

TORSION OF A GRAVID HORN OF A BICORNUATE UTERUS

(A Case Report)

by

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Torsion of a gravid uterus is a rare complication of human pregnancy and torsion of a sufficient degree to produce acute abdominal symptoms is still rarer. Because of the rarity and different clinical picture the following case is reported.

CASE REPORT

Mrs. L. C., aged 25 years, Hindu female, a primigravida, attending antenatal clinic regularly got admitted on 20th July 1976 with History of 8 months' ammenorrhoea and labour pains for one day.

There was no History of bleeding or acute abdominal pain.

Menstrual History: Previous menstrual cycles were regular. last menstrual period 8 months back.

On examination: Patient was average build woman, but pale. Pulse 90/mt. B.P. 120/80 mm. Hg. Cardiovascular and respiratory systems were normal.

The uterus was enlarged to 34 weeks. Right dorsoanterior position was confirmed by X-Ray. F.H.S. were regular. Patient was getting moderate contractions and uterus was relaxing well in between contractions.

Vaginal examination revealed external os firm, tightly closed. Presenting part was high up.

With the above findings, decision for caesarean section was taken.

Abdomen was opened by midline subumbilical incision. It was found that it was a pregnancy of 36 weeks in the right horn of a bicornuate uterus. The gravid horn had undergone torsion

of 180°, the uterus appearing bluish and congested.

The left horn was enlarged to about 12 weeks and the rectovesical fold of peritoneum was identified in between two horns.

It was difficult to undo the torsion. So the uterus was opened by transverse incision at the level of lower uterine segment on the anterior surface which was the posterior surface of uterus and a premature male child delivered by breech. Uterine incision was closed in layers. Both the horns were connected with each other. Both the adnexae were normal. Abdomen was closed.

Post-operative period was uneventful. Baby weight was 5 lbs.

Discussion

The above patient never presented acute abdominal symptoms and torsion was detected only after laparotomy.

There was no tenderness on abdominal examination. Moreover, uterus was relaxing in between contractions.

The vaginal findings can be correlated with the torsion. The question is about subsequent pregnancy as the gravid horn is preserved.

The patient has to be followed carefully as the scar is on the posterior uterine surface.

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