# TORSION OF A FULL TERM GRAVID UTERUS

## (A Case Report)

by

R. JAYALAKSHMI

and

MAY MANUEL

*Introduction*

The rarity of this serious obstetric emergency prompted us to reported this case.

**CASE REPORT**

Mrs. X, a 22 years old primigravida was admitted on 19-9-1977 at 6.30 A.M. with a history of 9 months amenorrhoea, sudden attack of pain in abdomen, vomiting and extreme general weakness starting half an hour prior to admission. Her expected date of confinement was on 21-9-1977. There was no history of vaginal bleeding.

She was in a state of shock, restless, very pale with a rapid thready pulse and a blood pressure of 80/? mm of Hg. Uterus was term size contour was maintained and was not acting. Uterus felt tense at places but in other areas the foetal parts were felt superficially. The presenting part could not be made out and fetal heart was not audible. There was extreme tenderness over the uterus.

*From: Dept. of Obstetrics & Gynaecology, Government Rajaji Hospital, Madurai.*

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**Vaginal Examination:** Cervix was tubular closed. There was no bleeding. The presenting part was high above the brim.

On opening the abdomen there was about 50 ccs of free blood in the peritoneal cavity. Uterus was intact. It appeared congested with patchy area of bluish red discolouration. The bladder was not visualised anteriorly and catheter could not be palpated. A short segment of congested tubes was seen in either iliac fossa. The uterus had undergone torsion through 180° at the level of internal os. The uterus itself was completely atonic. Both tubes and ovaries were bluish. Torsion was undone. Lower segment caesarean section was done and a dead male baby weighing 2.9 kgs. was delivered. There was no anomaly of the uterus or adnexa. The uterus regained its normal colour but remained flabby. Uterine contraction was promoted by oxytocics and uterine wound was closed in two layers and abdomen was closed in layers. One hour and 45 minutes after surgery it was noticed that the patient had developed coagulation failure as evidenced by absence of clot formation and bleeding from venepuncture sites, abdominal wound and bleeding per vaginum. Uterus remained well contracted. Coagulation failure could not be corrected and five hours after surgery patient expired.