FULL TERM NORMAL DELIVERIES AFTER HAULTAIN'S OPERATION

by

KUMUD P. TAMASKAR,* F.R.C.S. (Edn.), F.R.C.S. (Glas.), F.I.C.S.

Puerperal inversion of the uterus is not a very common finding in spite of the inadequate and most unsatisfactory maternity domicillary service present to day in our country. This case is a good example how untrained midwife conducts the deliveries at home and keeps them at home by giving unscientific explanations.

Jardine found 3 cases of inversion of uterus in 51,290 deliveries at Glasgow Maternity Hospital giving an incidence of 1 in 17,000. Author had one case in Mayo General Hospital in her own unit and one case in private in the last 11 years. It is difficult to give the exact incidence of this condition in our country but it is definitely higher than in the Western countries.

Case Report

A patient, aged 24 years primipara was admitted in my clinic in 1959 with the history of intermittent heavy bleedings for two months following home delivery. Delivery was conducted by a 'dai' (an untrained midwife). Patient delivered normally a big baby weighing approximately 10 lbs. She was given five injections to get good pains. After delivery the patient had severe bleeding per vaginam before the placenta was out; hence the placenta was removed by traction and suprapubic pressure all the factors contributory to causing inversion of the uterus. When the placenta was removed, the patient had severe pain in the abdomen and she fainted, but without any drip or blood transfusion patient recovered and noticed a lump coming out of the vagina. This history was given by the patient at the time of admission.

She continued to bleed heavily off and on for two months after delivery, but the midwife assured her that it was not an uncommon finding in primiparae. As the bleeding continued she went to a small private nursing home from where she was transferred to this clinic.

On examination the patient was extremely anaemic but her blood pressure was normal 120/80 mm. of Hg. She was given repeated blood transfusions and was prepared for operation. Her vaginal and abdominal findings were clear cut of that of chronic inversion of the uterus. Heart, lungs were normal and urine examination was within the normal limits.

One month after admission under general anaesthesia Haultain's operation was done. Postoperatively the patient was febrile and was running 101 to 102°F but settled down with antibiotics. Patient was discharged three weeks after the operation.

One and a half years after the operation the patient came again with history of amenorrhoea of three months with bleeding. She was admitted for few days but went against medical advice and aborted at home. After that she had seven full term normal deliveries with one set of twins and one abortion. In two deliveries she had post partum haemorrhage, but all were normal deliveries and none required manual removal of placenta. Seventh delivery was in 1971 and tubectomy was done. At that time no adhesions were detected with the uterine scar and the omentum.

Discussion

In this case mechanism of the inversion of the uterus was very clear. Suprapubic pressure and traction on the cord

Hon. Obst. and Gynecologist, Mayo General Hospital, Specialist Diagnostic Centre of E.S.I.S., Nagpur.

Received for publication on 6-6-72.

produced the inversion of the uterus. Spinelli's operation and Haultain's operations are the two accepted surgical procedures for the reposition of the inverted uterus. Heera and Rosario reported one case of Haultain's operation followed by two deliveries, one by ceasarean and the other by forceps. Chandra and Rathee in 1964 reported a case of vaginal delivery after Haultain's operation. In 1966 Agarwal and Olyai also reported vaginal delivery after operation. Jacob and Bhargav reported 7 cases of inversion of uterus treated by Spinelli's technique and one by Haultain and came to the conclusion that Spinelli's operation does not come in the way of conception and vaginal delivery. This patient had seven deliveries after Haultain's operation.

There is a risk of the rupture of the scar on the uterus in subsequent pregnancy, but this patient had delivered vaginally seven times without complication. This case and the other cases reported by other authors indicate that though there is chronic infection and tissues are friable, the scar in Haultain's operation is stronger than the scar of classical ceasarean section, perhaps because of absence of contraction and retraction of the uterine muscles in the completely involuted uterus. When the patient was subjected to sterilization there were no adhesions between the uterus and the omentum. Incidence of adherent placenta is increased and Miller found in 38% of his cases adherent placenta. Recurrence of the inversion of the uterus after surgical reposition is not found though detected in 50% of cases after manual reposition.

Summary

A case of Haultain's operation followed by seven normal deliveries is presented.

References

1. Agarwal, S. and Olyai, P.: J. Obst. & Gynec. India. 16: 616, 1966.
2. Chandra, S. P. and Rathee, S.: J. of Obst. & Gynec. India. 14: 895, 1964.
3. Jardine, quoted by Chassar Moir, J., Munro Kerr's Obstetrics. Ed. 7 London 1964, Bailliere, Tindall & Co.
4. Jacob, S. I. and Bhargava, H.: J. Obst. & Gynec. India. 19: 134, 1969.
5. Heera, P. and Do Rosario, Y. P.: J. of Obst. & Gynec. India. 16: 81, 1966.
6. Millander, quoted by Sarah et al, J. Obst. & Gynec. Vol. 19: 134, 1969.
7. Miller Quoted by Chassar Moir, J. Munro Kerr's operative obstetrics, ed. 7 London. 1964, Bailliere Tinddalls Cox.