An Unusual Case of Postpartum Hemorrhage Resulting From Amputation of Uterine Inversion

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Introduction

Postpartum hemorrhage (PPH) is an important cause of maternal mortality and morbidity which can be effectively managed only with timely intervention and if necessary timely definitive surgery . Here is a case report of postpartum hemorrhage due to an unusual complication resulting from mismanagement by the birth attendant at home.

Case Report

Mrs. B. M. aged 28, a primipara, poor housewife of urban habitat was admitted in the labor room, on 12th November, 2000 for severe vaginal bleeding following vaginal delivery of a term live male baby two hours back at home attended by a local dai. She was conscious, moderately anemic, dyspneic, sweating profusely, tachycardiac, (140/min.), and hypotensive with systolic pressure of 70 mmHg and diastolic one not recordable. Her respiratory rate was 48/minute. On abdominal examination, the uterus could not be felt and generalized tenderness was present in the lower abdomen. Speculum examination revealed profuse bleeding. On vaginal examination, cervix and uterus could not be felt. A provisional diagnosis of "atonic postpartum hemorrhage with vault tear and shock" was made. Blood transfusion was arranged and the patient was taken to the operation theatre for examination under anesthesia which revealed cervix and uterus could not be felt, but both side's tubes and ovaries were lying in the vagina. Now the case was diagnosed as a one of "rupture uterus" following delivery and immediate laparotomy was done. On opening the abdomen, it was found to be full of blood, but the uterus could not be seen. After removing the blood it was found that the uterus had been severed off and its lateral attachments were bleeding. The stumps were clamped and ligated. The severed vaginal vault was closed with interrupted stitches. After maintaining proper hemostasis and inserting a drain, the abdomen was closed. She was transfused with three units of fresh blood and given ceftriaxone intravenously. The postoperative period was uneventful. The drain was removed on the third day; stitches were removed on the tenth day. She was discharged on the 12th day.

On further enquiry after operation, it was gathered that the placenta was retained after delivery for which the dai pulled on the cord. The whole placenta came out still attached to the uterus. The dai chopped off the protruding mass at the level of the introitus. But as the bleeding still continued, she sent the patient to the hospital. This confirmed that the dai had amputated the inverted uterus.

Discussion

This is an unusual case of mismanaged iatrogenic puerperal uterine inversion resulting in massive PPH. It is fortunate that the patient survived such mutilation. There is no record of such an incidence in literature.

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