Asymptomatic Torsion of Pregnant Uterus

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Torsion of a gravid uterus is a rare but serious complication, most of the time prsenting as an acute emergency. We are presenting here a case of asymptomatic torsion detected at the time caesarean section.

A 28 year old unbooked primigravida with term pregnancy was admitted with pain in the abdomen. She had a history of laparotomy done for abdominal mass 2 years back. The patient was short statured and her general examination findings were normal. Abdominal examination revealed a large incisional hernia with a herniating gravid uterus at term prominently standing out. The skin over the gravid uterus was darkly pigmented and glistening. A parmedian scar of previous surgery was seen. The fundal height corresponded to 34 - 36 weeks period gestation with cephalic presentation and mild uterine contraction. The foetal heart rate was normal.

On vaginal examination, the cervix was posterior, high up in the lateral fornix. The os was tightly closed. There was a bulge in anterior fornix. The pelvis also appeared markedly contracted. It was decided that the patient has to be delivered by a caesarean section.

A midline vertical incision was taken. On opening the abdomen there was an axial torsion at the uterus by 150^0 - 160^0 to the right, with posterior surface of the uterus and the ovaries coming anteriorly. After extending the incision the torsion was corrected with the delivering out of the whole gravid uterus. The lower segment was found to be thinned out with a bulge on the anterior side. There was a small dehiscence, a small window like defect in the lower segment with the peritoneum covering it. The defect was at near the line of torsion. After dissecting the bladder down an incision was made at the same site on the lower segment to deliver a live female child of 2.3 kg. No other abnormality of the uterus or the adnexa was seen. After closure of the uterus and the uterovesical fold of peritoneum by the standard technique the uterus was reposited back in the normal anatomical position. The incisional hernia was repaired by Shoelace technique.

The post-operative period was uneventful and the mother and the baby was discharged on the 9th post-operative day.