

CASE REPORT ON P₃L₃ WITH PROCIDENTIA WITH LUMBAR SPONDYLOSIS

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ABSTRACT

Procidentia is the most severe form of pelvic organ prolapse (POP), where the uterus or vaginal apex fully descends outside the vaginal opening. It results from weakened pelvic floor muscles, often due to childbirth, aging, hormonal changes, or increased abdominal pressure. Symptoms include a visible bulge, pelvic discomfort, and difficulties with urination or bowel movements. Risk factors include vaginal delivery, menopause, chronic coughing, and obesity. Diagnosis involves clinical examination, and treatment ranges from pelvic floor exercises and pessaries to surgical options like uterine suspension. Early intervention helps relieve symptoms and prevent complications.

Lumbar spondylosis is a degenerative condition affecting the lumbar spine, commonly associated with aging. It involves wear and tear of the intervertebral discs, vertebrae, and facet joints, leading to stiffness, lower back pain, and sometimes nerve compression. Symptoms may include radiating pain, numbness, or weakness in the legs. Risk factors include aging, obesity, repetitive strain, and a sedentary lifestyle. Diagnosis typically involves clinical evaluation and imaging like X-rays or MRI. Treatment options include physical therapy, pain management, lifestyle modifications, and, in severe cases, surgical intervention.

Keyword: *PROCIDENTIA, LUMBAR SPONDYLOSIS*

INTRODUCTION: -

Procidentia

Procidentia is a condition in which the uterus or vaginal apex completely prolapses outside the vaginal opening. It occurs due to significant weakening of pelvic floor support, often linked to multiple childbirths, menopause, or chronic pressure from coughing or constipation. Patients may experience a visible protrusion, pelvic discomfort, and functional issues with the bladder or rectum. Treatment can be non-surgical, such as using a pessary, or surgical to restore pelvic support. Addressing contributing factors like chronic strain is essential for prevention and long-term management.

Lumbar Spondylosis

Lumbar spondylosis is a chronic degenerative disorder of the lower spine that leads to changes in the intervertebral discs, bones, and joints. It is a common cause of back pain and stiffness, particularly in older adults. In some cases, nerve compression occurs, causing symptoms like leg pain, numbness, or weakness. Diagnosis involves imaging studies, and treatment focuses on symptom relief through physical therapy, exercise, and medications. Surgery may be required for severe cases with persistent nerve compression or disability.

CASE REPORT: -

Patient came with complaints of mass in p/v since 3 years, initially small in size, increased in size progressively to current size. Cause of back pain since 1 year, leg pain since 1 year. Patient does not have pain in abdomen/mass per abdomen, vomiting, chronic cough. She had history of cervical biopsy done on 23/11/24. No history of diabetic mellitus, tuberculosis, thyroid, bleeding disorders

Table No. 1: Vitals on examination.

Temperature	97.6 °F
Blood pressure	110/70 mmhg
Spo2	97% @RA
Pulse rate	80 bpm
RR	14 bpm

LABORATORY INVESTIGATIONS:-

HB	11.2g%
PCV	41.20%
RBC	4.7million cells/cumm
WBC	5900cells/cumm
MCV	78.7 fl
MCH	23.8 pg/cell
MCHC	30.2g/dl
PLATELETS	1.97 lakhs
FBS	115mg/dl
PBBS	189mg/dl
HbA1C	7%
FT4	6.76ug/dl
FT3	0.94ng/dl
TSH	3.05Me/l

SYSTEMIC EXAMINATION: -

- ✓ **L/E** – proclivencia
- ✓ **P/V**- Cystocele +, entercele+ Rectocele+, deficient perineum+Radiograph L-S spine: Lumbar spondylosis, mild levoscoliosis of thoraco lumbar spine.
- ✓ **USG – abdomen and pelvis**
Grade 1 fatty liver, well defined heterogeneously hypochoic lesion involving low uterine segment and cervical canal with minimal flow
Uterus 9.7*6.1*5cm
- ✓ **Histopathology**
Received two grey white tissue bit largest measuring 0.8*0.5*0.9 and other 0.6*0.4*0.3 cm
Impression – cervical biopsy features of chronic non specific cervicitis with squamous metaplasia.
- ✓ **Procedure done** – vaginal hysterectomy with anterior colporaphy with external mac culdoplasty

TREATMENT: -

Drug prescribed	Dose	Frequency	Route of administration
T.CALCIUM D ₃		0-1-0	PO
T. ZERODOLTH ₄		1-0-1	PO
T. PAN	40mg	1-0-0	PO
OXALGIN GEL		1-1-1	L/A
T.NIFTAS	100mg	1-0-1	P/O
SYP.CITRALKA	40 mg	1-1-1	P/O

INJ.TAXIM	1g	1-0-1	IV
INJ.PAN	40 mg	1-0-1	IV
INJ.METROGYL	100ml	1-1-1	IV
INJ.TRAMADOL	100ml NS	SOS	IV
INJ.EMESSET	4mg	1-1-1	IV
T. DICLOMOL		1-0-1	PO
T.LINCEE		0-1-0	PO
T.DART		1-1-1	PO
SYP.GRILLINCTUS	2TSP	1-1-1	PO
DUCLOCLEX SUPPO		SOS	
T.TAXIM O	200mg	1-0-1	PO

DISCUSSION: -

- ✓ **ETIOLOGY:** - Proctidemia, or severe uterine prolapse, occurs due to weakened pelvic support structures caused by factors like childbirth trauma, increased intra-abdominal pressure (from obesity or chronic coughing), aging, post-menopausal estrogen deficiency, connective tissue disorders, and pelvic surgeries. Chronic constipation and nerve damage also contribute. Management includes lifestyle changes, physical therapy, pessaries, or surgery depending on severity.

Lumbar spondylosis is caused by age-related wear on intervertebral discs and facet joints, leading to disc degeneration, osteoarthritis, and bone spurs. Risk factors include genetics, mechanical stress, obesity, poor posture, and previous spine injuries.

- ✓ **CLINICAL PRESETATION**

Proctidemia presents as a visible uterine protrusion through the vaginal opening, often with pelvic pressure, discomfort, urinary and bowel symptoms, lower back pain, and vaginal irritation. Symptoms worsen with standing or straining and improve when lying down.

Lumbar spondylosis presents with chronic lower back pain, stiffness, and reduced flexibility, often worsening with activity and improving with rest. Neurological symptoms like radiating leg pain

Neurological symptoms like radiating leg pain

(sciatica), numbness, or weakness may occur if nerve roots are compressed. Advanced cases can cause spinal stenosis, leading to difficulty walking or standing for prolonged periods.

✓ **DIAGNOSIS**

Procidencia is diagnosed through a clinical history and pelvic examination, assessing symptoms like vaginal bulge and urinary or bowel dysfunction. The severity is classified using the POP-Q system. Imaging (ultrasound or MRI) and urodynamic studies may be used if needed, with diagnosis confirmed based on findings and symptom impact.

Lumbar spondylosis is diagnosed through clinical evaluation of symptoms like chronic back pain and stiffness. Imaging, typically X-rays, reveals degenerative changes, while MRI or CT scans assess nerve compression or spinal stenosis if neurological symptoms are present.

✓ **TREATMENT**

Treatment for procidencia includes pelvic floor exercises, lifestyle changes, and pessary use for mild cases. Hormonal therapy may help postmenopausal women. Severe cases may require surgery, such as vaginal hysterectomy or pelvic organ reconstruction, depending on symptoms and patient health.

Treatment for lumbar spondylosis includes physical therapy, pain medications, heat/cold therapy, and lifestyle changes. Epidural steroid injections may be used for nerve compression, while surgery (spinal fusion or discectomy) is considered in severe cases.

✓ **COMPLICATIONS**

Complications of procidencia include urinary issues, bowel problems, vaginal ulceration, sexual dysfunction, and chronic back pain. Severe cases can lead to infections and posture problems. Lumbar spondylosis complications include chronic pain, nerve compression (sciatica), spinal stenosis, reduced mobility, and impaired function. Both conditions can significantly affect quality of life if untreated.

CONCLUSION: -

In conclusion, procidencia and lumbar spondylosis are both debilitating conditions affecting quality of life. Procidencia can cause urinary, bowel, and sexual dysfunction, with treatment ranging from conservative measures to surgery. Lumbar spondylosis leads to chronic pain and nerve compression, managed through physical therapy, pain relief, and surgery if necessary. Early diagnosis and treatment are key to improving outcomes.

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