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A UNIQUE CASE OF TORSION UTERUS IN FULL TERM PREGNANCY

Gynaecology

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ABSTRACT

BACKGROUND Severe torsion uterus at term is an extremely rare occurrence.
CASE : At the time of elective LSCS for Transverse lie in a multigravida , 180° uterine torsion was discovered which could not be corrected with fetus inside. Baby was delivered through a transverse posterior hysterotomy and then torsion rectified. Recovery has been uneventful.
CONCLUSION Posterior hysterotomy for torsion which cannot be corrected is a viable option

KEYWORDS

Severe Torsion, uterus. Term pregnancy , Human , Case study

INTRO:
Its is often emphasized that an Obstetrician treads a razor edge and the best quotation to elaborate this seems "Expect the best, prepare for the worst, and take it as it comes"

Case:
The following case report is a perfect example of how something seeming as routine or simple can stump us. Our patient was a 27 yr old , G2P1L1 lady at 37Weeks 5days period of gestation was admitted with transverse lie and reduced liquor on USG for safe confinement. She was asymptomatic and pregnancy had been uneventful till date. Her menses were regular, had one full term normal delivery and no other significant history.

Her antenatal investigations were within normal limits expect her USG which showed the fetus in transverse lie with placenta low lying till 34weeks 5days POG but repeat USG at 36weeks 5days showed placenta not praevia and AFI 5 with transverse lie. Her various USG are as under

- (14/12/10) POG 8W2D ,SLIUF , USMA 8 W , USEDD 26/07/11
- (23/03/11) POG 23W6D ,SLIUF, USMA 22W , USEDD 27/07/11, No Anomalies , Placenta low lying
- (16/05/11) POG 30W1D, SLIUF, USMA 29W1D ,USEDD 27/07/11,AFI 9cm, Placenta Posterior low lying ,Cx length 4.8cms, Transverse lie
- (17/06/11) POG 34W5D , Placenta left flank , Posterior reaching just proximal to internal os (Distance 1.9cms), Transverse lie
- (01/07/11) POG 36W5DSLIUF , AFI 5cm , Placenta Anterior Not Praevia , USMA 37W1D , USEDD 21/07/11, Transverse lie

On examination her vitals were within normal limits and only significant obstetric finding was that of transverse lie. In view of above doubtful placental localization, reduced liquor and transverse lie she was she was planned for elective LSCS at 38 completed weeks.

After her abdomen was opened, we were truly astonished to see the right ovary and round ligament stretched anteriorly and reaching the left side , the left ovary was lying on the right as seen in these pictures.



Fig. 1 Right Ovary stretched anteriorly

Single twist above the bladder mucosa in the then posterior lower segment was felt. We tried to correct the torsion but failed and so a live healthy baby was delivered by breech through posterior hysterotomy. After delivery of placenta the uterus was exteriorised ,torsion corrected and uterus was repaired in double layer and reposited back. Abdomen was closed by standard procedure



Fig. 2 Working on posterior aspect of uterus Top is cranial side Bottom is caudal side

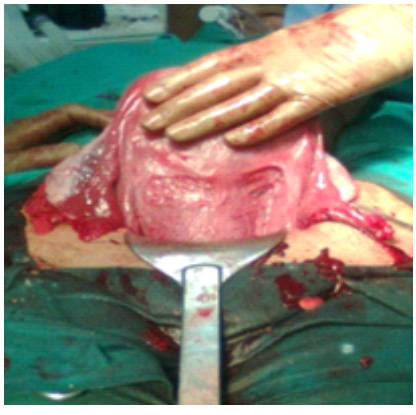


Fig. 3 Anterior surface of uterus



Fig. 4 Posterior hysterotomy of uterus

Post op period was uneventful and both mother and baby are doing fine.

DISCUSSION :

A uterine torsion at term of 180° is extremely rare The likely cause for torsion in this lady seems to be multigravida uterus with transverse lie . the likely time of torsion seems to be in last trimester as the last USG showed as anterior placenta and a USG fortnight before showed placenta as posterior. An attempt to correct the torsion should be tried but it is difficult with a term fetus inside. Performing a posterior hysterotomy, delivering the baby and then correcting seems to be a safe option.