NORMAL VAGINAL DELIVERY AFTER HAULTAIN'S OPERATION

by

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Chronic inversion of uterus following acute puerperal inversion has become very rare because acute inversion, in itself occurs once in every 23,000 and all the acute inversions which occur in big hospitals are immediately treated and therefore do not become chronic.

Incidence

Accurate figures of incidence of puerperal inversion are not available. McCullagh (1925) gives it as 1 in 23,000 in Philadelphia. Herer and Sharkey, over a period of 8 years' investigation, revealed an incidence of 1 in 16,240. Although inversion of uterus is very rare in other countries, in India it is not possible to gauge its frequency. Proper supervision of deliveries in villages is improving. Probodh Das, from a review of literature in 1940, gave an incidence of 1:14881 deliveries. Jhirad recorded, from Cama Hospital, Bombay, 10 cases of puerperal inversion, six of these were in primiparae and 4 in multiparae. Six patients were between the ages of 15-20 years and 4 between 25-30 years. Duration of inversion ranged between 4 months to two years in seven cases while 3 of them were over 4 years' duration, maximum being 10 years.

Case Report. Patient S. K., 23 years old, primipara, C/R No. 14061, was admitted on 28-9-1961 in Gynaecological Unit of Rajindra Hospital, Patiala, with the complaints of amenorrhoea for two years and foul smelling discharge off and on for 2 years, also heaviness in the perineum for last 2 years. The illness started 3½ years ago after a full-term breech delivery. Baby died after 1 year due to gastroenteritis. There was difficulty in delivery of the placenta and an untrained dai pulled at the cord and after prolonged pulling something came out along with the placenta. After taking out the placenta the mass was pushed back by the dai. No symptoms were complained of after the delivery. This was followed by 1 year of amenorrhoea. After this period she started having irregular prolonged and profuse bleeding. She used to have foul smelling discharge in between the bleeding.

Per Vaginam. There was a mass lying in the vagina which was 2" x 1½" in size coming through the cervix. The cervical rim was felt all around the mass. No fundus could be felt on bimanual examination. No tenderness in the fornices.

Per Speculum. Reddish mass bleeds on touch. Yellowish discharge present in the vagina. She was diagnosed chronic puerperal inversion.

Investigations. Hb. 5.5 grm. R.B.C. 2.5 mil. W.B.C. 4900, P. 72%. M. 1%, L. 2.6%, E. 1%. urine nil, blood group 'O'. Haemoglobin was built up by blood transfusion

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and anti-anaemic treatment. She used to have bleeding off and on pre-operatively. Her Hb. rose to 10 grm. and she was operated upon on 30-10-1961.

Operation. A mid line sub-umbilical incision was made. Uterine fundus was invaginated, both tubes and ovaries were partly pulled into the depression created by the inversion. Haultain's Operation was done. There was a fibrous contriction at the inverted margin. Constriction relieved and inversion corrected. Incision in the uterus was stitched by interrupted stitches in two layers with chromic catgut. Post-operative period was uneventful and patient was discharged well on 9-12-1961.

She was re-admitted on 28-2-63 with 8 months' amenorrhoea and odema feet for the last 15 days.

General Examination. Blood pressure 140/100 oedema feet + heart and chest n.a.d.

Abdominal Examination. Height of fundus 34 weeks, corresponding with period of amenorrhoea, LOA, vertex free foetal heart sounds good.

Investigation. Haemoglobin 9.8 grm.%, urine nil abnormal. She was treated by bed rest for mild toxaemia with sedation and iron by mouth to build up haemoglobin. Blood pressure came down to 130/80. Oedema also disappeared. Haemoglobin rose to 9.8 grm. within a few days.

Patient went into labour at 1 p.m. on 28-3-63 i.e. one month after admission.

Per Vaginam 7. P.M. Cx 4/5 dilated and completely taken up. No cephalopelvic disproportion.

At 7.30 P.M. the membranes ruptures and a healthy male baby, 9 lbs. in weight, was delivered at 8.15 p.m. Placenta delivered at 8.20 p.m. There was no post-partum haemorrhage. Puerperium was uneventful.

Discussion

We had 4 cases of chronic puerperal inversion in the last 6 years, 1957 to 1963. Three of these cases were treated by Haultain's operation and one with Spinelli's operation. All had uneventful post-operative periods. This particular patient reported after 3 years of inversion with complaints of menorrhagia and foul discharge. As in Jhirad's series it is common in primiparae and between ages of 20-25 years. A paper on pregnancy complication was written by Miller, Ann Arbor (1927) following inversion of uterus. He found 20 cases in which manual reposition was employed. There were no less then 11 in which inversion recurred in subsequent deliveries while in 22 cases of surgical reposition there was no instance of recurrence in subsequent deliveries. There is one case report in which N. Subhadra Devi reports of rupture of Haultain's operation scar with advanced intra-abdominal pregnancy but there is no record of a normal delivery after Haultain's operation.

Summary

A case report of a full-term normal delivery after Haultain's operation for chronic puerperal inversion is presented.

References

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