

## TORSION OF GRAVID UTERUS

### (A Case Report)

by

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Preoperative diagnosis of torsion of the uterus is almost impossible as it may mimic accidental haemorrhage or twisted ovarian cyst or other intraabdominal catastrophe.

#### CASE REPORT

Mrs. I. aged 30 years was admitted on 12-4-82 at 10 p.m. with the history of 6 months amenorrhoea and excruciating pain in abdomen since 2 hours prior to admission.

Abdominal examination revealed big incisional hernia following caesarean section 3 years ago. A pregnant uterus of a size of 26 weeks

uterus, herniating through the incisional hernia was felt. Abdominal guarding was present. External ballotment and foetal heart sounds were absent. The abdominal mass was palpable through the anterior fornix. There was marked tenderness on vaginal examination.

With the tentative diagnosis of twisted ovarian cyst or concealed accidental haemorrhage, patient was taken for laparotomy was undertaken after resuscitation. Both the ovaries and tubes were found to be on either side of the uterus which had undergone axial torsion by 180°, on its axis at isthemic-cervical junction. After untwisting of the uterus, a lower segment hysterotomy was performed. Uterus retracted well with oxytocics and abdomen was closed in layers. Repair of the incisional hernia was done at the same time. Weight of the foetus was 800 gms. and clots weighed 700 gms.

Post-operative period of the patient was uneventful. She was discharged on 10th post-operative day.

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Accepted for publication on 21-10-82.