"CHRONIC INVERSION OF THE UTERUS" ASSOCIATED WITH FIBROMYOMATIC UTERI

(Report of 3 Cases)

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Chronic inversion of the uterus is not a very common condition in a non-puerperal uterus hence it is considered to be of gynaecological interest. It is for this reason that we report 3 cases of chronic inversion dųe to fibromyoma of the uterus.

Case 1

Mrs. X, aged 42 years, H.F., P5+0 was admitted in U.I.S.E. Maternity Hospital, G.S.V.M. Medical College, Kanpur on 8-9-79 for irregular vaginal bleeding for 3 months and something coming out of vaginal for the last 2 months. At times the bleeding was heavy associated with pain in lower abdomen. Bleeding was alternating with white foul smelling discharge per vaginum for the same duration.

On general examination, the patient was severely anaemic. Her Hb% was 6 gm%. Pulse 100/min., B.P. 104/82 mm Hg. Rest of the systemic examination did not reveal any abnormality.

Local examination revealed a mass about 8 cms X 6 cms lying outside the vaginal introitus with a raw bleeding surface, friable at places. On vaginum examination an irregular firm growth measuring about 8 cms X 6 cms was felt protruding through the vaginal introitus, no pedicle was felt, cervical rim was felt high up. The uterine fundus was not felt in the pelvis. A uterine sound was passed into the cervical os all around the mass but it could not go more than 3/4" on any side. Thus a diagnosis of chronic inversion of the uterus with fundal fibromyoma was confirmed. All her investigations were within normal limits.

Patient was given two bottles of blood transfusion and intramuscular iron, 100 mg/day to raise her haemoglobin level. Vaginal hysterectomy was planned but could not be done due to adhesions present, so total abdominal hysterectomy as done on 15-9-79. An annular incision was put in the uterus posteriorly below the depression through which inverted unterus alongwith part of tubes and submucous fundal myoma was taken out. The post-operative period was uneventful and she made a remarkable recovery and was discharged on 5-10-79.

Case 2

Smt. P.D., 48 years of age, P4+0 was admitted in U.I.S.E. Maternity Hospital, G.S.V.M. Medical College, Kanpur on 16-4-80 for irregular vaginal bleeding for the last 4 months and pain in lower abdomen for the same duration. At times the bleeding was profuse. Her menstrual periode were regular but slightly heavy for the last one year. She had 4 full term normal deliveries, the last one 6 years back.

On examination she was anaemic, Hb% was 8.6 gm&, pulse 100/min., B.P. 130/80 mm Hg. Rest of the systemic examination did not reveal any abnormality.

On speculum examination revealed an irregular fungating mass of about 12 cms X 8 cms in the vagina protruding through the cervical

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os. On vaginum examination an irregular firm mass measuring about 12 cms X 8 cms was felt in the vagina, no pedicle was felt, cervical rim was felt high up. Uterus was found to be multiparous size, but uterine fundus was not felt in the pelvis. A uterine sound was passed all around the mass into the cervical os which could not go beyond 1 inch on any side. Thus the diagnosis was confirmed. All her investigations were within normal limits.

Patient's general condition improved with one bottle of blood and supportive line of treatment pre-operatively. On 16-5-80 total abdominal hysterectomy with bilateral salpingo-oophorectomy was done as in the previous case.

Case 3

Smt. S.D., aged 55 years, P5+0 was admitted in U.I.S.E. Maternity Hosptial, G.S.V.M. Medical College, Kanpur on 13-5-80 for irregular vaginal bleeding for 1 month, pain in lower abdomen for 1 month, difficulty in passing stools 15 days and foul smelling vaginal discharge for 15 days. She had 5 full term normal home deliveries. Her last delivery was 17 years back, and she had menopause 10 years back. She had similar complaints one year back and was diagnosed as a case of fibroid polyp when polypectomy and D & C was done. She remained asymptomatic for about 10 months and then developed the present complaint.

On examination, the patient was anaemic. Her haemoglobin was 9 gm%, pulse 98/min., B.P. 100/60 mm Hg. Rest of the systemic examination were within normal limits.

On speculum examination an irregular fungating mass of the size 10 cms X 8 cms coming through cervical os. On vaginal examination, an irregular firm growth measuring about 10 cms X 8 cms was felt in the vagina protruding through the cervical os, no pedicle was felt. Uterine fundus was not felt in the pelvis. The diagnosis was confirmed by passing a uterine sound as in previous cases. All her investigations were within normal limits. Pre-operatively she was given one bottle of blood. On 20-5-80 abdominal total hysterectomy with bilateral salpino-oopherectomy was done with anterior annular incision. Post-operatively she received one more bottle of blood. Post-operative period was uneventful and she was discharged on 8-6-80. On cut section the specimen showed the evidence of submucous leiomyoma with inversion of the uterus. Histopathology confirmed the diagnosis.