Intrauterine rectovaginal tears are an infrequent and life-threatening complication of breech presentation. One previous case has been presented in the literature with a fatal outcome. The authors report a second case of a severe rectovaginal intraretine tear sustained during cesarean delivery. Prompt administration of antibiotics followed by debridement and primary repair was performed with a successful outcome.

INDEX WORDS: Birth trauma, perineal tear, rectovaginal trauma, breech, cesarean section.

**CASE REPORT**

A 3.9-kg term female neonate with a maternal history of Von Willebrand's Disease was delivered by cesarean section for breech presentation. After the sharp uterine incision was made, finger dissection was used to enter the uterine cavity to avoid fetal injury. Examination of the neonate showed a perineal laceration that extended from the vagina to the rectum. The mechanism of the injury is thought to be a result of bimanual traction during the delivery of the neonate from the maternal pelvis in which a finger was against the neonates perineum resulting in the perineal tear. The neonate was given intravenous ampicillin, gentamycin, and clindamycin before transfer to our institution.

The neonate was taken to the operating room and examined under general endotracheal anesthesia in the modified lithotomy position. A fourth-degree tear extending from the midaspect of the vagina across the perineal body 2 cm into the rectum was found (Fig 1).

The peritoneal cavity was not violated, and therefore, a primary repair was performed after a 6F urethral catheter was placed. After labia majora retraction sutures were placed to provide exposure, the mucosa and muscularis layer of the rectum was closed with 3.0 chromic suture as well as the levator muscle in separate interrupted layers. The vaginal mucosal tear was closed with a running 4-0 chromic suture. The perineal body and the external sphincter were identified and reapproxi-

BIRTH INJURIES represent an important source of neonatal morbidity ranking eighth among major causes of neonatal mortality. Many neonatal injuries are associated with an underlying congenital abnormality or with a specific type of birth presentation. Cesarean section is frequently performed to prevent birth trauma and is now one of the most common surgical procedures performed in the United States. The most common injuries are lacerations sustained during the uterine incision and a variety of fractures. The occurrence of a severe intrauterine perineal tear sustained by a neonate in breech presentation, presumably by repeated vaginal examinations, has only been reported once with a lethal outcome. Recently we treated a neonate who sustained a rectovaginal tear during cesarean delivery for breech presentation. The patient underwent primary repair with a favorable outcome.

**DISCUSSION**

Birth injuries are more common and severe in developing countries because of lack of available trained personnel. Intrauterine perineal tear is a very rare and life-threatening complication of breech presentation. Neonatal rectovaginal trauma can occur irrespective of cesarean section, the avoidance of sharp dissection, and experienced personnel. Intrauterine rectovaginal trauma can occur as a result of repeated maternal vaginal examinations in which the examiner's finger transverses the cervical os into the neonate's rectum/vagina. Perineal trauma can also occur during cesarean delivery as a result of blunt finger dissection of the endometrium if the finger penetrates the neonate's perineum or from bimanual delivery from the maternal pelvis as described in this case. Performance of a sigmoid colostomy and wound debridement has been reported with a lethal outcome from sepsisemia. We reported a case after cesarean section in which early antibiotics with debridement and primary repair was performed with a successful outcome.

Based on our experience and reports in the literature, primary repair with antibiotics and meticulous wound care can be performed safely in a neonate who sustains a
Fig 1. (A) Operative view in modified lithotomy position shows the severe perineal tear. V, vaginal mucosal tear; R, rectal mucosal tear; P, exposed perineal body fat. (B) Line drawing of operative view in modified lithotomy demonstrates the severe perineal tear.

Perineal laceration during a cesarean delivery. However, long-term follow-up of continence is not available. If the neonate is delivered vaginally and has significant contamination, a diverting colostomy may be of benefit.

REFERENCES


Fig 2. Operative view of the completed repair in modified lithotomy position.