

TORSION OF HAEMATOSALPINX WITH BICORNUATE UTERUS

(A Case Report)

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Torsion of the fallopian tube is one of the very uncommon Gynaecological emergencies requiring surgical intervention. Torsion may affect the normal tube or the tube which is the seat of hydrosalpinx or haematosalpinx. A case of torsion of haematosalpinx with a bicornuate uterus is reported.

CASE REPORT

J.T., 18 years old, unmarried girl was admitted to Govt. Medical College Hospital, Nagpur on 11-5-80 at 10 P.M. with pain in lower abdomen since 4 days and vomiting twice.

Menstrual history: Attained menarche at age of 13 years. Her previous cycles were regular. Since last 7-8 months patient was having spasmodic dysmenorrhoea. Her last menstrual period was on 7-5-80 with normal flow, but pain was severe.

Past history: Patient has attended Gynaecological O.P.D. in 2nd week of April for mass in lower abdomen since 7 months and spasmodic dysmenorrhoea of same duration. General and systemic examination findings

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were normal. On abdominal examination, a mass of about 14 weeks size of pregnant uterus was palpable on left side of lower abdomen firm in consistency not freely mobile. On rectal examination, uterus not felt separately. Vaginal examination under anaesthesia on 28-4-80 showed hymen intact, uterus Retroverted, Retroflexed mobile, normal size, firm inconsistency and a freely mobile mass of about 5" x 4" size was palpated through anterior and left lateral fornix. Provisional keeping diagnosis of Dermoid Cyst was made and she was advised laparotomy but she was not willing. Patient was again admitted on 11-52-80 with severe pain in abdomen and vomiting. On admission, her general condition was good, pulse rate 84 minute, B.P. was 100/70 m.m. of Hg. Respiratory and cardiovascular systems were normal

On abdominal Examination, a vague, firm mass of about 18 weeks' size of pregnant uterus was present in left iliac fossa, tender on deep palpation. Laparotomy was done under Intra-tracheal gas oxygen anesthesia on opening the abdomen to our surprise it was found that there was a bicornuate uterus. Right uterus and tube were normal, right ovary was enlarged. Left uterus was not well developed and had no connection with the cervix. Left tube had two systic swellings of the size 3" x 4", and 1" x 1½" and the part of the tube between these two swellings had undergone two complete twists (fig. 1). Left uterus alongwith it's appendages was removed. Left ovary was slightly enlarged. Abdomen was closed in layers. Her postoperative period was normal.

Summary

A case of twisted haematosalpinx with bicornuate uterus is reported with review of literature.

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See Fig. on Art Paper III