

RECURRENT INVERSION OF THE UTERUS

(A Case Report)

by

K. N. PADMAVATHY,* M.S., D.G.O.

K. SAROJA,** M.D., D.G.O.

and

T. R. SHENBAGAVALLI,*** M.D., D.G.O.

CASE REPORT

Mrs. S., 27 years old Para I was admitted on 10-12-79 at 9.58 A.M. with a history of 9 months amenorrhoea and labour pains and draining P.V. since four hours. Married since 3½ years. First FTND at a Private Nursing Home and referred to Coimbatore Medical College Hospital, Coimbatore with acute inversion of uterus with the history of no cord traction or credes method.

The inverted uterus with placenta attached to the fundus and anterior wall was lying outside the vagina. The placenta was separated and removed from the uterus and manual reposition was done with simultaneous resuscitation. Uterus contracted well and it was maintained with syntocinon drip. Patient revived from shock two hours later. She was hospi-

talized for twenty one days and treated for sepsis and anaemia. Baby is alive and well.

At present on admission patient not anaemic, no oedema feet, pulse 88/minute. Blood pressure 124/80 mm. of Hg. Abdominal examination revealed that the patient was in active labour. Fifteen minutes after admission (ie) 10-15 A.M. patient delivered an alive male child with Apgar 10:10. Twenty-five minutes after delivery spontaneous inversion of the uterus occurred with the placenta attached to the fundus. Immediate manual reposition was done under G.A. after removing the placenta. In spite of injection Mathergin and syntocinon uterus did not contract and bimannual abdomino vaginal compression was kept for 30 minutes and the patient was resuscitated with a bottle of blood, cortisone and I.V. fluids.

Acknowledgement

We are thankful to Dean, Coimbatore Medical College Hospital, Coimbatore for allowning us to publish the hospital records.

*Additional Professor,

**Assistant Professor,

***Tutor,

Coimbatore Medical College, Coimbatore.

Accepted for publication on 29-9-82.