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Torsion of Full Term Gravid Uterus

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Introduction

Torsion of gravid uterus is a rare event; 27% of reported cases were at term[1]. The perinatal mortality was approximately 30% and maternal mortality which was 10-20% during the 1950s[1] has come down remarkably at present[2]. This is most probably because of early decision for cesarean section in cases of malpresentations and greater recognition of labour abnormalities with the present day technological advances. Though various causes like myomas, malpresentations, congenital uterine anomalies and postoperative adhesions were blamed, in 30% of the cases no cause could be found[3]. We report torsion of 180^0 degrees at term in a case of previous cesarean section at term.

Case Report

An unbooked 29 year old G2 P1 LO with previous LSCS was admitted at term for confinement. On 2nd November, 2000, i.e. two days after her admission, she complained of labour pains. Her pulse was 90/min and regular. BP was 110/70 mm Hg. Obstetrical examination revealed the fetus to be in oblique lie, the cephalic pole being in left iliac fossa. Fetal heart rate was 138/min and regular. There was no scar tenderness. On vaginal examination, the cervix was partially effaced and two cm. dilated. The membranes were intact. The presenting part was not within reach and the pelvis was of average gynecoid type.

An emergency LSCS was carried out under spinal anaesthesia. The incision happened to be placed on the posterior surface of the uterus, which was presenting anteriorly. After extraction of the fetus and placenta, the uterine incision was closed in two layers by standard technique. It was now observed that the anterior wall of the lower segment along with the densely adherent bladder was towards Pouch of Douglas with a left rudimentary horn as result of the torsion of 180 degrees in clock-wise direction. There was no evidence suggestive of ischaemic or gangrenous changes. The torsion was corrected and the abdomen was closed in layers. The mother and the baby were discharged on the eighth postoperative day in good condition.

Discussion

The first case of torsion of gravid uterus was diagnosed during a postmortem examination by Virchow in 1863 and Labbe in 1876 recognised it in a live woman. The condition was reviewed in 1956 by Nesbitt and Corner[3] and in 1972 by Jovanovic and Grandio[4]. The symptoms are usually nonspecific and more than 95% have pain in the abdomen. If not recognized, it can lead to obstructed labour with subsequent rupture[5]. Rupture occurring as early as 24 weeks of gestation due to massage for pain in abdomen in a case of torsion was reported by Singh and Gulati[6].

When torsion occurs to 180 degrees the condition is not always recognized before the incision is made on the lower segment, as it happened in our case and also in the cases reported by others[5,7]. The absence of uterovesical fold of peritoneum and grossly engorged veins on the lower segment should lead one to suspect that it may be the posterior uterine wall that is presenting anteriorly. But in the presence of adhesions in the lower segment, this may not always be possible. Delivery of the fetus through a lower vertical incision on the posterior wall was adopted by some in such cases[5,7]. Diagnosis of torsion prior to incision can be arrived at when the torsion is more than 80 degrees as the fallopian tube and ovary are seen anteriorly in the midline or towards it. Torsion in a case of previous cesarean section was encountered by Kim et al[7]. The presence of the two incisions, one on the anterior wall and the other on the posterior wall, renders the woman at a very high risk during subsequent pregnancy.

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References :

1. Steigrad SJ. Torsion of the gravid uterus. *Aust. NZJ Obstet Gynecol 1987; 27: 66-8.*
2. Jensen JG. Uterine torsion in pregnancy. *Acta Obstet Gynecol Scandy 1982; 71: 260–5.*
3. Nesbitt RE, Corner GW. Torsion of the human pregnant uterus. *Obstet Gynecol survey 1957; 11: 311–32.*
4. Govanovic D, Del Granado A, Stiller A. Torsion of the gravid uterus : a review and a case report. *J Reprod Med; 1972; 8 : 81–4.*
5. Visser AA, Giesteria KVM, Heyns A et al. Torsion of the gravid uterus – Case Reports. *British Journal of Obstetrics and Guynecology 1983; 90 : 87–9.*
6. Gulati S, Singh M. Torsion of pregnant uterus with rupture at 24 weeks of gestation – a case report. *J Obstet Gynec Ind 2001; 51: 143.*
7. Kim SK, Chung JE, Bai SW et al. Torsion of the pregnant uterus. *Yonsei Med J 2001; 42: 262–9.*