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CASE REPORT**Pregnancy After the Manchester Fothergill Procedure**Yodi Ertandri¹, Ermawati²

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Abstract

Pregnancy after a manchester fothergill action is rare, occurring 1-10,000 post-action. post-manchester fothergill pregnancy can cause premature labor, spontaneous abortion, fetal death, maternal urinary complaints, and sepsis. Case of a 34-year-old female patient, G3P1A1L1 37-38 weeks of term parturient latent phase of first stage + once previous cesarean section + history of manchester fothergill. Previous history of childbirth the patient gave birth through cesarean section and term, the birth weight of children 3200 gr. The second pregnancy the patient suffered a miscarriage at 13-14 weeks gestation and found cervical elongation, then the patient was performed cervical reconstruction with the manchester fothergill procedure after the patient received his normal menstrual cycle. after 2 years later the patient came pregnant with a gestational age of 9 months with complaints of low back pain in the placenta. The conclusion of this case of pregnancy after the manchester fothergill action is a rare condition. pelvic organ prolapse and cervical elongation in pregnancy are conditions to be aware of, therefore early diagnosis is very important for smooth pregnancy. individual approach depends on gestational age, the severity of the prolapse is a matter that must be considered for the choice of delivery. prevention of complications can determine the success of a pregnancy. it must also be concluded that prolapse is not a disease of the elderly.

Keywords: cervical elongation, Manchester Fothergill

INTRODUCTION

The normal cervix length is approximately 2,5 cm. The parts of vagina and supravaginal have the same lengths. The elongation affects the part of the cervix. The elongation of the supravaginal part is generally related to the uteri prolapse.¹ It often happens due to the congenital abnormality and chronic cervicitis that can cause a hypertrophy and make the cervix enlarge.² Two parts of the supravaginal extend since there is an draught influence from the cardinal ligament to keep the cervix in a normal position. Meanwhile, the uterus weight makes it drop to the axis of the vagina. The chronic interference to the vein and lymphatic drainage affects the cervix elongation.^{3,4}

In the meeting between the part of the vagina and cervix, there is a chronic dam that causes a hyperplasia and hypertrophy of the fibro muscular gland component. This causes the vagina elongated, enlarged, and solid.⁵

Clinically, the supravaginal elongation pictured the shallow vagina fornix, the part of the cervix vagina is still normal, long, and the size of the uterus is still normal. In the infravaginal elongation or congenital, it pictures a deep fornix, elongated part of the cervix vagina, and the normal size of the uterus.^{6,7}

The prolapse of the pelvis that appears on the first pregnancy is rarely found, it is around 1-10.000 to 1-15.000 of the births.⁸ This could happen acutely to the nullipara women after collapsing or trauma. However, it often happens to the multipara women with a prolapse record from the previous pregnancy. The pelvis prolapse can cause a premature labor, spontaneous abortion, fetus death, urine complication, sepsis, and death.^{9,10}

CASE REPORT

Anamnesis

A 34-year-old female patient, G3P1A1H1 parturient at term 37-38 weeks period I latent phase + sectio caesarean 1 time + Manchester fothergill history. The previous birth record was a sectio caesarean and enough months, the baby weight was 3200 gr. The patient experienced a miscarriage on her second pregnancy, on the 13-14-week pregnancy. Coli Elongation was found and the patient was undergone a cervix reconstruction through a Manchester fothergill procedure after the patient had her normal menstrual cycle. After 2 years, the patient came in a 9-month pregnancy with a pain around her waist to the placenta.

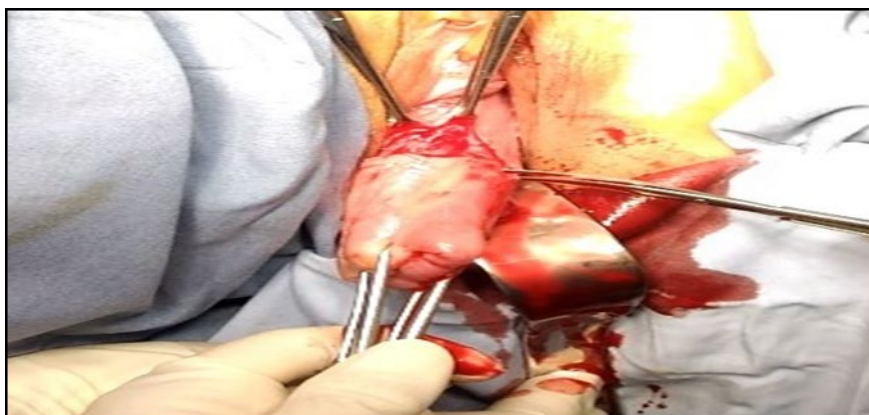


Figure 1. Manchester Fothergill procedure

Physical Examination

On the vaginal touche (VT) checkup, the ostium uterus external (OUE) was 2-finger wide open, the amniotic membranes (+), the lowest part of the fetus was not in the above of the pelvis door yet.

**Figure 2.** USG Biometry

From the USG, the fetus was in an intrauterine single live, BPD 91,2 mm, AC 305 mm, FL 72,5 mm, EFW 2720 gr, Fetal Heart (+) 140 x/i. The USG checkup brings a 37-38-weeks of pregnancy impression based on the biometric. The patient was hospitalized to undergo a pregnancy termination.

Diagnose

G3P1A1L1 parturient at term 37-38 weeks period I latent phase + sectio caesarean 1 time + Manchester fothergill history. Action: Sectio caesarean

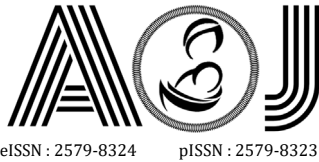
DISCUSSION

A pregnancy post Manchester Fothergill procedure case was reported. In the previous case, the patient experienced the cervical elongation, as one of the pelvis prolapse cases and found by the cervix elongation during the pregnancy.¹¹ After the action, another pregnancy occurred where this happened 1-10.000. The prolapse that developed during the pregnancy usually happened on the third trimester, and the its management is resting in a Trendelenburg position.^{12,13}

The risk factor of the pelvis prolapse is multifactorial. The congenital and predisposition factors support each other.¹⁴ The congenital factor, including the base of the congenital pelvis such as collagen defect (e.g., Marfan syndrome, Ehlers-Danlos syndrome), abnormal pelvis structure, a big uterus size, or ovarium mass that causes an enhancement of the intra-abdomen pressure.^{15,16}

The obstetrics factors, includes the previous pregnancy, birth with a tool, young age on the first pregnancy, a long-time second period birth, the previous baby mass, age, pelvis prolapse history in a family, pelvis trauma history, and the enhancement of the body mass index, becomes general risk factors for the pelvis prolapse.^{17,18} However, in this case, the risk factors mentioned above were not found.

A complication to a mother is related to a pelvis prolapse that connects to the pregnancy, such as: miscarriage, premature birth, early amniotic rupture, chorioamniotic,



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bladder obstruction, cervix elongation, hypertrophy, and edema.^{19,20} For this patient's case, the pregnancy of the patient ended with an early fetal death that perhaps happened because of the ascendant infection. It happened because the pelvis was often exposed, so the infection easily occurred.

CONCLUSION

A pregnancy after the Manchester fothergill action is a rarely found condition. The pelvis prolapses or cervical elongation in the pregnancy is a condition that must be alerted. Therefore, an early diagnose is essential for a smooth pregnancy. The individual approach depending on the gestational age, the severity level of the prolapse must be undertaken for the choice of the birth.

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