ONKOGENETIC INVERSION — A GYNAECOLOGICAL EMERGENCY

by

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Fibroid uterus accounts for 4.5% of gynaecological admissions in our hospital but inversion of uterus as a complication of myoma was encountered in only 2 cases out of a total of 17,776 gynaecological admissions in 7 years. In both cases inversion of uterus precipitated an emergency operation. These 2 cases are presented here to highlight the possibility of this gynaecological emergency in a known case of uterine neoplasm.

CASE REPORT

Case 1

Mrs. R., 50 years old was admitted in Lady Hardinge Hospital on 9-9-74 with a provisional diagnosis of fibroid with prolapse of uterus. Her previous menstrual cycles were 3/30 days regular. She had 4 F.T.N.D. Her last delivery was 6 years back.

She was anaemic (5 Gm% Hb.), pulse 88/min. B.P. 100/70 mm of Hg. Systemic examination revealed enlarged liver. Uterus was 16 weeks size.

Vaginal Examination

Uterus was 16 weeks, fornices were free, no mass felt in vagina. Hypertrophied cervix was lying outside introitus with decubitus ulcer on both lips. On third day of admission suprapubic mass decreased to 12 weeks size. On vaginal examination a globular mass was felt filling the vagina, cervical lips were not defined. Provisional diagnosis of fibroid polyp was made. It was decided to examine the patient under general anaesthesia after improving her general condition. Patient remained well till 25-9-74 when at 10.15 p.m. no mass could be felt in suprapubic region and mass per vaginum suddenly increased to 6″ x 6″ size and was lying outside the vulva. Pulse rose to 140/min and B.P. fell to 70 mm of Hg. Patient was taken to the operation theatre after resuscitation Under anaesthesia vaginal examination revealed the mass to be fibroid with its upper part as the performed and the inversion reduced. Patient made uneventful post-operative recovery and did not return for follow-up.

Case 2:

Mrs. B, 30 years old, was admitted on 16-2-78 for mass in the lower abdomen for 5-6 months, pain in the abdomen from the evening prior to admission and something coming out of vulva since the morning of day of admission. On 15-2-78 at 6 p.m. patient developed pain, like labour pains in the lower abdomen and at 4 a.m. there was a huge mass lying out of the vulva. Her previous menstrual cycles were 4-5/30 days, regular. Patient had 5 F.T.N.D.

Patient was ill-looking, her Hb was 5.5 Gm%, pulse 108/min., B.P. 110/70 mm. of Hg., temperature 37.6°C. No mass was palpable on abdominal examination. Vaginal examination revealed a huge mass lying outside the introitus. Uterus was not felt separately from the mass. Patient was given antibiotics, and one blood transfusion. On 17-2-78 initial diagnosis of inversion of uterus with fundal

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myoma was confirmed in the operation theatre. Vaginal myomectomy was performed by by enucleating the myoma at upper margin. During the process urterine wall got incised. It was stitched. As the remaining uterine body corresponded to 16 weeks size, inversion could not be corrected vaginally. Hence it was corrected abdominally and emergency abdominal hysterectomy was performed. Post-operative course was uneventful.

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