding/discharge, protruding mass from vaginal introitus, and nausea/vomiting in the setting of recent sexual intercourse. Risk factors that should also alert physicians include advanced age, increased number of vaginal surgeries or deliveries, postoperative complications like infection or hematoma, vaginal atrophy or trauma, smoking, long term steroid or immunosuppressant use, radiation therapy, diabetes mellitus, malnutrition, and increased intra-abdominal pressure like with chronic constipation or coughing. Prompt diagnosis and surgical management of this condition is imperative to prevent life threatening complications such as bowel ischemia or necrosis, ileus, peritonitis, sepsis, and shock.

