Torsion of Pregnant Uterus With Rupture at 24 weeks Gestation – A Case Report

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Torsion is a term reserved for axial rotation of uterus on its long axis by >45^0 (Range 45^0-720^0) and is an extremely rare event although Dextrorotation is often seen. Spontaneous rupture during pregnancy is also seen very rarely. Simultaneous torsion with spontaneous rupture of a gravid uterus without any associated pelvic pathology is such a rare and unique phenomenon that Siegler (1948) reported what he believed to be the first case of torsion of pregnant uterus with spontaneous rupture. Further review of literature has not revealed similar cases.

Urmilla, aged 25 years, female, $G_3P_2A_0L_2$ was admitted from Casualty on 24.9.97 at 2. a.m. midnight with c/o vaginal bleeding of 6 hours duration, a low backache of 6 hours duration and h/o amenorrhoea of 6 months. The patient was not sure of her LMP. She gave H/o being attended to by some Local Birth Attendant who gave her abdominal massage but denied any instrumentation or interference by her.

O/E she was pale with P-88/m, BP- 120/80 mm Hg. And had no evidence of shock. Per Abdomen:- The uterus was of 24 weeks size, fetal parts were palpable, fetal movements were normal. The uterus was not tense or tender. On P/V- Os was closed, and slight amount of blood-stained discharge was seen.

Investigations: Hb-6gm%, Bl. Group O+ve, Urine-WNL, BT/CT/CRT-WNL. Diagnosis was established by Ultrasound. SLF with BPD-24wks ± 7d.,FL-24± 7d., Placenta. Left anterior, upper segment.?? Rent in Right Lateral Wall of uterus with herniation of Amniotic Sac and free floating loops of Umbilical Cord within it. (Fig 1)

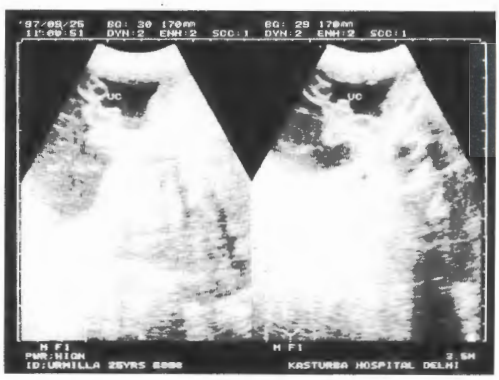

Fig. 1

An emergency laparotomy was performed suspecting rupture uterus with herniation of the amniotic sac with loops of Umbilical cord within it. On Laparotomy, the uterus was found to have undergone a clock wise torsion of 90^0 to the right bringing the left adnexa, tube and ovary anterior over the surface of uterus and to the right. The herniated amniotic sac was seen lying posteriorly behind the uterus. It was 3" in diameter and contained 3-4 loops of Umbilical Cord floating freely in the amniotic fluid.

The sac when traced was seen arising from a small rent 3-4cm. on the right lateral wall of the uterus.

Treatment comprised of De-torsion, Hysterotomy through anterior surface of uterus with extraction of 800gm. living fetus. The uterine rent was separately repaired and plication of both round ligaments was done. B/L tubal ligation was subsequently done.

On analysing the cause of such an incidence the obvious explanation would have been instrumentation for abortion by Local Dai leading to rupture and bleeding followed by abdominal massage to control the bleeding thus causing torsion.

However, in absence of this history the likely cause could be an abdominal message by Local Birth Attendant for probably pain, a common precedent in rural population of India, leading to torsion with rupture of uterus at the point of greatest defect due to some acquired (D&C/ MTP) or developmental muscular asymmetry.