

“Acute Complete Uterine Inversion” –Case Report

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Hippocrates (460-370 BC), & Avicenna (980-1037 AD) recognised uterine inversion but since the time of Ambroise Pare' in the sixteenth century a true understanding of uterine inversion has existed.

Mrs. N.M., 27 years old housewife, 2nd Gravida, para 2, living 2, with full term normal delivery was transferred from a private hospital at Bhiwandi to our hospital as a case of post partum haemorrhage with uterine inversion since 3 hours following delivery. She was given 1 unit blood transfusion at Bhiwandi.

On admission, patient was in neurogenic shock with hypovolemia and had severe anaemia of 5 gm%, severe pallor, pulse of 130 per min, BP=systolic 60 mm of Hg, Respiratory rate 30/min. On per abdomen examination uterus was 12-14 weeks size with absence of fundal prominence .

Per speculum examination showed purplish endometrium occupying the upper ½ of vagina with bleeding moderately severe. On pervaginal examination uterine fundus was felt in the centre surrounded & encircled by the contracted cervical ring. Hence a diagnosis of Acute Complete Uterine Inversion was made.

Immediately the patient was treated for hypovolemic shock with blood transfusion and crystalloid solutions, corticosteroid & was administered antibiotics. Immediate replacement of the uterus under uterine relaxant anaesthesia was attempted but in vain & hence exploratory laparotomy was performed which showed

that the uterine fundus was inverted with tubes and round ligament pulled & stretched inside the inverted part of the uterus. (Fig.1) The cervical ring was incised posteriorly followed by drawing up of the uterine fundus with



simultaneous pressure on the fundus given through the vagina by an assistant & with the help of finger inside the uterine cavity inserted through posterior ring that was incised to make the procedure easier. The rent in the posterior wall of uterus was sutured with Vicryl No. 1 in two layers. The serosa was sutured with No. 2-0 Vicryl in continuous noninterlocking fashion. The patient had smooth postoperative recovery & was discharged on the 8th postoperative day. Patient was given totally 5 units of blood. Uterine inversion is a catastrophic phenomenon with an incidence ranging from 1: 1,00,000 to 1:5,000 deliveries.