# Spontaneous Annular Detachment of the Cervix

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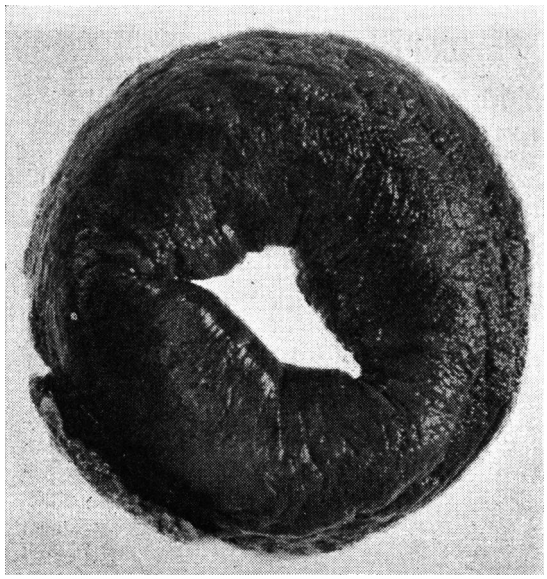
Spontaneous annular detachment of the cervix during labour is a comparatively rare complication. It is usually encountered in primigravidae, especially of the older age-group (Stander, 1945 ; Munro-Kerr and Chassar Moir, 1949). The detailed report of the following case may therefore be of some interest.

## Case Report

A married woman aged 36 years, a booked case, was admitted in early labour after an uneventful pregnancy. Her general condition was good. Urine and blood-pressure were normal.

She had had five normal full-term pregnancies and deliveries, while a sixth child was delivered by lower segment caesarean section because of prolonged labour and cervical dystocia. (The infants' birth-weights ranged between 3,405 g. and 4,426 g.) She had also had a miscarriage at 18 weeks.



Detached cervix showing vaginal surface (about 10.5 cm. in diameter).

Vaginal examination carried out soon after admission revealed a non-engaged vertex presentation in the R.O.L. position. The cervix uteri was partially effaced and was about three fingerbreadths dilated. A tense bag of forewaters was ruptured with tissue forceps, releasing slightly meconium-stained liquor. The foetal heart rate was regular and normal. No obvious cause was found for the meconium-stained liquor. In view of the high parity and good quality of uterine contractions, no active treatment was thought necessary. A regular check of the foetal heart rate was made.

Eight hours after admission the patient began to experience a bearing-down feeling, but further vaginal examination revealed that the cervix was dilated to only three fingerbreadths plus, with the presenting part in the mid-cavity. The cervix itself was felt to be rather rigid and slightly oedematous. Morphine sulphate, 15 mg., was administered with good effect. The foetal heart rate remained satisfactory.

The following morning—that is, about 13 hours after admission, and after about 24 hours of labour—the cervix was fully dilated, and the foetal heart rate was found to have fallen to 92 per minute. In addition, a big piece of markedly congested and oedematous tissue was seen protruding at the introitus. Pure oxygen was administered and medical aid was summoned.

Vaginal examination revealed almost complete annular detachment of the cervix, except for a narrow bridge of about 1 cm. in width anteriorly. The presenting part was in the mid-cavity of the pelvis, in R.O.L. position. In view of these findings, the patient was transferred to the forceps theatre, and manual rotation and an easy mid-cavity forceps delivery was performed under pudendal block. A live, healthy male infant, weighing 4,625 g., and in good condition, was delivered. Delivery of the placenta was normal.

The detached portion of the cervix had almost completely torn off and was therefore divided (see Fig.). The lower uterine segment was intact. Slight bleeding from the small rim of portio-vaginal cervix that was left was controlled satisfactorily with catgut sutures and a vaginal pack. The total blood-loss was moderate.

The patient's general condition was good during and immediately after delivery, and the puerperium was uneventful. The anaemia was treated with oral iron. The infant progressed satisfactorily. No abnormality or trauma was noted. Examination at the post-natal clinic showed no gross abnormality except laxity of the vaginal wall and complete absence of the vaginal portion of the cervix.

## Discussion

It would appear that the main cause of spontaneous annular detachment of the cervix during labour is true cervical dystocia with normal co-ordinated uterine action—that is, labour obstructed mechanically by a rigid and unyielding cervix (Jeffcoate and Lister, 1952). It is therefore most likely to arise in an elderly primigravida, or in a multipara who has been previously delivered only by caesarean section, as in these cases the incidence of functional cervical rigidity is highest.

It is also very interesting to note that after five normal full-term deliveries the patient's sixth pregnancy had to be terminated by caesarean section for the same reason.

Factors that others (DeCosta, 1933 ; Ingraham and Taylor, 1947) have observed to be relevant, such as cephalo-pelvic disproportion, excessively long cervix, premature rupture of membranes, and prolonged labour, were not important in this case.

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