Fallopian Tube Herniation through the Drain Site: A Rare Case Report

T V Indirani¹, C Shanthi²

¹Assistant Professor, Department of Obstetrics and Gynaecology, Madurai Medical College and Government Rajaji Hospital, Madurai, Tamil Nadu, India, ²Professor and Head, Department of Obstetrics and Gynaecology, Madurai Medical College and Government Rajaji Hospital, Madurai, Tamil Nadu, India

INTRODUCTION

Drains inserted after surgery to drain accumulated fluid content sometimes become the focus of infection such as blood and pus. They do not promote wound healing or prevent infection. However, they are also associated with complications such as hemorrhage, infection, tissue damage, pain, blockage, and herniation of viscera. However, in current practice, their use is restricted by good surgical techniques and confidence of surgeons, except for in unavoidable in certain clinical situations.¹⁻³

CASE REPORT

A 24-year-old, primi at 37 weeks gestational age was referred from nearby government headquarters as jaundice complicating pregnancy. She was admitted, evaluated, coagulation abnormalities corrected with blood products. The patient was stable while the cause of jaundice was still investigated for the next day she had fetal distress. An emergency lower segment cesarean section was performed to deliver an alive preterm female baby of birth weight 2 kg and good APGAR. Postoperatively her renal parameters were in the rising trend with adequate I/O, ultrasonography revealed B/L hydronephrosis, and she was diagnosed as nonoliguric renal failure on conservative management.

On the 4th post-operative day, drain that was placed on the left side was removed and small pinkish viscera protruded through the drain site. The size of it increased as the patient coughed and increased intra-abdominal pressure. The viscera were identified as fallopian tube and as time passed it became edematous.

The next day, relaparotomy and resection of the herniated fallopian tube was performed. The other side fallopian tube and ovary were normal. Thorough peritoneal wash given. The patient was started on higher antibiotics. Despite all this, the patient developed one episode of generalized tonic-clonic seizure the next day and was febrile. She was intubated and investigated with a provisional diagnosis of metabolic seizures. Computed tomography brain revealed multiple infarcts and she was started on...
octreotide and antiedema measures. Her general condition improved and was extubated 2 days later (Figures 1-3).

**DISCUSSION**

The use of intra-abdominal drain dates back to Hippocrates era with the first drain being used for a case of empyema gallbladder. The only definitive indication for the use of pelvic drain, after surgery, is following tubo-ovarian abscess or presence of infection. Although it is advisable to leave a pelvic drain when there is evidence of clotting defect, a drain is not a replacement for achieving hemostasis. There are proponents and opponents, but the type of drain and its use is largely a matter of personal preference. Different types of drains are used in the peritoneal cavity including passive, closed suction, and stump.

Studies regarding the use of prophylactic drains have come up with controversial results. However, it is associated with increased rate of infection, discomfort, and post-operative morbidity. It has been reported that herniation of viscera increases with increase in port size more than 10 mm. Factors which increase intra-abdominal pressure such as coughing, straining, prolonged surgery poor nutrition, infection, obesity, and steroid use may cause poor wound healing and herniation.

In our case, the patient had poor nutrition and respiratory infection that would have resulted in herniation of fallopian tube through the drain site.

As the laparotomy for the herniated fallopian tube was performed the next day, she had fever and developed infection. Hence, early repair would result in better outcome with low morbidity.

**CONCLUSION**

Drains are not a substitute for good surgical techniques. Surgical drains are associated with different complications and herniation of viscera is one among those. Herniation of fallopian tube is uncommon. Prevention of tubal prolapse can be achieved by suturing the adnexae high in the pelvis at abdominal hysterectomy and by the proper closure of the pelvic peritoneum. Correction of respiratory infections which increase the intra-abdominal pressure and predispose to herniation through drain site is very important.

**REFERENCES**


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