ACUTE TORSION OF FULL TERM GRAVID UTERUS

by

JEROO S. IRANI,* M.B.B.S., D.G.O. (Bom.), D.R.C.O.G., M.R.C.O.G. (Lond.), D.F.P. (Eng.)

Introduction

Acute torsion of full term gravid uterus is a rare condition during pregnancy and uptil 1971 only 130 cases of the torsion of the uterus have been reported. The condition is likely to be missed even by the most experienced obstetrician. In the majority of the cases, the condition presents as an accidental hemorrhage and in most cases the diagnosis comes as a surprise at laparotomy or in the postmortem room. The theories of etiology of this condition and the underlined pathology have been reviewed by (Robinson and Duvall, 1931) and (Nesbitt and Corner, 1956. In majority of cases, the twisting usually occurs in the uterus which is asymmetrical due to the presence of tumour or congenital malformation, but cases have been reported where no obvious cause was found.

Out of 107 cases reviewed (Nesbitt and Corner, 1956) in 20% of the cases the pelvis structure was normal, in 30% there were associated tumours and in 15% of the cases uterine abnormalities were found. The other factors were ovarian cysts, adhesions, abnormal foetal presentation, abnormalities of spine and pelvis or the foetal abnormalities. This condition was associated with total mortality of 14% and foetal loss of 46% (Michael and Grant, 1960).

* *Hon. Obstetrician & Gynaecologist, Noor Hospital, Bombay.*

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A case of torsion of the pregnant uterus which was diagnosed at laparotomy (cesarean section) is being reported due to the rarity of the condition.

CASE REPORT

Mrs. F.I., aged 32, married since 8 years, para III, was admitted on 21-12-1975 at 8.00 a.m. at the Noor Hospital, Bombay, with severe backache and excessive vaginal bleeding which had started half an hour before admission to the hospital.

In the past medical or surgical histories, there was nothing contributory. In the obstetrical history, her menses were normal, regular and painless, with a normal flow lasting 4-5 days. The exact date of her last menstrual period was 17th March, 1975. It was found that she had two previous lower segment Caesarean sections done for cephalopelvic disproportion (in 1971-73). Because of the lower segment caesarean Sections, she was selected for elective caesarean section and sterilisation at 38 weeks of the present pregnancy, but the patient only came when she had backache and severe vaginal bleeding. At 36 weeks cyesis, plain x-ray antero-posterior view of the abdomen showed a single foetus with breech presentation.

On admission, her general condition was fair except for her bleeding and severe backache. Her temperature was normal, respiration 24/min., pulse 84/min., B.P. 96/60. Examination of the heart and lungs did not reveal any abnormalities.

Abdominal examination revealed full term gravid uterus with breech presentation, foetal head in the left hypochondrium. There was marked tenderness over the lower segment of the uterus. It was difficult to hear the foetal heart sounds. With sonoscope, after some time, the foetal heart sounds were heard and the foetal heart rate was 132/min. On vaginal examination, it was difficult to palpate external os. There

was excessive vaginal bleeding and the patient complained of excruciating pain when vaginal examination was carried out. In view of the two lower segment caesarean sections in the past, and severe pain, bleeding and tenderness it was thought to be a case of early rupture of uterus, so the patient was immediately prepared for operation.

Findings at Laparotomy

At laparotomy, no free fluid or blood was found in peritoneal cavity. The lower segment of the uterus was found to be abnormally narrow with tortuous veins all over it. At this stage it was thought that this was a case of extreme dextrorotation of the uterus and an effort was made to rotate the uterus to its normal axis but it could not be carried out as the patient's blood pressure started falling and the patient complained of difficulty in breathing. At once a classical caesarean section was carried out and it was found that the placenta was directly under the incision. It was removed first and then a male baby was extracted as a breech. 2.5 mg. of Methergin was given intravenously. As the uterus was well contracted, it was brought out into view and was found to have rotated about 135° in a clockwise direction. The torsion was corrected and at this stage it was realised that the classical caesarean scar now appeared on the posterior wall which was sutured. Sterilisation was done by Pomeroy's method and abdomen was closed in layers. The postoperative period was uneventful and the patient was discharged from the hospital in a fit condition after 14 days.

Comments

In the present case, the uterus was normal. There was no congenital or other abnormalities of the spine and no ovarian tumour except a history of cephalopelvic disproportion. Because of severe backache and of the marked tenderness of lower segment of the uterus and profuse bleeding, laparotomy was decided without delay. The uterus at laparotomy was found to be dextrorotated about 135°. The lower segment of the uterus was narrow with tortuous veins which necessitated a classical caesarean section. The caesarean scar was found to be in posterior position after the torsion was corrected.

Summary and Conclusions

A case of acute torsion of full-term normal uterus with profuse bleeding requiring caesarean section is described.

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