

Management of a patient with a postpartum chronic partial inversion of the uterus

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Introduction

The chronic puerperal uterine inversion is a rare event following childbirth and reported to be 13.9% of all puerperal uterine inversions¹. We report a successfully treated case of chronic partial inversion of the uterus caused by a sub mucous fibroid in postpartum period at the De Soysa Hospital for Women, Colombo.

Case Report

32 year old primi gravida, had uncomplicated vaginal delivery at another hospital. She had spontaneous rupture of membranes at 37 weeks of gestation and labour was augmented with oxytocin. She had a known anterior wall leiomyoma which was diagnosed at 14 weeks measuring 6.5 × 8.7 cms. She was treated with intravenous antibiotics for 10 days due to post partum pyrexia and she continued to have mild vaginal bleeding and discharge.

She developed cramping type abdominal pain on postpartum day 25 and presented to us on day 28 with abdominal pain and acute retention of urine. On admission she was on a urinary catheter. She had mild vaginal bleeding but she was haemodynamically stable, afebrile and not pale. She had no abdominal tenderness.

She underwent examination under anesthesia to arrive at a proper diagnosis of the cause of urinary retention and it revealed chronic partial inversion of uterus with large degenerating fibroid protruding through the cervix with part of the endometrium exposed. Posterior lip of the cervix could not be visualized.

Considering her wishes to preserve fertility, we decided to do a diagnostic laparoscopy and this revealed a large dimple at the fundus of the uterus with both tubes and round ligaments drawn in to the

dimple. Both tubes and ovaries appeared normal. Laparoscopy was converted to a laparotomy and vertical posterior uterine wall hysterotomy was performed. Large degenerating fibroid arising from the anterior wall of the uterus was identified and myomectomy was performed. Complete haemostasis was achieved and correction of uterine inversion was performed following myomectomy. Posterior uterine wall was sutured in two layers and the remainder of the surgery was uneventful.

The patient's post operative course was uncomplicated. The pathology report confirmed a degenerating leiomyoma with no atypical changes.

Discussion

Puerperal uterine inversion is a rare complication and usually presents as acute inversion of uterus. Chronic inversion is very rare among puerperal patients. Classification of uterine inversion according to the delay between delivery and the diagnosis of uterine inversion is:

- The acute inversions arising immediately or within 24 hours after delivery.
- The sub acute inversion occurring after the first 24 hours and within four weeks after delivery.
- The chronic inversion arising after more than four weeks after delivery².

The prevalence of each class of inversion is 83.4%, 2.62%, and 13.9% respectively³.

Leiomyomas are the most common uterine tumors and their incidence increases to 25% in women over 35 years. Studies suggest overall incidence of leiomyoma in pregnancy is approximately 1% to 2% but inevitably increase as women delay child bearing. Many of the complications caused by uterine leiomyoma are related to size and the location of fibroid. In our patient the cause for chronic partial inversion was a prolapsed degenerating sub mucous leiomyoma.

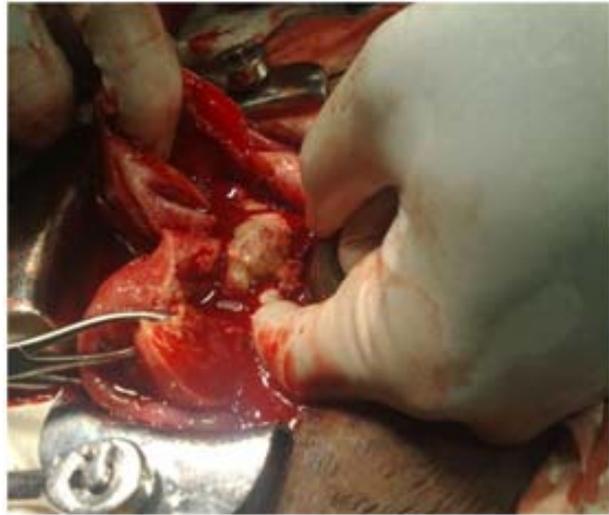
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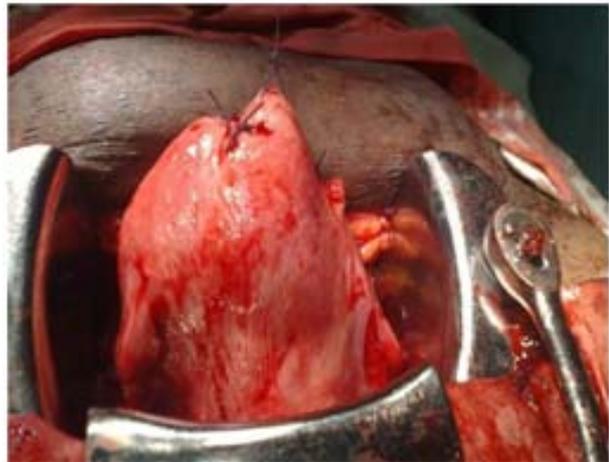
Uterine inversion at the beginning.



Uterus opened and submucous fibroid removed.



Degenerating fibroid.



After reconstruction of the uterus.

Conclusion

Chronic partial inversion of uterus with prolapsed degenerating fibroid is a rare event following child birth. Early accurate diagnosis and timely intervention preserves the fertility and may be lifesaving.

References

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