TORSION OF GRAVID UTERUS MANAGED BY HEMIHYSTRECTOMY

(A Case Report)

by

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Torsion of the gravid uterus is a very rare complication of pregnancy. In most of the reported cases it is associated with congenital anomalies like unilateral and bicornuate uteri (Shah *et al,* 1968; and Jungalwalla and Bandi, 1971). This rare complication was reviewed by Jasanowitz *et al* (1972). The following case is being reported because of its rarity and different presenting symptoms.

CASE REPORT

Mrs. A, aged 22 years, primigravida, was admitted to Medical College and Hospital, Rohtak on 25th of May, 1981 for amenorrhoea 31 weeks, loss of foetal movements for 4 days and moderate continuous pain in abdomen for 4 days.

Menstrual History—Previous menstrual cycles were regular. Last menstrual period was on 19th October, 1980; expected date of delivery was 26th July, 1981.

On examination—patient was moderately built and nourished. BP 118/70 mm of Hg., pulse 90/minute, regular. Cardiovascular and respiratory systems were normal.

Abdominal Examination: Height of fundus was 32 weeks. Whole of the abdomen was tense and tender. Foetal parts could not be palpated and FHS were absent.

Vaginal Examination: External os firm, tightly closed, uterus was normal size, deviated to the left, foetal parts were felt high up anteriorly. Uterine sound could be passed upto 3″. Movements of the abdominal mass could not be transmitted to the cervix.

Plain X-ray abdomen was taken which showed a foetus with the signs of foetal death lying high up in the abdomen. A provisional diagnosis of extrauterine pregnancy was made and laparotomy was planned. On opening the abdomen the left horn of bicornuate uterus, tube and ovary was healthy. In the right horn there was pregnancy. The gravid horn had undergone torson of 270°. The uterus along with tube and ovary was congested and gangrenous. Round ligament, gangrenous ovary and tube were seen anteriorly. A vertical incision was put in the uterus and a dead macerated male foetus delivered as breech. Blood supply of the gravid horn was completely obliterated. Right horn of the uterus which was attached to the left horn with a thin fibrous band was removed alongwith the tube and ovary of that side. Abdomen was closed. Baby weighed 3.5 lbs. and placenta 250 gms.

Post operative period was uneventful.

Discussion

In our case the patient presented with acute abdominal symptoms. On palpation abdomen was tense and tender. Diagnosis of torsion was made on laparotomy. Torsion of 270° was found in the gravid horn which was gangrenous, and

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hemihysterectomy was done. Nongravid horn was saved because the patient was primipara.

Torsion of 270° has not been reported in the literature.

References

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