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Torsion of Gravid Uterus Managed by Obstetric Hysterectomy with the Fetus in Situ

KEYWORDS

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Introduction-
Torsion of gravid uterus is a rare, potentially serious, unexpected obstretic emergency and is mostly diagnosed during caesarean section.Uterine torsion is defined as rotation of uterus greater than 45 degree on its long axis.Some of the cases described in the literature are associated with pre existing gynaecological condition related to uterine and pelvic anatomy.The first such case was reported as early as in 1622 in Columbia.Torsion of gravid uterus in living women was reported for first time in by Labbe in 1876.

Case report-
We here by report a case of acute 180 torsion of uterus at 34 week gestation associated with external cephalic version.A 24 year women Mrs X ,resident of kunda, Pratapgarh,gravid 1 para 0 at 34 week gestation came to Gayatri hospital,Allahabad in emergency at 9 pm on 29 November 2014 with chief complain of severe abdominal pain.

At the time of admission in our hospital the patient appeared pale, exhausted, unable to walk and maintain an upright position. Patient gave history of some manipulation done per abdominally at some peripheral hospital 4 to 5 hours back after which she had sudden onset of acute abdominal pain. She also have complains of nausea and vomiting. The pain was located in lower abdomen. The pain was acute in onset, deep diffuse non localizing and non radiating .Her pulse rate was 126/minute, blood pressure 110/64 mmHg temperature was normal. Respiratory and cardiovascular system was normal. On per abdominal examination fundal height corresponds to 34 week lie longitudinal with breech presentation. Abdomen was tense and tender. On auscultation fetal heart sound was absent. On vaginal examination cervix was closed,uneffaced and there was no vaginal bleeding or discharge.

Ultrasonography showed a single intrauterine foetus of 34 week of gestation with breech presentation. Cardiac activity was absent. placental localization was on anterior wall with small retroplacental clot. It was not possible to visualize uterine arteries at its typical anatomical site. Investigation showed Hb- 8gm%, TLC-12,000cell/mm^3, DLC-80\14\01\01\00, platelet count 255000/mm3, blood group A+ve,BT-2'25" CT-4'50" PT-16s,C-12s,INR-1.45s, Aptt-27s.

Since Patient's general condition was deteriorating and due to her unfavorable cervix, patient was immediately taken for caesarean section. Two unit of blood was arranged. Abdomen was opened via pfannenstiel incision. On opening peritoneal cavity uterus of 34 size, rotated more than 45 on its own longitudinal axis at the junction of the cervix and the corpus. We performed the counterclockwise rotation of the uterus. Uterus after giving uterotonic was properly contracted.

Since the tissue was congested, we decided not to give any nick in uterus that may leads to heavy bleeding and a caesarean hysterectomy was performed. Clamping of pedicle was done in usual order,cut and ligated and uterus was taken out with dead fetus in situ.Vault was closed and haemostasis was maintained. Specimen of the uterus was cut open and dead foetus was extracted. Placental showed a large clot on fetal surface which indicated venous congestion and extravasation due to torsion.

Patient was stable in post operative period and was discharged on 9 day after stitch removal in satisfactory condition.

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DISCUSSION-

Though dextrorotation of gravid uterus is a normal process in last trimester of pregnancy but a pathological rotation of uterus beyond 45

-torsion of uterus is a rare obstetrics phenomena and is potentially lethal to both mother and foetus. Even in majority of the cases it is difficult to find a clear a etiology, the common risk factors are myomas,uterine malformation,pelvic adhesion,ovarian cyst,fetal malpresentation specially transverse lie,maternal abnormality of spine and abnormal pelvis and placenta.Other causes like External Cephalic Version and maternal trauma have been reported.

When the uterus rotates on its longitudinal axis, the blood supply is dramatically altered due to vascular obstruction firstly involving viens and then arteries.It is difficult to diagnose this condition antenatally. The symptoms reportedly seen are persistant abdominal pain associated with tender uterus on palpation,obstructed labour ,urinary and intestinal symptoms and vaginal bleeding in case of associated placental abruptio.

In most severe case patient may present as acute abdomen and then definitive diagnosis is made only at the time of laprotomy.Abnormal position of ovarian and uterine vessels across the uterus on Doppler can help to suspect the torsion. one should go by the notion "The eyes see what the mind knows, and the only manner to prevent maternal and newborn's morbidity and mortality is the knowledge of its existence and management of such emergencies keeping in mind the severity of its pathological process.

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