

ACUTE INVERSION OF UTERUS

(A Case Report)

by

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Introduction

Inversion of uterus though a very rare condition, is one of the most serious complications in obstetrics. Its incidence in developed countries is extremely low but in developing countries where the skilled obstetrics care is not readily available to the large sect of rural community, such obstetric emergencies do occur.

In our country, its incidence is not that uncommon. Das (1940) recorded the incidence as 1 in 23,127 deliveries. Ghosh and Das (1972) gave the incidence as 1 in 40,000. Palanichamy (1976) reported 3 cases in 12,302 deliveries and Sen Gupta and Das Gupta reported 5 cases in 12,693 deliveries.

CASE REPORT

A young primi aged 19 years was on her way from Trivandrum to Nepal. On 7-5-1979, in the morning, while in the train she started labour pains. At about 1130 hrs. on the same day she delivered a male baby weighing 4 Kg at Jhansi Railway Station. The delivery was conducted in the bath room of the railway compartment by a female fellow passenger, who out of consideration for other people to use the bath room tried to deliver the placenta by applying pressure over the fundus and at the same time pulled the cord down, immediately after the birth of baby. To her surprise she noticed that a mass has appeared over the vulval outlet with pla-

centa still attached. She abandoned further attempts to take out the placenta. Patient had moderate bleeding but her general condition remained satisfactory. According to her husband she complained of severe pain over the lower abdomen. She was evacuated to Military Hospital, while on her way to hospital placenta got spontaneously detached, thereafter according to her husband she became drowsy, pale, started sweating and bleeding per vaginum. At the time of admission to hospital, her general condition was alarming. Pallor + + +. Sweating + pulse 160/mt, BP 60/? mm of Hg. Temperature was subnormal.

Per abdomen: uterus was just palpable. Per vaginum: Inverted uterus with raw and oozing surface was lying at the vulval outlet. Hb: 7 gm%.

She was actively resuscitated with I/V fluids, mephentine, heavy doses of steroids and blood transfusion. After revival reposition of uterus was done under general anaesthesia. She was given Injection methergin 0.2 mg I/V and 0.2 mg I/M which contracted uterus well and pitocin drip was started to maintain it. Post operative period was uneventful. She was discharged from hospital after 12 days on request with the advise to report to nearest hospital after 6 weeks for check-up. At the time of discharge from hospital her Hb % was 10.5 gm%.

Per vaginum—Uterus was well involuting. Fornices were clear. No evidence of any infection. While in hospital she was given Injection Tetanus toxoid and heavy doses of antibiotics.

Summary

A young primipara aged 19 years had acute inversion of uterus, following attempts to deliver the placenta. She was brought to hospital in a severe state of shock. After revival manual reposition of

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uterus was done under General anaesthesia. Post operative period was uneventful and she was discharged from hospital after 12 days in fit condition.

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