TERM VAGINAL DELIVERY FOLLOWING DOBBIN'S OPERATION

by

P. MEHRA*, M.D.

Inversion of the uterus is a rare obstetrical complication, the incidence reported in the literature varying from 1 in 17,000 to 1 in 20,000 labours. Das (1940), in his review of the subject, cited the incidence in India as 1:23,127. Management of pregnancy subsequent to an operation for inversion of the uterus poses an interesting problem. Reports of normal vaginal delivery following Haultain's operation (Chandra and Rathee, 1966; Heera and Pinto doRosario, 1966; Aggarwal *et al*, 1966; Kaur and Phillips, 1968) and Spinelli's operation (Samarree, 1965) are available. Among Miller's (1927) (quoted from Greenhill, 1960) series of fifty-six women with inversion of the uterus, twenty-two were treated operatively and there was no evidence of recurrence following subsequent deliveries. According to Greenhill (1960), when inversion of the uterus is corrected by operation, uncomplicated delivery may be anticipated and rupture of the uterus need not be feared. The following case of a full term vaginal delivery after Dobbin's operation for inversion of the uterus is reported because of its rarity.

*Registrar, Dept. of Obst. and Gynec., Institute of Postgraduate Medical Education and Research, Chandigarh.

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Case Report

Mrs. J. K., 30 years old, para 2, + 0 + 0, was admitted in the Postgraduate Institute hospital on 23.5.68 with the complaints of backache and pain in the lower abdomen for the past few days. She was thirty-seven weeks' pregnant. The first pregnancy ended in a full term normal delivery which was conducted at home. The second delivery was two years ago, a home delivery conducted by an untrained dai. The baby was delivered normally. She had continuous vaginal bleeding for three months after the delivery and attended the Postgraduate Institute hospital for the above complaint and was diagnosed as a case of chronic inversion of the uterus. Surgical correction by Dobbin's operation —partial incision of the anterior wall of the uterus with repair—was performed on 15-4-1966. The post-operative period was uneventful and she was discharged after two weeks.

During the present pregnancy she was attending the antenatal clinic of the same hospital regularly from twenty weeks of gestation onwards. The antenatal period was uneventful and she was advised admission at thirty-seven weeks' of pregnancy. The abdominal examination showed that the height of the fundus corresponded with the period of gestation; the foetus was in the longitudinal lie with cephalic presentation; Foetal heart sounds were audible. Results of laboratory investigations revealed no positive findings; haemoglobin was 11 gm%.

On 4-6-1968 she started leaking and complaining of painful uterine contractions; progress of labour was good, the first stage lasting 14 hours, 40 minutes, the second stage 20 minutes and she delivered normally a female baby weighing 2.9 kg. Exploration of the uterus revealed a slight

depression on the anterior wall of the uterus but the wall was intact. She developed atonic postpartum haemorrhage one hour and fifty minutes after the delivery. It was controlled by intravenous injection of 0.5 mgm of ergometrine and 5 units of syntocinon in 5% glucose drip. The puerperium was uneventful and the patient was discharged on the sixth day.

Comments

There are few reports of pregnancy following surgical correction for chronic inversion of the uterus but those available infer that sterility is not a complication, contrary to the view put forward by Millander (quoted by Das). For instance, in Samarrae's 6 cases treated by Spinelli's operation, 5 became pregnant subsequently, out of which 4 delivered vaginally and only one by caesarean section. The chief dangers of vaginal delivery after an operation for this condition is rupture of the uterus. The scar runs the length of the cervix and a part of the body of the uterus. However, it resembles from the healing aspect, a myomectomy scar rather than an upper segment caesarean section scar as the operation is performed on a non-pregnant uterus. Hence there are less risks in a vaginal delivery which is justified, as evident from the experience of the various authors, supported by our own case.

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