CHRONIC NON-PUERPERAL INVERSION OF UTERUS

(Report of Seven Cases)

by

ASHA OUMACHIGUI,* M.D.

R. NARAYANAN,** D.G.O., M.D.

S. K. BARUA,*** D.G.O., M.D.

B. GILBERT,† C.E.S.G. (France)

A. CHAKRAVARTY,†† D.G.O., M.R.C.O.G.

and

P. N. NAYAK,††† D.G.O., M.R.C.O.G.

Inversion of the uterus occurs very rarely in obstetrics. Its occurrence in non-puerperal patients is still more rare. In this paper 7 cases of inversion of uterus are presented in non-gravid patients treated at Jawaharlal Institute and the Government Maternity Hoospital, Pondicherry, India from January 1972 to October 1976. The salient features of the cases are shown in the following table.

Discussion

In the present study, 6 cases were between 35 and 45 years and one patient was aged 27 years. In obstetrical cases the commonest age group is 21 to 30 years (Moldavsky, 1967). Shah *et al* (1976) noted that the ages of 2 of their cases of gynaecological inversion was 40 years and 45 years respectively.

All our cases had a fibroid arising from the uterine fundus. In 3 cases the tumour was not pedunculated, in 1 case the tumour had undergone sarcomatous change (Case 5). Pedunculated fundal myoma appeared to be the most common tumour associated with inversion. Similar observation was made by other authors (McLeod and Read, 1955; Moldavsky, 1967; Jeffcoate, 1975 and Shah *et al* 1976).

Fundally attached fibroid may produce a 'denting' of the uterine fundus. Once this has begun a fibrillating type of action of the interlacing muscle fibres of the fundus occurs and the uterus literally undergoes intussusception and turns itself inside out.

Sarcoma appears to act by changing the contractile property of the uterine musculature. According to McLeod (1955) sarcoma may produce inversion more frequently than a fibroid. In a small number of cases asociation of carcinoma of the uterine body has been described.

The problem of diagnosis arises when the inversion is of long duration. The

*Lecturer.

**Junior Medical Officer.

***Assistant Professor.

†Senior Specialist & Medical Superintendent, Govt. Maternity Hospital, Pondicherry.

††Professor.

†††Professor & Head of the Department.

Department of Obstetrics & Gynaecology, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry-605 006.

Accepted for publication on 21-11-1978.

TABLE I
Synopses of the Seven Cases

	1	2	3	4	5	6	7
Age	40	35	37	45	27	40	35
Parity	6	8	0	6	5	8	2
Mass P/V	+	+	+	+	—	+	+
Menorrhagia	LMP	—	—	+	+ 9 months	+	—
Anaemia	++	++	+	++	+	++	++
Fever	+	—	—	+	—	—	—
Degree of Inversion	Complete	Partial	Complete	Partial	Partial	Complete	Complete
Fundal fibroid	7-8 cm Pedunculated	14 cm Pedunculated	10 cm Pedunculated	10 cm Pedunculated	5-6 cm Non Pedunculated	10 x 12cm Non Pedunculated	5—6 cm Non Pedunculated
Surgery	Vaginal hysterectomy	Vaginal hysterectomy	Vaginal hysterectomy	Vaginal hysterectomy	Abdominal hysterectomy	Abdominminal hysterectomy	Vaginal hysterectomy, Laparotomy (lt) Ovariotomy
Pathology	Leiomyoma with ulceration	Leiomyoma with ulceration	Leiomyoma with ulceration	Leiomyoma	Fibroid with sarcomatous changes	Leiomyoma	Leiomyoma

absence of shock was a common feature in all the cases. Presence of tisue oedema along with sepsis often necessitated an examination under anaesthesia and dressing with antiseptic and hygroscopic agents.

All the patients had completed their family and except 1 all were above the age of 35 years. Vaginal hysterectomy was performed in 5 cases and abdominal hysterectomy after reduction of inversion in 2 cases (5 & 6) where profuse bleeding complicated the surgery. In another patient (Case 7) after completing vaginal hysterectomy, the abdomen was opened to remove an ovarian abscess which was too big to deliver per vaginum. However, in cases where child-bearing function has to be maintained, myomectomy followed by Spinelli's or Haultain's operation may be performed.

All the cases received blood transfusion and antibiotics. The postoperative period was uneventful. The patient with sarcomatous changes in fundal fibroid has been followed up for a year and she has no complications.

Summary

Puerperal inversion of the uterus is a rare phenomenon in obstetrics. Non-puerperal inversion is still rarer. Seven cases of gynaecological inversion have been presented in this paper and in all of them the causative factor was the presence of

a fundal fibroid. In 1 case the fibroid had undergone sarcomatous change. The salient clinical features have been tablulated.

Acknowledgement

The authors express their thanks to the Principal, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry and Director of Medical Services, Pondicherry, for permitting them to use the hospital records.

References

1. Jeffcoate, T. N. A.: Principles of Gynaecology, P. 276, 4th Ed. Butterworths, London and Boston, 1975.
2. Mc Leod, H. D. and Read, C. D.: Gynaecology, 5th Edition, P. 521. J. & A. Churchill Ltd., 104, Gloncester Place W. I. London 1955.
3. Moldavsky, L. F.: Obst. & Gynec. 29: 488, 1967.
4. Shah, H. N., Shah, D. S. and Patel, S. D.: J. Obst. & Gynec. India. 25: 279, 1976.