

Anteflexion of a full term Gravid Uterus

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Patient B.N., a 30 years old female was admitted in the District General Hospital Wardha on 23rd Dec. '96 at 10.40 am. with history of amenorrhoea 9 months and labour pains since 3 days. Pain in abdomen had severely increased since last night. She gave no history of leaking or bleeding, per vaginum. Patient had been examined by a local dā and Medical Officer in Primary Health Centre. She was referred to District General Hospital Wardha as a case of prolonged labour. She was G₁ P3 A₁. First was a full term female died at 3 yrs. of age. Second and third were males aged 4 yrs and 2 yrs. All were home deliveries. Her L.M.P. was 25th June 1995 and F.D.D. was 1st April 1996. On examination, patients general condition was fair - she was afebrile, pulse was 100 per minute and blood pressure was 140/90 mm of Hg. Systemic examination revealed no abnormality. On per abdomen examination, uterus was 34 weeks size, tense, tender, foetal heart sounds as well as foetal movements could not be appreciated. Neither the presentation and position of the foetus could be made out clearly.

On per vaginal examination cervix was high up - could be reached with difficulty, it was closed and uneffaced. X-ray abdomen A.P. view showed transverse lie. Other investigations were within normal limits. The patient was taken for L.S.C.S. After opening the anterior abdominal wall, instead of, anterior wall of the uterus, right ovary and fallopian tube with fundus and small portion of posterior wall of the uterus were present in the incisional opening, i.e the uterus was acutely anteflexed and levorotated. Gently and firmly the position of the uterus was rectified. After rectification uterus came to lie straight in the midline. The lower segment was well formed. A full term female was extracted by vertex. Liquor was meconium stained. Baby was asphyxiated and cried after resuscitation. Baby's weight was 2.7 kg. Patient was alright throughout the lying in period and was discharged on eighth post operative day with advice of abdominal wall muscle exercise.