



A case of acute uterine inversion of the uterus treated by hydrostatic replacement



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Introduction

Acute puerperal inversion of the uterus a rare, serious, life threatening and often unexpected obstetric complication. This condition can result in profuse bleeding and profound shock which requires prompt diagnosis and treatment.

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This is a case report.

Case report

This is a 24 year old primy gravida at 40 weeks in spontaneous labor. She delivered a male baby weighting 2.9kg. At the time of delivery of the anterior shoulder 1ml of Syntometrine was given intramuscularly. The placenta was delivered completely by controlled cord traction with some difficulty. During preparation for repair of the episiotomy, severe bleeding was noticed. On palpation of the abdomen to see if the uterus was contracting well, nothing could be felt. On vaginal examination, a rounded firm mass was felt. The diagnosis of acute uterine inversion of second degree was made. At that time, the patient was shocked; pulse 149/minute and blood pressure 60/40mmHg. Five hundred milliliters Ringer solution and 250ml fresh frozen plasma and 2 units of packed RBCs were given.

Case report

The patient was then put in Lithotomy position in the theater and general anesthesia was induced and Halothan given to relax the uterus. Manual replacement of the uterus was attempted but failed. Four liters of warm saline were gradually instilled into the vagina by means of douche can and tubing held one meter above the level of the vagina. The assistant was closing the vulva and vagina with a closed fist. The fluid pressure reversed the inversion, and resulted in the uterus being distended. The fluid was then drained slowly and 10units of Syntocenon were given IV and the hand remained in the uterus until the fluid had escaped and the uterus was contracting well. Five hundred milliliters of 5% dextrose and 30 units Syntocenon infusion was established. Immediately after replacement the patient's condition generally improved. Then the episiotomy was repaired, pulse: 96/min BP 90/60mmHg; estimated blood loss was 500ml. The rest of the puerprium was uncomplicated. Hemoglobin was 11g/dl on the third day. Patient was discharged home on the fourth day. Her general condition was satisfactory. BP 110/70mmHg. She was seen 6 weeks late, the uterus was well involuted and a well healed episiotomy.

Conclusion

Careful management of the third stage of labor and a high index of suspicion should be maintained for the possibility of uterine inversion in all cases of postpartum hemorrhage or shock. Hydrostatic replacement is an effective and safe method for treating this condition.

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