

## TORSION OF THE PREGNANT UTERUS

by

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Torsion of the gravid uterus is a rare complication of human pregnancy, while it is common in animals. Nesbitt and Corner (1956) have thoroughly reviewed the subject. (108 collected cases). According to Imrie (1966) there are now 128 recorded cases.

### Case Report

Mrs. A. M., a primigravida, aged 31 years, was seen at the antenatal clinic at 9 A.M. on 17th January 1967, with history of pain on and off in lower abdomen since 5 A.M. She had been married for 5 years. Her last menstrual period was on 19th May 1966 and her expected date of delivery was 23rd February 1967.

She was referred to us from another clinic since she had a persistent transverse presentation. Several attempts at external version had been made without success.

On examination, her general condition was good. Abdominal examination showed that the foetus was lying transversely with the head in the left iliac fossa. The foetal heart tone was regular. Blood pressure was 120/80 mm. Hg. There was no albuminuria or oedema. X-rays confirmed the diagnosis of transverse lie. Vaginal examination showed that the cervix was thick and long. She was advised to get admitted for observation, but the patient went home against medical advice.

She again presented herself at 4.30 P.M. with history of acute pain in the lower abdomen. She could not stand erect. She developed this pain soon after she got up from bed after her afternoon sleep. Gene-

ral condition of the patient was good. The uterus was tense and tender. The foetal parts could not be felt but the foetal heart tone was regular and clearly audible. Vaginal examination revealed the cervix to be closed and the presenting part was high up. A tentative diagnosis of concealed accidental haemorrhage was made. Since the patient was very keen to have a live child, it was decided to deliver her by caesarean section immediately.

On opening the abdomen, there was a small quantity of free fluid in the peritoneal cavity. The uterus was dusky in colour and was found to be laevorotated through 180°. The right tube and the ovary were extremely congested. The right round ligament stretched from the left to the right hand corner. Two seedling fibroids were present in the anterior wall. The torsion was easily corrected and the congestion subsided. A lower segment caesarean section was done and a live female child weighing 2 kg. 425 gm. was extracted. The placenta was situated in the posterior uterine wall. There was no retroplacental clot. The uterus and abdomen were closed as usual. Post-operative period was uneventful and she was discharged on the 11th post-operative day. No abnormality was found in the postnatal period.

### Discussion

Torsion of the uterus is favoured by associated mechanical factors such as the presence of fibroids or a bicornuate uterus. Other predisposing factors are a persistent transverse lie, multiparity and pendulous abdomen. An interesting case was reported by Corr (1943) in which the condition

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occurred in both the first and second pregnancy. On both occasions caesarean section was performed. In this case there was "a large soft fibroid" in the left wall of the uterus. MacLeod (1945) reported a case caused by an ovarian cyst in the pelvis. "Uterus was rotated in a clockwise direction through 180°. The uterus was normal in colour."

The case under discussion was thought to be one of accidental haemorrhage since she had very severe pain, a hard and very tender uterus. Foetal parts could not be felt but foetal heart tone could be heard. In this case several attempts were made to correct the transverse lie and in one of the unsuccessful attempts the uterus might have been accidentally rotated. Torsion must have existed about 12 hours prior to onset of acute symptoms. Strangulation must have been precipitated by an increase in the torsion by the movement of the patient, when she got up from bed. Similar minor body movements giving rise to this accident are reported by Imrie (1966).

Several examples of torsion through 180° have been recorded as symptomless. (Rabbiner, 1935; Hanley, 1939; Dillon, 1965). As the uterine vessels are thick and resilient they can withstand distorsion. Robinson and Duvall (1931) suggest that the severity of the symptoms is related to damage to the neural rather than vascular structures.

Torsion of the uterus if pronounced is associated with acute abdominal

symptoms. In early months it simulates ectopic pregnancy; but in the later months it is more likely to be mistaken for concealed accidental haemorrhage. Diagnosis is usually made at laparotomy. If the patient is not operated on she may deliver a dead foetus and the case may continue to be classified as a concealed accidental haemorrhage.

#### *Acknowledgement*

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