

HERNIATION OF THE PREGNANT UTERUS THROUGH THE PREVIOUS CESAREAN SECTION INCISION

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SUMMARY

This is a rare case of pregnancy following the previous cesarean section with diastasis of the recti abdominis and extensive necrosis of the skin over the pendulous herniated uterus.

KEY WORDS: *Cesarean section; Extensive necrosis; Herniation of the pregnant uterus; Skin ulcer.*



INTRODUCTION

One of the common causes of herniation after the pregnancy in patients is ischemia and necrosis of the skin and ulceration that appears after the ischemia. Poor nutritional state helps this condition and the development of the extensive necrosis of the covering skin.

CASE REPORT

A 25-year-old woman referred to the outpatient department (OPD) of Mirza Kocheh-Khan Women Hospital in May, 1989 complaining chiefly of painful stretching of her abdominal skin that was rendered black with areas of ulceration.

The patient was a gravida 3 woman with the past obstetric history of one vaginal delivery and a cesarean section, 6 and 2.5 years ago, respectively. She could not exactly remember her last menstrual period (LMP). She had developed hyperpigmentation of the skin around the cesarean section scar since the second month of her recent pregnancy. While the uterus was enlarging, this area extended and its color changed to brownish black. Necrosis and very painful ulcerations had developed on her abdominal skin twenty days before her admission.

In the physical examination, the most remarkable finding was a pendulous full term pregnant abdomen with ischemic ulcerations on a dark necrotic skin. Her appearance was thin, cachectic, and anemic. The function of all her organs were normal and her vital signs were within normal range. Obstetric examinations revealed the fundal height, a full term pregnant uterus with active fetal heart rate, longitudinal lie of the fetus, and well-engaged

cephalic presentation. Uterine wall was easily palpable through the thin supporting skin.

Consequently, the patient was prepared for the operation. She received one gram ampicillin every six hours before the operation. After prep and drape, the abdominal wall was opened through a transverse incision over an ulcer-free part of the skin. Immediately under the skin and the subcutaneous tissue, the herniated uterus was seen. Some parts of the omentum were attached to the fascia. After opening the uterine wall, a healthy male infant was delivered weighing 3700 grams. Then, after the excision of all the necrotic tissues, the abdominal wall was repaired.

Finally, the specimen was sent for the pathology examinations.

Microscopic examinations revealed the skin tissue with crust formation, infiltration of the polymorphonuclear leucocytes (PMNL), fibroblast proliferation, the edema of a well-vascularized granulation tissue, and the skin ulcer.

The patient was discharged in a good condition with her baby ten days after the operation.

RESULTS AND DISCUSSION

Herniation occurred in this patient after her recent pregnancy through a previous cesarean incision. As the pregnancy progressed, the overlying skin was painfully stretched, and finally, the vascular deterioration led to ischemic necrosis and ulceration of the skin. In addition, we believe that the patient's poor nutritional status might have also an important role in the development of such a kind of herniation and extensive necrosis.

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