TORSION OF THE UTERUS

(A Case Report)

by

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Pathological translocation of uterus in human females is one of the most rare complications in obstetrics. Interest of the present author was stimulated by a case of 180 degree torsion of term size gravid uterus encountered recently, which gave rise to interesting speculation to the predisposing factor.

CASE REPORT

Mrs. N. had her first child delivered by caesarean section because of failure of induction in 1972. Her second pregnancy in 1974 had also been a caesarean section in South India, the indication of which was unknown to the patient.

The patient was admitted in the hospital with term pregnancy, the exact date of her last menstrual period was not known. Apart from old scars of previous caesarean section over the abdomen, general examination revealed no other abnormality. Obstetrical examination revealed height of the uterus of 34 weeks with vertex presentation. Head was floating and foetal heart sounds were normal in rate and rythm. The amount of liquor and size of the foetus did not give the impression of term pregnancy.

On eighth day of her admission longitudinal lie of the foetus spontaneously converted into transverse lie. A plain X-ray of abdomen was taken, which confirmed the diagnosis of transverse lie with single foetus.

On 12th day of her admission the patient suddenly complained of acute pain in abdomen. On examination her pulse was found to be 115 per minute, blood pressure 90/60 mm-Hg. On abdominal examination, there was diffuse tenderness all over the abdomen. Presentation of the foetus could not be made out properly, foetal heart sounds slowed down to 120 per minute. The patient was found to be tossing over the bed because of unbearable pain. She was taken for operation immediately.

On opening the abdomen, extensive omental adhesions, marked venous engorgement and oedema of the parametrial tissue made assessment of uterine anatomy difficult. So called peritoneal fold over lower segment was exposed and lower segment caesarean section was done. Pleacenta was centrally located occupying the lower segment. A female baby was extracted as breech approaching through the placenta. Placenta was removed manually. Following delivery of the baby and placenta, uterus spontaneously rotated along its axis to its normal position. The incision was found to be on the posterior wall and diagnosis of 180 degree rotation then became obvious. Uterine wall was stitched in layers and peritonisation was done perfectly. Examination of anterior wall of uterus revealed an old scar of classical caesarean section along with previous lower segment caesarean scar. Tubal ligation was done.

Both mother and baby had uncomplicated hospital course. When seen at her 6 weeks follow up the patient was perfectly well.

Discussion

This rare condition in obstetrics and gynaecology was thoroughly reviewed by Nesbitt and Corner (1956). It is of great interest that 5 documented cases of uterine torsion in North America since 1956 had transverse lie (Nowosielski and Henderson, 1960; Greening and Beck, 1963). Nine out of 10 malpresentation

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Accepted for publication on 21-6-78.

cases associated with uterine torsion found in the literature were transverse lie (Greening *et al,* 1963). The present case of uterine torsion was also associated with transverse lie of the foetus.

It is agreed with previous authors (Siegler *et al,* 1958; Nesbitt *et al,* 1956) that diagnosis of torsion uterus is almost impossible prior to laparotomy. It is also felt that whenever the differential diagnosis of acute abdomen is being considered in 3rd trimester, the possibility of torsion uterus should be kept in mind. However, the success of management depends on prompt surgical intervention.

Acknowledgement

I am thankful to Dr. N. L. Pramanick, Medical Superintendent, Safdarjang Hospital, New Delhi, for allowing me to publish this case.

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