

Is it a prolapsed uterus... or is it a tumour?

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ABSTRACT

Introduction: Uterovaginal prolapse and prolapsed vaginal fibroid are two different benign gynaecological conditions commonly presented among the elderly. **Case Description:** A 65-year-old, postmenopausal Indian lady with 5 previous vaginal deliveries was brought to a local health clinic for a large, protruding mass per vagina. She gave a history of having the mass for more than 10 years and noticed that the size was previously much smaller. The mass had slowly moved down but she could still easily push it in. It started to catch her attention when the mass had grown bigger, totally prolapsed out from her vagina, and became irreducible. This caused her to have significant discomfort and troublesome urine leakage because the mass was hanging and pulling at her genital all the time. At the clinic, the mass was successfully replaced back in her vagina and a support vaginal ring pessary was fitted in situ. She was diagnosed to have procidentia and was given a referral letter to a district hospital with visiting specialist. **Discussion:** This case highlights the importance of understanding the fundamentals in clinical examination as a guide towards a correct diagnosis. Though we frequently assume that we can precisely spot the pathological condition staring in front of us, unfortunately, our naked eyes could easily be fooled when a basic pelvic examination failed to be carried out accordingly.

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Case series of Endoscopic Retrograde Cholangio-Pancreatography (ERCP) in pregnancy in a single Centre in Kuala Lumpur

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ABSTRACT

Introduction: Hormonal changes in pregnancy promotes a hypercholesterolemic state and increases the risk of developing gallstones by 3-12%. ERCP is the standard treatment for choledocholithiasis and is safe in pregnancy. This procedure is however rarely undertaken in local centres, due to concerns on fetal safety, overexposure to radiation, and risk of maternal aspiration. We analysed the pregnancy outcomes in cases of ERCP performed in our centre. **Case Description:** A retrospective analysis of ERCP performed on pregnant women in a single centre in Kuala Lumpur, between May 2021-July 2022. A total of 17 pregnant women with biliary disorders were identified. 12 cases were suspected with choledocholithiasis after trans-abdominal ultrasound. 11 cases were confirmed on endoscopic ultrasound, and had ERCP performed. 10 patients had ERCP under general anaesthesia, and one under sedation, all done in the left lateral position. Each ERCP took between 15-50 minutes, with minimal radiation exposure. 2 patients required repeat ERCP – one for migrated stent and ascending cholangitis, while the other for difficult Common Bile Duct (CBD) stenting which required percutaneous transhepatic biliary drainage (PTBD). The total radiation exposure for these 2 cases was 0.17 mGy (15s). The number of cases according to gestation was ; 3 in the first trimester, 6 in the second trimester, and 2 in the third trimester. Three patients had non-pregnancy-related complications viz : 1 moderate transaminitis, 1 gallbladder empyema (managed conservatively), and 1 migrated stent with cholangitis. No fetal or pregnancy-related complications were identified. All patients had term deliveries including three caesarean births for obstetric indications. **Discussion:** ERCP is safe in pregnancy and should be offered as the standard therapy.