CASE REPORT

Uterine Torsion in 20 Weeks of Pregnancy: A Rare Case Report

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Introduction

Uterine torsion is observed in all age groups of the reproductive period, and in all stages of pregnancy. Possible evidences for uterine torsion are yet not clear, but numerous abnormalities have been noted with uterine torsion; most often abnormal fetal presentation, myoma uteri and

uterine malformations. The usual symptoms of uterine torsion are birth obstruction, abdominal pain, vaginal bleeding, shock, urinary and intestinal complications.

Case Report

A 27-year-old 4th gravida with previous history of one full-term live birth by cesarean section 7 years back and 2 missed abortions of 2 months amenorrhea 3 years back was admitted with severe abdominal pain and shock (BP 70 mmHg and Pulse 138/min feeble) in emergency.

On clinical examination

- Patient was 5 months pregnant.
- Exact LMP not known.
- Previous USG showed bicornuate uterus

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- No history of pain or bleeding throughout these 5 months of pregnancy.
- Antenatal profile was not done.

Emergency USG was done which showed 20 weeks live fetus, adequate liquor and about 10 cm of retro placental clot.

On P/V examination, OS was closed and there was no bleeding.

The abdomen was tense, and the gravid uterus was 28 weeks in size.

Management:

Noradrenaline, dopamine and haemaccel were started to manage and maintain the BP.

Blood investigations were sent.

Three PCV were arranged and patient shifted to OT for laparotomy under GA.

Abdominal opened by transverse incision and uterine surface exposed. The surface was very congested and blue in color and the uterus felt very hard and tense. On trying to locate the lower uterine segment (LUS), tube and ovary were felt to be lying anteriorly.

That was the moment when torsion of uterus at an angle of 90° was diagnosed bringing left tube and ovary in front (Fig. 1) (dextrorotation of uterus). Attempt was made to correct the torsion, but it was not possible, incision was taken on the surface of the uterus which was facing surgeon. With the gush of blood, a dead fetus of 20 weeks was delivered. Placenta was already separated, and around 2 pints of blood clots were removed.

Uterus was then taken out of the abdomen, and the torsion which was now clearly visible was corrected. The incision happened to be on the posterior surface of the uterus (Fig. 2). Torsion had taken place in the left horn of the bicornuate uterus. The right horn was normal with no signs of gravidity.

Fig. 1 Dextrorotation of the left horn of the uterus bringing left tube and ovary in front

Fig. 2 Incision on the posterior surface of the uterus

Uterus was stitched in layers and hemostasis achieved. Three PCV were transfused and patient shifted to ICU with BP 90 mmHg and 120/min heart rate.

Patient recovered well and was discharged on 4th day.

Discussion

Uterine torsion is observed in all age groups of the reproductive period and all stages of pregnancy.

Numerous abnormalities have been noted with uterine torsion most often abnormal fetal presentation, myoma uteri and uterine malformations. In this above case, predisposing factor was bicornuate uterus (uterine malformation).

Clinical diagnosis is difficult since symptoms are non-specific (cervical dystocia, painful uterine contractions, dynamic hypertension).

It is an unusual complication of pregnancy and for most obstetricians it probably represents “once in a lifetime” diagnosis. It is always diagnosed at cesarean section [1].

Only about two hundred cases have been reported in past hundred years [2].

In most cases, dextrorotation occurs in two-thirds of the cases and levorotation is found in other one-third [3].

Agar et al. suggested that vertical hysterotomy should be advised in suspected cases to prevent vascular and ureteral injury [4].

Hypovolemic shock in these patients is the result of placental separation due to torsion.

Conclusion

Uterine torsion is a rare complication of pregnancy. In cases with acute abdominal pain during pregnancy, uterine torsion should be included in differential diagnosis especially in the presence of uterine pathology.

Prognosis is very good if treated promptly with laparotomy and maintenance of BP and hematocrit.

Compliance with Ethical Standards

Conflict of interest The authors declare that there is no conflict of interest regarding the publication of this paper, and they have not received any grant.

Human and Animal Rights This case report does not involve any research work involving animal.

Informed Consent Informed consent was obtained from the patient for presentation of the case report in accordance with the ethical standards of the hospital.

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