A case of third trimester uterine torsion diagnosed at caesarean section.

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Objective

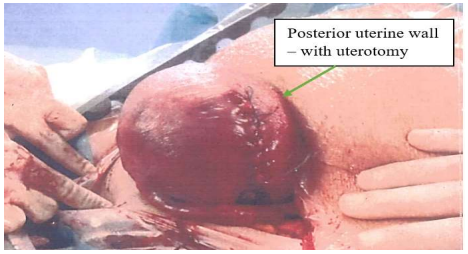
Cases of uterine torsion are seen rarely in clinical practice. We present a case of a 34-year-old primiparous patient diagnosed with uterine torsion during emergency caesarean section. We outline the operative management and important lessons learned for future clinical practice.

Case report

- 34 year old P0+0 with a previous history of ovarian torsion managed by right laparoscopic salpigo-oopherectomy.
- Pregnancy course: recurrent presentations from 14 weeks with pelvic pain, diagnosed as symphysis pubis dysfunction (SPD). This resulted in significantly reduced mobility and planned induction at 38+1weeks following multiple episodes of reduced fetal movements.
- Oblique presentation necessitated delivery by caesarean section. Cardiotocographic monitoring prior to delivery was normal.

Operative Management

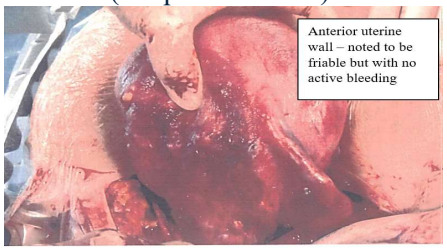
- The uterus was initially thought to be levorotated by 90 degrees and adherent, so correction was not possible. The lower uterine segment was not formed.
- A classical incision was made on the limited visible surface of the uterus.
- A female infant was delivered in good condition.
- Following closure of the uterotomy in 2 layers, we discovered the uterus had rotated more than 160 degrees and the incision was on the posterior wall, close to the uterine fundus (see picture below).



- The final blood loss was 900ml and the patient discharged 2 days post-operatively.

Discussion

- Uterine torsion can be a challenging diagnosis to make antenatally, with the patient's persistent pain misdiagnosed as SPD.
- Previous case reports have outlined an association with uterine structural abnormalities however none were noted in this case, aside from the expected absence of the right tube and ovary.
- The area on the posterior uterine wall onto which the classical uterotomy was made was neither vascular nor thick. The anterior wall was bruised and raw perhaps indicating that the uterus had been rotated for some time (see picture below).



- When faced with such a case in the future the authors recommend using the uterovesical fold or bladder as a landmark to identify the anterior wall of the uterus and correcting the rotation of the uterus prior to performing the uterotomy, if possible.

Conclusion

Uterine torsion in pregnancy is commonly an intra-operative diagnosis. This case demonstrated the need to consider uterine torsion as a possible differential in cases of recurrent or atypical abdominal pain, however this diagnosis is likely to be challenging antenatally. It contributes to the limited literature concerning uterine torsion during caesarean section.