

Sacrospinous colpopexy with a Miya Hook Ligature carrier forceps for apical vault prolapse

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ABSTRACT

Introduction: Sacrospinous colpopexy is a successful treatment for apical prolapse. First established by Randall and Nichols in 1971 with the purpose of repairing and restoring vagina support in vault prolapse. **Case Description:** This video follows a 65-year-old post-menopausal woman who underwent a vaginal hysterectomy and anterior colporrhaphy for Stage 3 cystocele, Stage 3 Uterine prolapse, and Stage 2 rectocele. The vault was measured under the Pelvic Organ Prolapse Qualitative system (POP-Q) that represented 2 cm above the hymenal ring, (D-2). The decision was made to perform a sacrospinous colpopexy with the Miya Hook Ligature carrier forceps and a video was taken with the patient consent for educational purposes. **Discussion:** The motive of this video is to show how to carry out the sacrospinous ligament fixation for the treatment of post-hysterectomy vaginal vault prolapse. The video will illustrate the instruments that are required, anatomical reference points, and demonstrate how to perform the procedure.

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A case of VACTERL in primigravida: A case study

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ABSTRACT

Introduction: VACTERL which stands for vertebral defects, anal atresia, cardiac defects, tracheo-esophageal fistula, renal anomalies, and limb abnormalities is a disorder that affects many body systems. A diagnosis is made when at least three of these congenital anomalies are present. Diagnosis is difficult as many disorders have multiple features in common with VACTERL. Among the causes are abnormal or asymmetric timing of molecular oscillator, disturbance of mesoderm production and environmental agents. Risk factors include assisted reproductive techniques (ART), pre-gestational diabetes mellitus, and chronic lower obstructive pulmonary diseases. The occurrence rate is approximately 1/10,000-1/40,000 live births. **Case Description:** We describe a case which was diagnosed at 35 weeks, following ultrasound scan findings of polycystic kidneys, cystic lesions from bowel suspecting ileal atresia, short long bones, single umbilical artery, and severe oligohydromnios. Caesarean section was done for fetal distress at 35 weeks. Baby was delivered limp and required intubation and assisted ventilation. The was distended abdomen, imperforated anus and single umbilical artery. Echocardiogram showed mild PPHN with moderate PDA, moderate ASD, mild MR and AR. Ultrasound noted multicystic structures with fluid filled dilated bowels with bilateral hydronephrosis. X-Ray showed cardiomegaly with vertebral anomaly. Baby expired at 14 hours of life with the diagnosis of VACTERL. **Discussion:** The limitation of our resources may pose a hurdle to an early diagnosis of VACTERL. Approximately 90% of VACTERL occur sporadically, with an empiric recurrence risk of 1% or less. VACTREL association are heterogenous, as likely more causes will arise in future.