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Original Research Paper

Gynaecology

TORSION OF A NON GRAVID UTERUS

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ABSTRACT Torsion of a non gravid uterus is rare. Diagnosis is usually only made at laparotomy. One such case, management and newer methods of diagnosis are discussed

KEYWORDS :: Torsion non gravid uterus, rotation of uterus on its long axis

Case Report

A 39 year old unmarried lady presented to the casualty with the complaints of abdominal distention, vomiting and urinary retention since one day. On examination she was found to have normal vitals, residual polio of right lower limb> left, kyphosis and a full bladder. A Foley's catheter was inserted and continuous bladder drainage was instituted. She was found to have a firm mass filling the whole of the abdomen extending almost to the xiphisternum. The mass was partly cystic and partly solid measuring approximately 25cms X 20cms. Ascitis was present. Routine blood and urine investigations were normal.

An ultrasonogram of the abdomen and pelvis was done and the report was – A large heterogenous mass with calcification within and minimal vascularity extending from pelvis to epigastrium. Exact origin not made out. Uterus and ovaries not visualized adequately. Moderate ascitis was present with mild hydronephrosis.

A CT was then done and was reported as – large soft tissue density mass lesion showing non homogenous contrast- enhancing areas and areas of dense calcification occupying the lower abdomen more towards the left measuring 23cmsX 18cmsX 25cms with lobulated margins at the inferior pole. Lesion is receiving blood supply from the uterine artery. Impression – huge pedunculated/ broad ligament fibroid. Moderate ascitis was present probably due to sarcoma/pressure effect.

The patient had been admitted and was being worked up when one night she suddenly developed breathlessness and by the time she was seen by the gynaecologist she had become severely dyspnoeic with a BP of 100/60, pulse 160/min and an SpO2 of 80 with oxygen mask. After pulmonology and cardiology consultations to rule out other causes of her dyspnoea she was taken up for laparotomy under general anaesthesia. The findings were as follows. Moderate ascitis was present. The fluid was collected for cytology.

The uterus was found to be enlarged upto the epigastrium with a big fundal fibroid. There was a rotation of 180^0 at the level of the internal os. Both the ovaries and tubes were congested, edematous and the right ovary appeared gangrenous also. The uterus was untwisted and then the colour returned to normal. Total abdominal hysterectomy with right salpingo-oophorectomy was done. The patient required 3 units of packed cells intra- operatively. The histopahology report was uterus with leiomyoma; Right ovary and tube with hemorrhagic infarction.

Discussion

Uterine torsion is defined as a rotation of the uterus on its long axis of more than 45^0 1. It can vary from 60^0 to 360^0 It is a rare acute abdominal condition difficult to diagnose pre-operatively. It is more common in veterinary practice. There are only about 212 cases reported in world literature till date. Twist to the left is more common probably due to the presence of sigmoid colon on the left. It is more common in pregnancy. Other causes are fibroids, ovarian masses and congenital abnormalities of the uterus. Untwisting may restore the blood supply but due to fear of recurrence a definitive surgery was required in our case. We performed a TAH with RSO because during counselling the patient had expressed a desire to have her uterus removed due to her fear of the possible sarcomatous changes mentioned in the scan. It is probable that her abnormal gait due to the residual polio contributed to the torsion. The big mass and the torsion further compromised her lung function already under strain due to the kyphosis. That explained the breathlessness. Post operatively though she was put on assisted ventilation, it was mainly prophylactic and she could be weaned off it within 24 hours.

It is reported that a whorled structure in the adnexa seen on CT scan can be useful in the pre operative diagnosis of torsion of the uterus2. If an MRI had been done prior to surgery, a whorled appearance of the upper vagina would have suggested the diagnosis of torsion3. In contrast enhanced MRI images of cases with torsion of the uterus, the uterine cervix appears intensely enhanced while the uterine corpus does not appear like that4. This case is reported due to the rarity of its occurrence.

Image of the uterine torsion on table

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