



Acute Complete Uterine Inversion (2nd Degree) With Obstetric Shock

KEYWORDS

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A rare case presentation: 22 yrs old married lady, para1 living1 who delivered vaginally in private hospital was transferred to ASRAM general hospital for acute uterine inversion with shock.

On examination : Unconscious, General condition-poor,Pulse-120/min thready, low volume, BP- 60/40 mmHg, P/A: Uterus could not be felt, L/E - Bleeding+, Red, fleshy mass of around 10x10cm could be seen. P/V – 2nd degree uterine inversion. Manual reposition attempted but not successful, so patient was shifted to O.T. immediately.

PROCEDURE

under general anaesthesia laparotomy and Haultain's procedure was done.

1. Abdomen opened with midline vertical incision.
2. e/o Flower pot appearance: uterine inversion.
3. Constriction ring identified & divided posteriorly.
4. Incision extended into uterine body & inverted portion pushed up until repositioned.
5. Posterior wall of uterus sutured in continuous manner.
6. Oxytocics given.
7. Retraction of uterus confirmed & Abdomen closed in layers.

Rarity

Acute Puerperal Uterine Inversion is a rare but potentially life-threatening obstetric emergency in which uterine fundus collapses into uterine cavity.

Incidence of uterine inversion: 1 in 2000 to 1 in 50,000 deliveries

DISCUSSION:

In this era of Primigravida's and Institutional deliveries Acute Uterine Inversion has become very rare.

The Operative requirement such as *HAULTAIN'S OPERATION* for reposition of uterus is very rare, but early diagnosis and aggressive management decreases the mortality and morbidity to minimal.

The recurrence rates of Acute Uterine Inversion is least with *HAULTAIN'S OPERATION*.

CONCLUSION:

Uterine inversion is a catastrophic complication of third stage of labour, if left unrecognized; it will result in severe hemorrhage and shock, leading to maternal death.

Manual manipulation should be instituted urgently to reverse the inversion.

In the most resistant of inversions, surgical corrections such as:

Huntingdon's operation, Haultain's operation and recent techniques by Vijayaraghvan et al, Antonelli et al can be employed.

Haultain's operation is the best technique with least recurrence.

Timely intervention including conservative surgeries in acute inversion can save life as well as reproductive function of the patient.

REFERENCE

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