



Lack of Self-Declaration Old Woman of Severe Uterine Prolapse after Vaginal Childbirth for 10 Years: Case Report

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Case Blog

Childbirth is an important event in a woman's life. Vaginal childbirth is the most common mode of delivery and it has been associated with increased incidence of pelvic floor disorders later in life [1]. One of these is pelvic organs prolapse that many women's don't report because shams in community [2]. Pelvic organs prolapse women's is the displacement of one of the pelvic organs (bladder, uterus and rectum) down and forward relative to its natural location [3]. The pelvic floor area includes the pelvic bone and its supporting muscles, the layer, form a shield that prevents abdominal and pelvic organs prolapse through the pelvic cavities, and also plays a decisive role in the, sexual intercourse, as well as the control and storage of urine and feces and vaginal childbirth [1,4]. The incidence and prevalence are unknown [5]. The factors involved in pelvic floor injury and its related complications are mostly due to age, race, familial history, increase body mass, constipation, and high birth rates, vaginal delivery with a second stage or abdominal pressure, and Macrosomia fetus [6]. The severity of these dislocations is measurable based on several systems, but the qualitative evaluation system is a relatively new system that uses anatomical description of the six points of the anterior, posterior, and middle points and their distance with the hymenal tag. In the fourth or severe type, the vagina is completely or nearly complete, and in fact the uterus leaves the back of the glove [7]. A common clinical symptom is feeling of pressure or vaginal outburst that the patient claims to be sitting on something like an egg. Feeling stretching and pain in the groin area and feeling heavy and low back pain until vaginal ulceration is advanced due to friction and dryness due to exposure to air and patient's traumatic tendency is susceptible to ulceration and bleeding and exudate secretion. There are also specific manifestations of urinary incontinence such as stress, urinary retention and frequent urination, and recurrent urinary tract infections, and constipation [8,9].

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Report about Patient

A 61-year-old woman, with a face full of chin and curled appearance, with chief complaint burning and frequent urination referred to one of the maternity facilities center in Iran shahr, southeast of the Iran country that I was Ankal's midwife. At the time of her arrival, she insisted to be examined to show me the severity of her problem, with his insistence and the lack of response to the question history, the patient was assisted on the bed of the gynecologist. As soon as my surprise and fear came to me, he pleased me that "there was nothing". This dislocation happened after delivery at home in 10 years ago and she had any problem. She said just suffering from burning and frequent urination and she said need to the drug medicine. In the observation of the full extent of the uterus, the uterus of the fourth degree, in the form of a muscle mass and form of Rugby ball, and a very pale pink with scattering wounds, it was seen as a yellow surface and was completely located between the two groining of his thigh. According to conversation, he had a hard labor without a local or educated midwife. He stated that healing of wounds with animal oil is necessary for dryness and healing. While asking for other signs and symptoms such as urinary retention and back pain, I asked her not to go to a doctor. She was ashamed, fearful of surgery, financial inability and husband's departure. He seems to have come up against this heavy complication, and has been addressing this problem over the course of time. Concerning sympathy and explaining the complications of this problem, the referral sheet was completed and introduced to the 3rd level hospital.

Conclusion

Women do not present many problems and complications of their femininity and they do not refer to a doctor or midwife who can have different reasons and can be seen in scientific documents in any culture and society. Therefore, further researches should be needed to perception this hidden events, to take appropriate action at the right time.

References

1. Memon HU, Handa VL. Vaginal childbirth and pelvic floor disorders. *Women's Health (Lond)*. 2013;9(3):276-7.
2. Dunivan GC, Anger JT, Alas A, Wieslander C, Sevilla C, Chu S, et al. Pelvic Organ Prolapse: A Disease of Silence and Shame. *Female Pelvic Med Reconstr Surg*. 2014;20(6):322-7.
3. Doshani A, Teo RE, Mayne CJ, Tincello DG. Uterine prolapse. *BMJ*. 2007;335(7624):819-23.
4. Ozdemir FC, Pehlivan E, Melekoglu R. Pelvic floor muscle strength of women consulting at the gynecology outpatient clinics and its correlation with sexual dysfunction: A cross-sectional study. *Pak J Med Sci*. 2017;33(4):854-9.
5. Hallock JL, Handa VL. The Epidemiology of Pelvic Floor Disorders and Childbirth: An Update. *Obstet Gynecol Clin North Am*. 2016;43(1):1-13.
6. Vergeldt TF, Weemhoff M, IntHout J, Kluivers KB. Risk factors for pelvic organ prolapse and its recurrence: a systematic review. *Int Urogynecol J*. 2015;26(11):1559-73.
7. Walters M, Karram M. *Urogynecology and Reconstructive Pelvic Surgery* 4th ed. *Int Neurourol J*. 2015;19(1):51.
8. Jonathan S. Berek and Novak's *Gynecology*. 15th ed. Lippincott Williams and Wilkins. *J Obstet Gynaecol India*. 2014;64(2):150-1.
9. Veitenhansl M, Stegner K, Hierl FX, Dieterle C, Feldmeier H, Gutt B, et al. 40th EASD Annual Meeting of the European Association for the Study of Diabetes: Munich, Germany, 5-9 September 2004. *Diabetologia*. 2004;47(1):A1-A464.