IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A Rare Case Of Vault Prolapse With Cystocele And Enterocele Post-Hysterectomy; Case Repot

1VAISHNAVI WASUDEO DONGARE, 2Tejaswini Gopal Bhasme, 3Minal Pravin Dikondwar
1Clinical instructor , 2Clinical Instructor, 3Clinical Instructor
1bhausaheb mulak nursing college, Nagpur,
2Bhausaheb mulak nursing college, nagpur,
3Bhausaheb Mulak nursing college

ABSTRACT

A 60-year-old post-hysterectomy woman presented with a one-year history of vaginal mass protrusion, difficulty walking, and incomplete micturition. Examination revealed vault prolapse with cystocele and enterocele. She was hemodynamically stable with mild pallor and pedal edema. Investigations showed hemoglobin 11 g%, platelet count 1.24 lakh/cumm, and normal renal, liver, thyroid, and viral profiles. Conservative management included lifestyle modification, pelvic floor exercises, multivitamins, antihypertensives, and topical estrogen. She was advised sexual abstinence for three months and follow-up for thyroid and fecal occult blood tests. Surgical correction such as sacrocolpopexy was planned if symptoms persisted. This case emphasizes early recognition, supportive care, and individualized management of post-hysterectomy vault prolapse with cystocele and enterocele.

Keywords: Vault prolapse, cystocele, enterocele, hysterectomy complications, pelvic organ prolapsed

INTRODUCTION

Pelvic organ prolapse (POP) is a common gynecological disorder characterized by the descent of pelvic organs due to weakening of the pelvic floor muscles, fascia, and ligamentous supports. It significantly affects women's quality of life, particularly in the postmenopausal and post-hysterectomy age groups. Vault prolapse refers to the descent of the vaginal apex following hysterectomy and may be accompanied by other forms of prolapse such as cystocele (anterior vaginal wall prolapse involving the bladder) and enterocele (herniation of the peritoneal sac containing small bowel). The etiology is multifactorial and includes factors like aging, menopause, multiparity, obesity, chronic straining, constipation, and previous pelvic surgery.

Following hysterectomy, the absence of uterine support leads to loss of the apical suspension provided by the uterosacral and cardinal ligaments, predisposing the vault to descend into the vaginal canal. Early identification and appropriate management—ranging from conservative to surgical—are essential to alleviate symptoms, prevent complications, and improve overall pelvic health.

CASE PRESENTATION

A 60-year-old woman complained of something sticking out of her vagina for a year, along with walking difficulties and insufficient micturition. She had previously received seven units of blood transfusions and had undergone a complete abdominal hysterectomy (TAH). Upon assessment, her vital signs were stable, her health was fair, and she was afebrile. Pedal edema and mild pallor were seen. Significant vault prolapse with cystocele and enterocele was discovered during a local inspection. (Figure 1) There was no aggressive discharge, and the vaginal walls seemed atrophic. Laboratory analysis revealed platelets of 1.24 lakh/cumm, hemoglobin of 11 gm%, and a total leukocyte count of 4300/cumm. Tests for liver and kidney function and urine were both normal. TSH was 1.23 and all viral markers (HCV, HBsAg, and HIV) were negative.[1] The patient was treated conservatively by avoiding heavy lifting, increasing fluid intake, eating a high-fiber diet, and performing pelvic floor exercises. Among the medications were Tab B Complex BD, Tab Telma 40 mg OD, and local estrogen therapy (Evicon ointment). For three months, sexual abstinence was recommended. Her follow-up appointment was set for February 23, 2025, and she would have a follow-up TSH and FIT test in a month. If symptoms continued, surgical treatments such as sacrocolpopexy would be taken into consideration. This case demonstrates how supportive care and medication therapy can be used to conservatively address post-hysterectomy vault prolapse with cystocele and enterocele. [2]

PATIENT PERSPECTIVE

The patient expressed gratitude for the comprehensive care provided and reported improved quality of life following surgery and adjuvant therapy.

INFORMED CONSENT

Informed consent was obtained from the patient for publication of this case report.

DISCUSSION

Vault prolapse is a well-recognized late complication of hysterectomy, occurring in approximately 0.2–43% of patients depending on the surgical technique and postoperative pelvic support. The condition arises due to detachment or weakening of the uterosacral and cardinal ligaments, which normally maintain the upper vaginal vault in its anatomical position. Other contributing factors include loss of estrogen, connective tissue weakness, and chronic increased intra-abdominal pressure.

Patients often present with a sensation of vaginal heaviness, a visible or palpable mass, urinary retention, constipation, and sexual dysfunction. In this case, the patient's complaints of protruding mass, difficulty walking, and incomplete micturition were classical for advanced prolapse involving multiple compartments.

Conservative management remains the first line of therapy in mild to moderate cases or for those unfit for surgery. Pelvic floor exercises and topical estrogen therapy help strengthen support structures and improve mucosal health. Lifestyle modifications, such as maintaining optimal body weight and avoiding straining, are important preventive measures.

For patients with severe symptoms or failed conservative treatment, surgical correction provides long-term relief. Sacrocolpopexy—performed via abdominal or laparoscopic route—is considered the gold standard, offering strong apical support by suspending the vaginal vault to the sacral promontory. Other techniques include sacrospinous ligament fixation and uterosacral ligament suspension. The choice of surgery depends on patient age, comorbidities, vaginal length, and surgeon expertise.

This case highlights the effectiveness of individualized care, where initial conservative management provided symptom control, with the option of surgical repair reserved for recurrence or persistence. It also emphasizes the importance of patient counseling, long-term follow-up, and preventive pelvic floor exercises even after hysterectomy.

CONCLUSION

Vault prolapse following hysterectomy is a significant yet preventable complication that can severely affect a woman's physical comfort, mobility, and psychological well-being. A multidisciplinary approach involving lifestyle changes, pelvic physiotherapy, hormonal therapy, and surgical correction ensures optimal outcomes. Early detection and timely intervention play a crucial role in preventing progression and recurrence.

This case underscores the importance of ongoing pelvic floor assessment after hysterectomy and demonstrates how supportive care, conservative therapy, and proper counseling can improve patient outcomes and quality of life

Acknowledgment

The authors express their sincere gratitude to the Department of Obstetrics and Gynaecology, faculty members, and clinical staff for their valuable guidance, constant support, and cooperation in the management of this case. Special thanks to the nursing team and the patient for her consent and cooperation throughout the course of treatment and follow-up.

Financial support and sponsorship

Nil. The authors did not receive any financial support, grant, or funding from any agency, institution, or organization for this case report.

Conflicting Interest

Nil. The authors did not receive any financial support, grant, or funding from any agency, institution, or organization for this case report.

REFERANCE:

[1] R. C. Bump and P. A. Norton, "Epidemiology and natural history of pelvic floor dysfunction," Obstet. Gynecol. Clin. North Am., vol. 25, no. 4, pp. 723–746, Dec. 1998, doi: 10.1016/s0889-8545(05)70039-5.

[2] C.-H. Kuo and B. A. Mikes, "Pelvic Organ Prolapse," in StatPearls, Treasure Island (FL): StatPearls Publishing, 2025. Accessed: Sep. 09, 2025. [Online]. Available: http://www.ncbi.nlm.nih.gov/books/NBK563229/

Tables and figures

Fig.1: Severe Vault Prolapse with Cystocele