Strangulated Fullterm Gravid Uterus Through Incisional Hernia

S.R. Wakode, Ashik Shaikh, Richa V. Singh

Dept. of Obst & Gyn, Govt Medical College, Nanded

Sakhubai 25 years old female was admitted in labour room at G.M.C. Nanded on 08.08.99 with history of 9 months amenorrhoea. Patient had pain in abdomen, loose motions & vomiting since 2-3 days. There was no history of leaking or vaginal bleeding.

Her previous menstrual cycles were regular & exact date of LMP was not known.

She was 2nd gravida with previous fullterm caesarean section done 1½ year back for obstructed labour & was having single live male child. She had undergone routine ANC check ups during this pregnancy at PHC.

There was history of pendulous swelling probably uterus herniating through previous incisional scar since 16 weeks of her gestation. Patient was in strenuous work. There was no history of chronic cough etc.

On general examination patient was in shock, her peripheral pulsations absent, BP was not recordable. She was febrile. Her RS & CVS examination showed no obvious abnormality.

Abdominally uterus was overdistended protruding & strangulated in incisional hernia of previous scar which was infected with multiple sinuses draining pus. It was tender to touch. Presentation was breech & FHS were absent. The whole uterus was deviated towards left side. There was no scar tenderness.

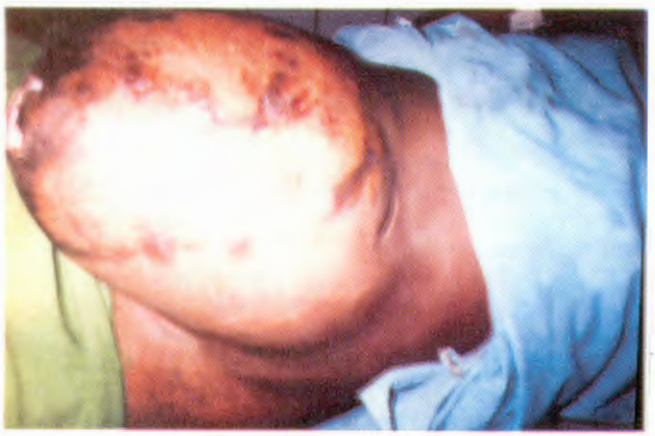

Fig. I

On vaginal examination cervix was 3cm dilated 60% effaced, membranes were present, footling were palpated. Pelvis had midcavity and outlet contraction.

Patient was diagnosed as second gravida with fullterm pregnancy with footling presentation with previous LSCS with contracted pelvis with IUD with strangulated gravid uterus in incisional hernia in shock (Neurogenic + Septicemic shock).

Surgeons and physicians opinion were taken. They gave diagnosis as ANC with acute gastroenteritis with strangulated hernia. Patient was resuscited with I.V. fluids and was started on dopamine drip. She was put on higher antibiotic and was immediately posted for emergency L.S.C.S.

Intraoperatively there was torsion of uterus by 90 degrees bringing the right corneal and adnexal structures anteriorly with compression of right ovary in between gravid uterus and pubic symphysis. Hernial sac did not contain any part of bowel or omentum. A reddish black discoloration of uterus was seen. It was difficult to reposit the uterus back, in abdominal cavity.

A L.S.C.S. was performed with delivery of 3.5kg female stillborn. Hernial repair was done simultaneously by the general surgeon. Patient was persistently in shock for 3 days. She was continued on dopamine, Antibiotics and blood transfusion were given postoperatively. Postoperatively, the patient went into puerperal psychosis and underwent resuturing for superficial wound gape.

It is a very rare to see a case of strangulated full term gravid uterus, the incidence being 1:8000. It leads to high fetal and maternal morbidity and mortality.