

## Stormy Postmenopausal Uterine Inversion Due to Silent Submucous Fibromyoma

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A 67 year old, frail lady was brought to GOPD on strature on 24/03/2000 with complaint of a fleshy mass protruding through the introitus since last 3 weeks.

Present history of febrile illness 3 weeks back. She collapsed following vomiting while stepping down the stairs. She was revived at home and was later found to be in a pool of blood, along with protruding mass. She was admitted at Civil Hospital, Dhar only 2 days back with foul smelling discharge from the mass, where she was diagnosed to a be case of inversion of uterus with submucous fibromyoma and was then referred to our Institution.

She attained menopause 20 years back. She was gravid 3 and para 3, and had her last confinement 30 years back. There was no history of contraception.



Fig. 1: Inversion of uterus with fibromyoma

On examination she was severely anaemic and was poorly nourished.

On local examination a fleshy necrotic, irregular, dumbbell shaped mass, was lying outside the introitus. The mass was 18 cm in length and was covered with foul smelling necrotic discharge. The upper pear shaped mass was the inverted uterus, 10 cm in length x 6 cm x 5 cm (at fundus). The lower rounded part of the mass was pedunculated fibromyoma of 8 cm in diameter. (Fig. 1)

On per rectal examination uterine fundus was found to be absent.

**Investigations :** Hb - 7 gm%, Urine routine examination showed presence of 30-40 pus cells per high power field. On culture E.coli was grown which was sensitive to amikacin, cefotaxime and septran. Renal function test, fasting blood sugar, ECG were within normal limits. Pelvic USG confirmed the absence of uterus in pelvic cavity and both ovaries of size 3 cm x 2 cm were present.

### Treatment

She received 2 blood transfusions preoperatively. She was on continuous catheterization, antibiotics and good nursing care. Vaginal and local toilet was done two times a day with H<sub>2</sub>O<sub>2</sub> and saline followed by Betadine cleaning and dressing.

Her general condition improved within 10 days and the mass became clean. Patient was undertaken for vaginal hysterectomy which could be performed successfully. Postoperative period was uneventful. Patient left the hospital happily on 15/04/2000, walking by herself.