

RECURRENCE OF TORSION IN GRAVID HORN OF BICORNUATE UTERUS

(A Case Report)

by

CHHAYA SARODEY,* M.D.

Torsion of gravid uterus is a rare complication in human pregnancy and acute abdominal catastrophe is one of the rarest accidents. The present case was interesting because of the recurrence of torsion of either horns of the gravid bicornuate uterus occurring in successive pregnancies.

CASE REPORT

Mrs. L.G., aged 26 years was admitted on 22-2-1978 with a history of 6½ months' amenorrhoea, pain in abdomen and vaginal bleeding for 3 days. In history of present illness the patient said that the pain was intermittent and colicky in nature only on the left side, severe in nature and was associated with 2 or 3 vomits. No h/o fainting attacks. Vaginal bleeding was slight in amount.

Patient was second gravida. First was Caesarian Section at 8½ months gestation, for transverse lie, about a year back. Discharge card revealed that patient had a torsion of gravid horn of bicornuate uterus which was discovered at section. At that time the section incision was made on the posterior surface of uterus. After delivery of foetus, the torsion was corrected. The case was reported by Kanire and Shastrakar, 1978.

On abdominal palpation, the uterus was 26-28 weeks size, well relaxed, foetal parts could not be well made out. FHS was located, no uterine contractions were felt.

On speculum examination, the cervix could

*Reader in Obst. & Gynaec., Government Medical College & Hospital, Nagpur-440 003 (India).

Accepted for publication on 4-1981.

not be visualised as it was high up and slight bleeding was present.

She was diagnosed as a case of APH and kept for observation. The vaginal bleeding stopped with rest.

Four days after admission the patient started having acute and continuous pain again only on the left side associated with 2-3 vomits. The pulse was 100/min., B.P. 70/50 mm. Hg., perspiration with cold clammy limbs. Uterus was hard and tense, very tender on the left side, not relaxing in between. Presentation and position could not be made out. No FHS were heard. There was no free fluid in the abdomen. Cervix was high up behind the symphysis pubis, small, not effaced or dilated. No vaginal bleeding was present.

Laparotomy was performed after giving I.V. fluids. A bluish-black congested mass presented which was the gravid horn of uterus which had undergone torsion. The torsion was of 180 degree. A semihysterectomy was done on the left side. The right horn was visualised which was about 10 weeks' size. Tubes and ovaries were normal. Abdomen was closed in layers. Post operative period was uneventful.

In the previous pregnancy, it was the right horn of the gravid uterus which had undergone torsion. In this pregnancy, the left horn of the gravid uterus had the torsion.

Summary

A rare case of recurrent torsion of gravid uterus is presented.

1. In this case torsion occurred in the left horn of gravid uterus. In the previous pregnancy, the torsion was seen in the right horn of the gravid uterus.
2. The probability of torsion of gravid

uterus should be kept in mind whenever differential diagnosis of acute abdomen is being considered in II and III trimester.

lege, Nagpur for allowing me to use the hospital records.

Acknowledgements

I am thankful to the Dean, Medical Col-

References

1. Kanire, S. and Shastrakar, V. D.: J. Obset. Gynaec. India. 28: 322, 1978.