

# ASYMPTOMATIC AXIAL ROTATION OF FULL TERM GRAVID UTERUS

## (A Case Report)

by

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### Introduction

Asymptomatic complete axial rotation of a full term gravid uterus, unassociated with any possible aetiological factor is extremely rare. In the case reported here, the complication was recognised only after completing a caesarean section on the posterior aspect of the lower segment.

### CASE REPORT

P.K. aged 29 year old was admitted on 5th May 1982 for confinement. Her expected date of delivery was 8th May. She had undergone a lower segment caesarean section at full term for foetal distress 1½ years ago. During the present pregnancy, she had no abnormal symptoms. She had antenatal supervision elsewhere and the progress was normal.

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**On Examination:** she was comfortable and her general condition was good. The abdomen was overdistended due to polyhydramnios and foetal parts could not be palpated easily. After abdominal amniocentesis of 1 litre of liquor, an X-ray of abdomen was taken. There was no skeletal malformation of foetus, which was in transverse lie. Ultrasonographic measurement of biparietal diameter was 11 cm.

An elective caesarean section was done on 8th May. On laparotomy, huge veins were seen traversing the lower segment on its anterior aspect. Because of this, the transverse incision was placed a little higher and a live male baby weighing 3 kg. was delivered. When the uterus retracted and came into full view, it was noticed that the uterus had undergone axial torsion through 180 from left to right. The uterine incision had been made on the posterior aspect of the lower segment. The engorged veins below belonged to the twisted right broad ligament. The uterine incision was closed in layers after extraction of placenta and care was taken to secure perfect haemostasis.

The post-operative recovery was uneventful and she was discharged on the 8th post-operative day.