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REVIEW ARTICLE

A Comprehensive review of Uterine Prolapse: Etiology, Diagnosis of Management

Ritu[1], Anshika Rosha[2], Shambhuvi[3]

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ABSTRACT

Uterine prolapse is a common gynecological condition characterized by the descent of the uterus into or beyond the vaginal canal due to weakening of the pelvic support structures. It predominantly affects multiparous and postmenopausal women, with risk factors including childbirth trauma, advancing age, obesity, and chronic intra-abdominal pressure. Clinically, it presents with symptoms such as pelvic pressure, a visible vaginal bulge, urinary and bowel dysfunction, and sexual difficulties. Diagnosis is primarily clinical, supported by pelvic examination and classification systems like the POP-Q. Management options range from conservative approaches, such as pelvic floor exercises and pessary use, to surgical interventions like vaginal hysterectomy and uterine-sparing procedures. Prevention through lifestyle modifications and pelvic muscle strengthening is essential, especially in at-risk populations. This article provides a comprehensive overview of uterine prolapse, emphasizing the importance of individualized patient care for optimal outcomes.

KEYWORDS

• Pelvic Relaxation • Prolapsed Uterus • Vaginal Bulge • Urinary Incontinence • Bowel Dysfunction • Dyspareunia

INTRODUCTION

Uterine prolapse is a form of pelvic organ prolapse where the uterus descends from its normal position into or through the vaginal canal. It is a common gynecological condition, particularly affecting multiparous women and postmenopausal females due to weakening of the pelvic support structures.

AUTHOR'S AFFILIATION:

[1] Assistant Professor, Galgotias College of Nursing, Galgotias University, Greater Noida, Uttar Pradesh, India.

[2] Nursing Tutor, Galgotias College of Nursing, Galgotias University, Greater Noida, Uttar Pradesh, India.

[3] Nursing Tutor, Galgotias College of Nursing, Galgotias University, Greater Noida, Uttar Pradesh, India.

CORRESPONDING AUTHOR:

Ritu, Assistant Professor, Galgotias College of Nursing, Galgotias University, Greater Noida, Uttar Pradesh, India.

E-mail: ritu@galgotiasuniversity.edu.in

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Etiology and Risk Factors

The primary cause of uterine prolapse is the weakening of the pelvic floor muscles and ligaments. Common risk factors include:

- Multiple vaginal deliveries
- Advancing age and postmenopausal status
- Chronic cough or constipation
- Obesity
- Prolonged labor and instrumental deliveries
- Genetic predisposition to connective tissue weakness

Pathophysiology

Uterine prolapse occurs when the uterosacral and cardinal ligaments, which provide vertical and horizontal support to the uterus, become stretched or damaged. This leads to the uterus descending along the vaginal axis, potentially protruding beyond the introitus in severe cases.

Classification

Uterine prolapse is graded based on the degree of descent:

- **Grade 1**: Descent into the upper vagina
- **Grade 2**: Descent to the introitus
- **Grade 3**: Cervix outside the introitus
- **Grade 4**: **(Procidentia)**: Entire uterus outside the vaginal canal

Clinical Features

Common symptoms include:

- A sensation of vaginal fullness or pressure
- Visible or palpable mass at the vaginal opening
- Urinary symptoms (incontinence, retention)
- Difficulty with defecation
- Lower back pain
- Sexual dysfunction

Diagnosis

Diagnosis is typically clinical and confirmed through pelvic examination, often using the **Pelvic Organ Prolapse Quantification (POP-Q)** system. Imaging such as ultrasound or MRI may be used in complex cases.

Management Strategies

1. **Conservative Treatment**
   - **Pelvic floor exercises (Kegel exercises)**: Strengthen the levator ani muscle group
   - **Pessary insertion**: A non-surgical option, especially for elderly or medically unfit patients
2. **Surgical Treatment**
   - **Vaginal hysterectomy**: Removal of the prolapsed uterus
   - **Uterosacral or sacrospinous ligament fixation**: For uterine preservation
   - **Sacrocolpopexy (via abdominal or laparoscopic route)**: Often used in women desiring uterine conservation with better anatomical outcomes

Prevention

- Encouraging pelvic floor exercises postpartum
- Avoiding heavy lifting and managing chronic cough/constipation
- Maintaining a healthy weight
- Hormone replacement therapy in selected postmenopausal women may improve tissue elasticity

Prognosis and Recurrence

Recurrence rates vary depending on the procedure used and individual patient factors. Proper surgical technique, rehabilitation, and follow-up are critical in reducing recurrence.

CONCLUSION

Uterine prolapse remains a significant cause of morbidity in women, particularly with increasing age and parity. Timely diagnosis and individualized management strategies ranging from lifestyle modification to surgical correction can greatly improve patient outcomes and quality of life.

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