Omental Prolapse Through Vaginal Cuff Dehiscence

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CASE PRESENTATION
A 31-year-old female with a history of laparoscopic-assisted vaginal hysterectomy two years prior presented by ambulance to the emergency department with an acute onset of abdominal pain and a 15-centimeter bloody vaginal protrusion, which resulted during an attempted bowel movement. Physical examination was notable for a flat but slightly tender abdomen, normal bowel sounds, scant vaginal bleeding, and a 15-centimeter long, blood-tinged mass protruding from the vagina. A brief and unsuccessful attempt at reduction was made by the emergency physician. Obstetrics and gynecology was consulted, and the patient was taken to the operating room for exam under anesthesia.

DISCUSSION
The diagnosis was omental prolapse through vaginal cuff dehiscence. Following a vaginal hysterectomy, the vaginal cuff is closed surgically. Occasionally, this site can dehisc, allowing abdominal contents such as the small bowel or omentum to enter the vagina or protrude through the vaginal canal. In existing literature, reports of prolapses of omentum are uncommon, and photographed cases may illustrate an anterior or apical vaginal bulge, as opposed to a completely visible omental mass, as seen here. Vaginal cuff dehiscence is estimated to have a rate of 0.39%. It is more commonly seen after total laparoscopic hysterectomy (1.35%) compared with...
laparoscopic-assisted vaginal hysterectomy (0.28%).

Risk factors include trauma from sexual intercourse, repetitive Valsalva maneuvers, smoking, malnutrition, anemia, diabetes, immunosuppression, and corticosteroid use. Cases typically present as vaginal spotting or post-coital bleeding, and occasionally as pelvic pressure or protrusion. Most cases occur within weeks to months after the procedure, but some can present years later. Patients are at risk for infection due to exposure of peritoneal contents to vaginal and skin flora. Management includes administration of broad-spectrum antibiotics. Partial dehiscence can be managed with rest, but large dehiscence is usually managed surgically.

This case highlights the importance of the pelvic exam in patients with vaginal bleeding and abdominal pain, and care should be taken to not mistake protruding omental tissue for prolapsed vaginal mucosa.

Documented patient informed consent and/or Institutional Review Board approval has been obtained and filed for publication of this case report.

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