

Pregnancy with Prolapse Utery

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ABSTRACT

Present uterine prolapse, which can occur before or during pregnancy, is uncommon in pregnant women. Premature delivery and fetal death, additionally to urinary tract infection and acute urinary retention, are complications caused by uterine prolapse in pregnancy. These complications range from a minor cervical infection to an unplanned abortion. A 38-year-old woman who had a vaginal delivery eight years ago is described in this case. Early detection and close monitoring are critical during pregnancy. Individual attention is required for a successful pregnancy outcome, but bed rest should never be overlooked. Depending on the severity of the uterus prolapse as well as the patient's preferences, conservative treatment options during pregnancy may be an option. Pregnancy-related conservative treatment modalities, depending on Depending on the patient's preferences and the degree of uterine prolapse, it may be possible to have a natural and healthy spontaneous pregnancy. However, treating uterus prolapse while pregnant requires early detection and treatment.

Keywords: Uterine prolapse, pregnancy, nulliparous.

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I. INTRODUCTION

Uterine prolapse is a rare maternal event that can occur before or during pregnancy. Problems of uterus prolapse during pregnancy include premature labour, maternal and foetal fatality, intense urinary retention, and gastro - intestinal infection. Additionally, affected women may be more susceptible to dyskinesia during labour and may need urgent assistance to give birth.

Uterus prolapse during pregnancy is rare, with an approximated rate of one per 10,000–15,000 deliveries [1]. There are a number of complications that can arise from this condition, such as suffering for the client, cervical desiccation and skin lesions, urinary incontinence, acute urinary retention, abortion, premature labor, and even maternal death [2].

POP is a condition where the pelvic organs protrude into the vagina or even out of the vagina from their normal anatomical position due to disorder of the pelvic muscles, fascia, and endopelvic ligaments. Prolapse is derived from the

Latin word "prolapse," which means falling or slipping from its original place [3], [4]. Uterus is one of the genital organs that can prolapse in the pelvis (uterine prolapse = PU) [5].

Recommendations regarding It is rare and out of date to manage this uncommon but potentially dangerous condition. This examination will look for prenatal, perinatal, and postpartum complications that may result from prolapse as well as factors that contribute to it. It will also look at treatment options that are available to obstetricians. Even though early detection and appropriate prenatal management of uterine prolapse during pregnancy are required, the establishment of conservative treatment procedures throughout pregnancy, which are applied depending on the severity of the uterus and patient preferences, may be sufficient to achieve a normal pregnancy and normal natural childbirth.

II. CASE REPORT

A 38-year-old woman reported a second pregnancy with a history of one vaginal delivery 8 years ago. The history of the

first pregnancy was put on a pessarium because the cervix was short.

Currently coming with a second pregnancy aged 13 weeks 4 days with a cervical measurement plan. From the results of the ultrasound examination, CRL was 7.16 cm, ductus venosus heart rate was 153 bpm, nasal bone was 3.36 mm, nuchal translucency was 0.70 mm. A transvaginal scan was performed, the length of the cervix was 4.85 cm and a vaginal examination found grade one uterine prolapse.

Planned to perform a pessarium installation at 16 weeks of gestation.

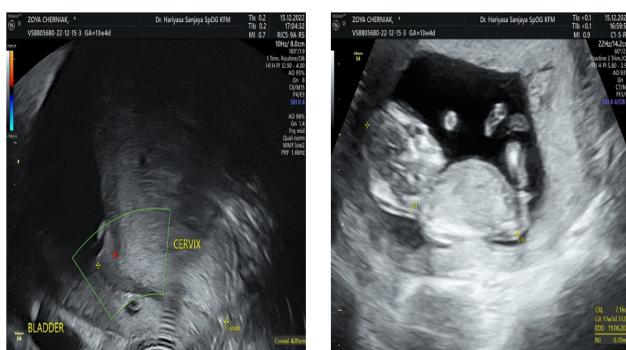


Fig. 1. Ultrasound in 13 weeks 4 days.

III. DISCUSSION

Uterine prolapse during pregnancy is uncommon and mostly affects multiparous women in the first or second trimester [6]. A 38-year-old woman reported as having her second pregnancy with a history of one vaginal delivery 8 years ago has been described previously. The first pregnancy's history is kept in a pessary because the cervix is so short. Based on the examination's findings, a cervical length of 4.85 cm (still good) was discovered after 14 weeks of pregnancy, but there was grade I uterine prolapse. Therefore, when the gestational age reaches 16 weeks, patients are advised to use a pessary. None of the patients, meanwhile, expressed any pain or discomfort related to their pregnancy [7].

According to current theory, if this condition is ignored until the mother complains, pregnancy complications may occur. Premature delivery and the death of the mother and foetus, as well as acute urinary retention and urinary tract infection, are complications caused by uterine prolapse in pregnancy. These complications range from mild cervical infection to spontaneous abortion. Additionally, affected women may be at risk for dystocia during labour, necessitating immediate delivery assistance. There are few and outdated recommendations for managing this uncommon but potentially dangerous condition [8].

Even though early detection and appropriate management of uterine prolapse during pregnancy are critical, the use of conservative treatment modalities during pregnancy, which are applied in accordance with the severity of uterine prolapse and patient preference, may be sufficient to achieve a smooth and normal, spontaneous pregnancy [9].

The prolapse will typically improve quickly after delivery if this condition is managed during pregnancy and does not result in complications, and it won't return before the one-month postpartum examination. That is what we hope for in

order for the pregnancy, delivery, and postpartum periods to go smoothly and without many issues or complaints [10], [11].

Authors discuss a case of pregnancy-related uterine prolapse that responded favourably to straightforward conservative therapy. This, in our opinion, is the best option. Furthermore, the key to successfully managing this rarity. The goal of early detection of pregnancy complications is to avoid the most serious risks to the mother and fetus. The main risks to the mother and fetus are avoided in this reported case because there is no patient discomfort, urinary tract infection, acute urinary retention throughout the pregnancy, or premature labor.

IV. CONCLUSION

Cervical prolapse occurs extremely rarely during pregnancy. Early detection of this condition is critical, and when combined with effective treatment, associated complications such as premature birth and birth trauma can be avoided. Even though the level of achievement is obviously based on the severity of symptoms, these patients can experience spontaneous delivery when receiving conservative care during pregnancy.

CONFLICT OF INTEREST

Authors declare that they do not have any conflict of interest.

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