Case Report

Spontaneous Annular Detachment of the Cervix

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Abstract

Annular detachment of the cervix is the total circular separation of the anterior or posterior lip of the uterine cervix during or immediately following delivery. Sometimes both lips are separated causing complete amputation of the cervix. A case of annular detachment of the cervix is described here.

Key words: Annular detachment, labour, cervix.

Introduction

Obstetrics is a field of unpredictably predictable situations. Cervical annular detachment is not only a rare complication of pregnancy but also very rarely reported. It is mostly common in primigravidas but multigravidas also suffer from it.¹⁻³ Factors mostly responsible are true cervical dystocia, bearing down on an undilated cervix and labour ignored for a long time. Most cases reported are about anterior and posterior lip of cervix detached, we describe a case of annular (complete) detachment.

Case Report

A 26 years old primigravida was admitted in labour room after being referred from a rural health center, from where she was referred after 18 hours. She reached our hospital after travelling for six hours.

At presentation she was dehydrated, anxious, having strong uterine contractions. Her blood pressure was 100/60 mmHg, pulse was 100 bpm and temperature was 99°F. On abdominal examination fundal height was 38cm, fetal heart rate was absent, lie longitudinal, presentation cephalic, not engaged, liquor less than normal. On pelvic examination, vulva was swollen, but to our surprise cervix was protruding through introitus. On gentle vaginal examination, cervix did not have any attachment with the uterus. Senior obstetrician was informed. The detached portion was removed. Remaining part of cervix was fully dilated, head was high with moulding and membranes were absent. Emergency caesarean section was done. A female baby of four kilograms with no
signs of life was delivered. There was no complication during surgery. Patient was admitted in hospital for seven days. During her stay, she remained stable and had no complications. Counseling was done about next pregnancy and delivery, but so far the patient has not come for follow-up.

**Discussion**

Detachment of cervix is an unusual and uncommon obstetric complication. Many factors are believed to be responsible for such an accident. It may happen when cervix fails to dilate due to previous tears, external os may be resistant to dilation, bearing down on an undilated cervix, repeated vaginal examinations may damage the cervix by making hole in it, strong uterine contractions pressing presenting part against unripe cervix, precipitate labour and obstructed labour. A rigid or noncompliant cervix is responsible for primary cervical dystocia and it fails to dilate or efface under the influence of normal uterine contractions. Overactivity of uterus may also cause cervix to split and detach as well as forceps delivery. Spontaneous vaginal delivery occurred in most of the reported cases both with partial or complete cervical detachment. Parmar K reported a case of primigravida with partially detached cervix before delivery. Patient delivered spontaneously and remaining part of the cervix sloughed off and fell out naturally thereafter. Usually there is not much bleeding after detachment but Neri A, Grant FG and Rebinerson D had to excise the detached part of cervix after delivery and apply sutures to control bleeding. Kosin Amatayakul reported almost complete annular detachment in a multigravida. The bleeding of portio vaginalis was controlled by catgut sutures and packing. In our case there was no hemorrhage may be because of prolonged pressure of the head on the remaining portion. No suturing or packing was required.

Whether these patients have fertility issues or obstetric problems in future is not clearly known. Neri A followed his case and the patient conceived after eight months. She delivered vaginally without complications. The patient of Grant FG also conceived after two years and delivered vaginally with a short labour of only two hours. Nasr A did Caesarean Section in a patient who had amputation in previous pregnancy. Though fertility was preserved, there was marked cervical fibrosis.

In the present case, the main factors responsible would be prolonged labour, bearing down on undilated cervix, multiple vaginal examinations and strong uterine contractions due to the use of syntocinon. Many of these factors are avoidable. Awareness, early referral and better conveyance system would have helped in prevention of an accident very much unknown to the known.

**Conclusion**

Annular detachment of the cervix is a rare complication in obstetrics. Most of the factors responsible, for example cervical dystocia, bearing down on undilated cervix and labour ignored for long time, are avoidable. There is very little literature available on such complications but it does not mean that they don’t happen. Remote areas of Pakistan need to be addressed seriously in terms of maternal health. We would suggest that if government prioritizes health, traditional birth attend-
ants are made aware of early signs of complications, rural health centers are developed, conveyance is made easy, patients are made aware of antenatal care and importance of follow-up, then the picture of obstetrics may be improved. Though most of the factors don’t seem to improve in near future, but let hope float.

References