

TORSION OF THE GRAVID UTERUS IN LATE PREGNANCY SIMULATING RUPTURE OF UTERUS

(A case report)

by

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Torsion of the gravid uterus in late pregnancy is a rare complication. Its incidence is usually associated with some abnormality either in the uterus itself or in the shape of some pelvic neoplasm. But there are few cases on record in which uterus and other pelvic organs appeared to be normal in all respects. The case under review belongs to this category.

CASE REPORT

Mrs. S.M., 20 years 3rd gravida, para: 2 + 0. Post caesarean pregnancy, gestation period of 38 weeks was admitted at the Burdwan Medical College Hospital, Burdwan on 26-9-79 at 11.00 A.M. through emergency with history of pain in the lower abdomen for the last 10 hours. The intensity of pain increased on admission when she had moderately severe pain in the lower abdomen. No history of vomiting, fainting, vaginal bleeding and dribbling of liquor amnii was present.

Obstetrical history

P-1-4 years back, lower segment caesarean section in this hospital for prolonged pregnancy and failed induction, 6 lbs, female baby born,

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alive and well Post operative hospital stay: 14 days uneventful.

P-2-1 year 10 months back. Term pregnancy. Normal delivery, female baby, 6 lbs 8 oz, alive and well. Puerperium uneventful.

No other significant history was available.

Abdominal examination: Midline subumbilical scar with a bulging in the lower part. Abdomen thin and lax. Incisional hernia in the lower part of the scar. Diffuse tenderness elicited in the suprapubic region on palpation. Uterus—34 weeks fundal height. Oblique lie with head palpated in the right iliac region. FSH +.

Vaginal examination

Os, 1.5 cm. dilated, cervix partly effaced, Membranes—intact. With the provisional diagnosis of threatened rupture of previous caesarean scar laparotomy was undertaken immediately. Simultaneously resuscitative measures were arranged.

Laparotomy

Abdomen was opened by right paramedian subumbilical incision. There was rotation of the uterus over 90 degrees twist with the left round ligament, left tube and ovary appearing anteriorly (Fig.). Uterus was untwisted manually and lower segment caesarean section was done. A male baby weighing 6 lbs 2 oz. delivered with Apgar Score 8 at birth. Uterine wound was closed in layers. Bilateral tubectomy was done as desired by the couple. Hernial sac was resected and adequate closure of the abdominal wound undertaken. In the post operative period she made an uneventful recovery and was discharged home on the 12th day.

See Fig. on Art Paper I