# PREGNANCY AFTER INVERSION OF UTERUS

by

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Puerperal inversion of uterus, itself is a rare occurrence and as such few pregnancies subsequent to its reposition are reported. Miller in 1927, reviewed 56 such cases who became pregnant once or more often. The complications noted in subsequent pregnancies were, postpartum haemorrhage 14%, adherent placenta 38% and recurrence of inversion. Last mentioned complication occurred in 44% of cases after manual reposition of uterus while no case followed operative correction.

The details of pregnancies, subsequent to operations for puerperel inversion of uterus are given in Table 1.

The present case had repeated mid-trimester abortions and fundal rupture of uterus. Miller in 1927, did not remark on any prediliction for abortion or for rupture of uterus, subsequent to operative correction of inversion of uterus. Samarrae, in 1965, on the other hand, commented on the possibility of incompetent os following Haultain's operation. Repeated subsequent mid-trimester abortions, in the present case, could be a coincidental occurrence as she had 2 such abortions prior to pregnancy complicated by inversion or all these obstetric complications, of mid-trimester abortions, inversion and fundal rupture could be due to intrinsic weakness of uterus.

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## CASE REPORT

Mrs. X., 7th gravida, six and half months' pregnant was admitted on 6-4-1977 with complaints of acute pain for 7 hours, loss of foetal movements for last 5 hrs. She vividly described that she had colicky pain for 2 hours after which she felt something give way and she felt foetus suddenly take a turn. She had temporary relief of pain followed by continuous severe pain, vague uneasiness and pain in right shoulder. There was a past history of abdominal operation for what she described as prolapse of uterus. She had no records of the operation.

She had history of repeated foetal loss. Her first and second pregnancies had terminated at 7 and 4 months, respectively, while fourth, fifth and sixth terminated at 6 to 7 months. Third pregnancy in 1970 had been full term spontaneous delivery with spontaneous expulsion of placenta, this was followed by severe postpartum haemorrhage and something protruding outside vagina. She was hospitalised for 7 days and was operated four months later. Old records, traced later, revealed that on admission she was anaemic, with Hb 3.0 G and had bilateral crepitations in lungs. Inversion was diagnosed and Haultain's operation was done 4 months later, with uneventful recovery. At present, on admission, patient was in shock, pale with weak pulse and B.P. systolic 70 to 80 mm. There was marked tenderness per abdomen with foetal

TABLE I

*Pregnancies Subsequent to Operation for Puerperal Inversia*

| Author | Type of operation | No. of cases who concieved | No. of pregnancies | Mode of delivery | Complications |
|---|---|---|---|---|---|
| **India** | | | | | |
| Chandra & Rathee (1964) | Haultains | 1 | 1 | Vaginal | Nil |
| Heera & Pinto (1966) | -do- | 1 | 2 | First C. S.<br>2nd Vaginal | Nil |
| Aggarwal & Olyai (1966) | -do- | 1 | 1 | Vaginal | Nil |
| Gurcharan Kaur & Phillip (1968) | -do- | 3 | 3 | —FTND<br>—Prem Vaginal<br>Elective C. S. | Nil |
| Jacoband Bhargava (1969) | Spinellis | 2 | 2 | Vaginal | Nil |
| Mehra P. (1970) | Dobbin's | 1 | 1 | Vaginal | Nil |
| Tamaskar K. P. (1973) | Haultain's 3 months after delivery | 1 | 7 (including one twins) | 7 Vaginal deliveries | pph twice |
| Present case | Haultain's | 1 | 4 | 3—Vag. 4th Rupture | Rupture uterus |
| **Iraq** | | | | | |
| Samare K. (1965) | Spinelle | 5 | 5 | 4 Vaginal 1 LSCS | |
| **England** | | | | | |
| Miller (1927) | Different operation | 22 | 29 | — | pph—2<br>adherent placante—4 |

parts felt in upper abdomen and uterus was not defined. Percussion note was dull in flanks. Diagnosis of intra-peritoneal haemorrhage was made.

At laparotomy foetus (8" in size) and placenta were lying free in peritoneal cavity, only membranes were attached to the uterus and 2000 cc of clotted blood was present in between various adhesions. Uterus was torn transversely at fundus. The wall of uterus was thinned out for an inch all round. Rest of the body of uterus was firm and thick and posterior wall was intact and felt firm and thick like a myoma. Repair with steri isation was done. Tubes had to be dissected out from adhesions. Pouch of Douglas was shallow due to adhesions. Post-operative period was uneventfull.

### *Comments*

Pregnancies subsequent to puerperal inversion should be carefully supervised and subsequent confinements conducted in a well equipped institution where severe postpartum haemorrhage, adherent placenta, recurrence or rupture of uterus can be managed.

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