ACUTE ACCIDENTAL HAEMORRHAGE DUE TO TORSION OF THE GRAVID HORN OF UTERUS DIDELPHYS

by

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Pregnancy in one horn of uterus didelphys is a common occurrence. Its complications are many and varied. Torsion is one of the serious and rare complications, which is presented here.

CASE REPORT

Mrs. Kamla Devi, 24 years old third gravida was admitted to Patna Medical College Hospital on 23rd July 1981 for 6 months' amenorrhea severe pain in abdomen and rapid enlargement of abdomen for preceding 3-4 days. There was no history of trauma.

Her previous menstrual cycles were regular and her last menstrual period was in the 1st week of February 1981. She had two vaginal deliveries at her village hospital both by breech.

General examination revealed her to be an average built woman with marked features of shock. Her pulse was 140 Per Minute and feeble, B.P. was 90/50 M M of Hg. Cardiovascular and respiratory systems were normal. On abdominal examination, uterus was found to be of 30 weeks gestation (larger than dates) tense and tender. Braxton-Hicks contractions were absent. Foetal parts were difficult to palpate,. F.H.S. was located.

On vaginal examination, a vertical septum was felt dividing the vagina into two parts. Cervix was felt with difficulty in the left fornix as it was pulled high up. There was no vaginal discharge. The right fornix was occupied by firm mass of about 6-8 weeks size of gravid uterus. On the right side cervix was not felt.

Laparotomy revealed the abdominal cavity was occupied by a tense cystic, dark haemorrhagic mass, extending up to xiphisternum. The mass was delivered outside the abdomen and was identified to be the gravid left horn of the uterus didelphys. This was attached to the non-gravid horn of the uterus with a thick broad fibromuscular band The gravid left horn had undergone a complete twist involving the left ovary and fallopian tube on the left side and the fibrous band on the right side. Fallopian tube and ovary was grossly oedematous and congested. The right horn of the uterus was enlarged to six weeks size and the ovary and the tube on the right side were healthy. Vaginal examination was done by an assistant to reassess the condition of the two cervices. The cervix on the right side could then be felt rather high up and felt continuous with right horn of the uterus. Therefore, the left gravid horn with the ovary and tube was sacrificed by doing a quick hysterectomy.

While swabbing the vagina the anatomy was again confirmed. Two cervices were felt on either side of vaginal septum. The left one was smaller than the right. Post operative recovery was uneventful. Blood transfusions were given to combat anaemia. Stitches were removed on the eighth post operative day. On the same day a big decidual cast was expelled out from the right horn of the uterus. Patient was discharged in good general condition on the tenth day with an advice to come after one month for hysterosalpingography. After three months of operation patient came for check up. At that time a hystero salpingo-graphy showed at apparently normal uterus with right sided tube which was patient.

Summary

A case of torsion of gravid uterus in mid-trimester pregnancy is described. It is presented here because of rarity of this type. The problems of diagnosis and management with conservativeness in surgery is discussed.

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