CHRONIC INVERSION OF UTERUS DUE TO FIBROMYOMA UTERUS

(Rport of 2 cases)

by

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Inversion of a non puerperal uterus is a rare gynaecological entity. This type of inversion usually occurs as a result of extrusion of submucous fibroid attached to fundus. In contrast to puerperal inversion, chronic inversion due to fibromyomas usually occurs in older age group. The object of the present paper is to present two cases of chronic inversion of uterus due to fibromyoma in very young nulliparous patients.

Case 1

Mrs. S. aged 19 years was admitted in October, 1971 with complaints of heavy vaginal bleeding since last 2 months. She also had difficulty in passing urine for last 3 weeks.

Obstetric History: She was married 1½ years back and had not yet conceived.

Menstrual History: The Menarche was at the age of 13 years and her menstrual cycles were regular. She had menorrhagia for the last 1 year and she was bleeding continuously since 2 months.

Examination: She was a young girl looking very weak and pale. Her pulse was 92/mt. B.P. 106/70 m.m. of Hg. Her cardiovascular and respiratory systems were normal. There was no positive finding on abdominal examination.

Speculum Examination: A huge brownish red growth filling the whole vagina was seen. There was profuse bleeding on touching the growth.

Vaginal Examination: The growth was arising from uterine cavity. Cervical ring was felt separately high up. No pedicle of the growth could be felt. Uterus was not felt through any of the fornices. Since the pedicle was not felt it was decided to do a laparotomy.

Investigations

Blood-Hb%-6.5 gm%, TLC-6800%Cmm., DLC-P75, L20, M3, E2. Urine-Normal. X-ray Chest-Normal. Blood Urea-22 mg%, fasting blood sugar-120 mg%, Blood Group-'O' Rh.

Treatment: Her anaemia was corrected by three preoperative blood transfusions. She was also given unitristerone injection twice a day for 5 days. Laparotomy was done with two units of blood arranged. On opening the abdomen the dome of fundus was seen dragged in the uterine cavity. Adenexas were dragged into the depression caused by inversion. The diagnosis of incomplete inversion was made. The ring was cut posteriorly and uterine cavity was opened. A fibroid polyp was arising from fundus, the pedicle of which was thick and attached to whole of the fundus. Myomectomy was done and inversion was corrected. Posterior incision in uterus was closed and ventrisuspension of uterus was done by plicating the round ligaments. Her post operative period was uneventful.

Macroscopic findings: Lower part of polyp was 6" x 5", with a thick pedicle above. It was firm in consistency. Lower part was necrotic. Cut surface revealed a typical whorled pattern with cystic cavities in between.

Microscopic findings: Microscopic examination revealed leiomyoma with hyaline degeneration at places.

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Case 2

Mrs. K. D., aged 20 years was admitted for continuous vaginal bleeding for 2 months and extreme weakness.

She had short cycles of 20-22 days with a moderately heavy blood loss for the last 2 years. There was also history of metrorrhagia in the last 1 year. She was married 3 years back but had not conceived.

General Examination: She was a young woman of average built, except the pallor, there was no other possitive finding on general or systemic examination.

Speculum Examination

A reddish growth filling whole of the vagina was seen. The growth bled on touch.

Vaginal Examinations

On vaginal examination, whole of the vagina was distended by a growth which was firm in consistency, non-fragile but bleeding on touch. There was no space to pass the finger and cervix could not be felt. Pedicle of growth was also not felt. The sound could not be passed since the whole vagina was filled with the mass.

Rectal Examination

A growth filling whole of the vagina was felt. Uterus could not be palpated.

Investigations

Blood-Hb%-5 gm%, TLC-8000/Cmm., Blood Urea and blood sugar-Normal.

Treatment

Her anaemia was corrected by giving four preoperative blood transfusions. Laparotomy revealed inversion of uterus of first degree. Cervix and vagina were stretched due to presence of a large fibroid polyp. Since there was no space posteriorly, after reflecting the bladder down the inversion ring was cut anteriorly. Uterine cavity was opened. The fibroid polyp was attached to the fundus by about 1" thick pedicle. Myomectomy was done. No other fibroid was seen. Ventrisuspension was done after repairing the uterine incision. The polyp was removed vaginally. Since it was about 8" in diameter and patient was nulliparous it was removed with great difficulty.

Gross Exam.: Polyp measured about 8" in diameter, a thick pedicle was present in upper part. There were small areas of necrosis scattered on the growth. Cut section revealed whorled appearence.

Microscopic examination: Confirmed the diagnosis of leiomyoma.

Discussion

Majority of cases of non-puerperal inversion are caused by myomatous tumours Myomas causing inversion are usually submucous arising from fundus and may be either sessile or may have a short thick pedicle. Both the cases reported here were due to fundal submucous myomas with short, thick pedicle attached to fundus. Inversion was mainly due to weight of tumour in both cases.

Chronic inversion due to fibromyomas usually occurs in older women. Shah *et al* (1975) have reported 2 cases of chronic inversion in women aged 45 and 40 years. Mohagaonkar and Nagar (1977) have reported 2 cases, both above 40 years of age. The 2 cases reported here were very young nulliparous patients, who had not yet started their obstetric carrier. Such huge fibromyomate causing inversion are very rare in this age group.

Since both the patients were very young nulliparous patients and the pedicle of growth was not felt on prevaginal examination, inversion was corrected by abdominal route after opening the uterus by incising the ring posteriorly in the first case and anteriorly in the second case. There was no other associated leiomyoma seen in any of the 2 cases. In the second case the tumour was so huge that after excision of pedicle abdominally it could be removed from the vagina from below with great difficulty.

Summary

1. Two cases of chronic non puerperal inversion of uterus due to huge submucous myomata are reported.

2. Both the patients were very young nulliparous.

3. Inversion was corrected by abdominal route after doing myomectomy in both cases.

References

1. Shah, H. N., Shah, D. S. and Patel D. S.: Jr. Obstet. Gynec. India. **25: 279, 1975.**
2. Mohagaonkar, A. and Nagar, D. M.: J. Obstet. Gynec. India. **27: 127, 1977.**