

Gravid Uterine Torsion with posterior hysterotomy, implications on MOD in subsequent pregnancies

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Objective:

We describe two cases of gravid uterine torsion in primiparous patients occurring in the same hospital in >6/12 interval. Both patients had emergency caesarean section with uterine torsion diagnosed following delivery where non-intentional posterior transverse lower segment hysterotomy incision had been made.

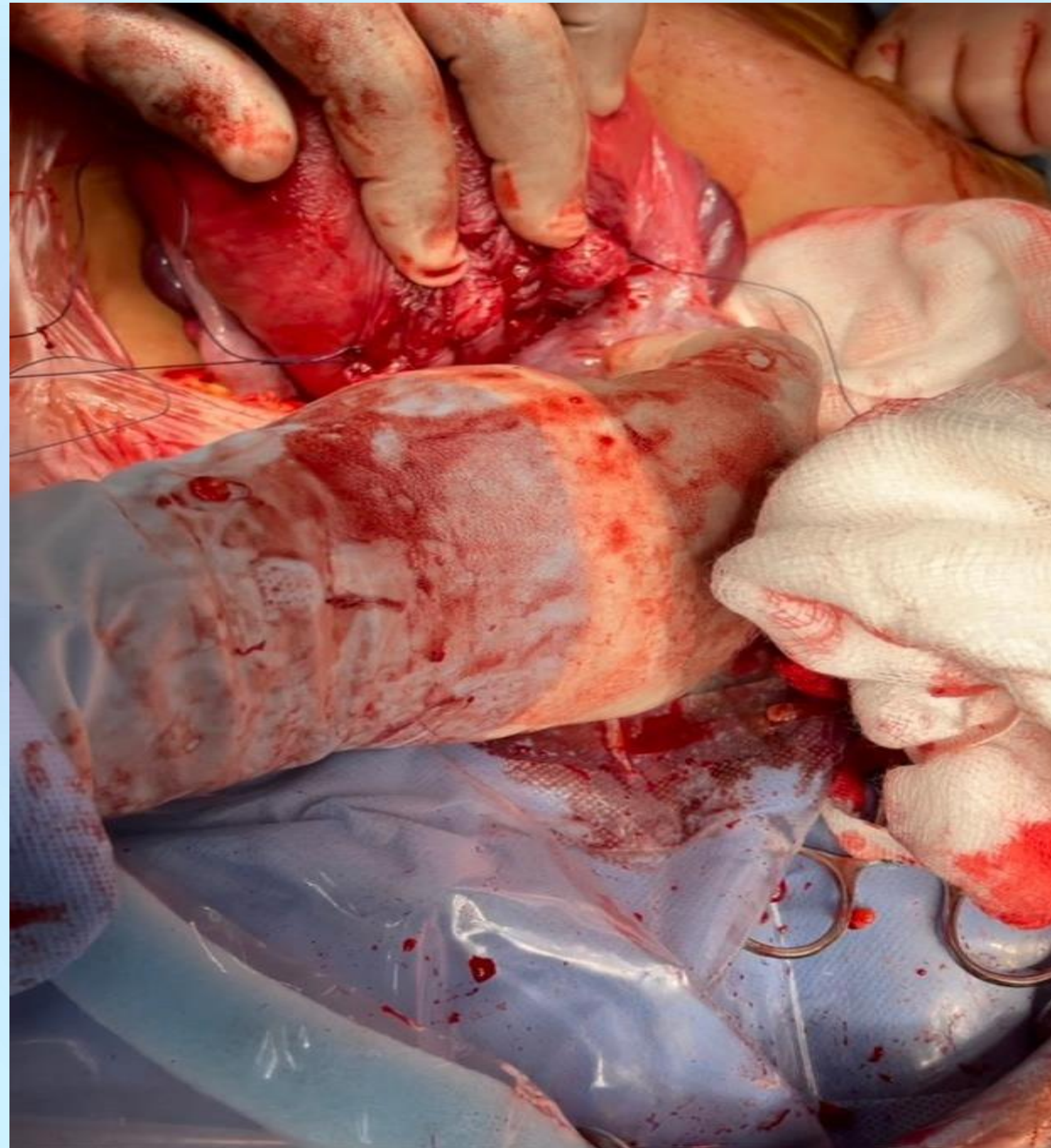


Figure 1 – Closure of posterior uterine wall whilst uterus is rotated by 180 degrees

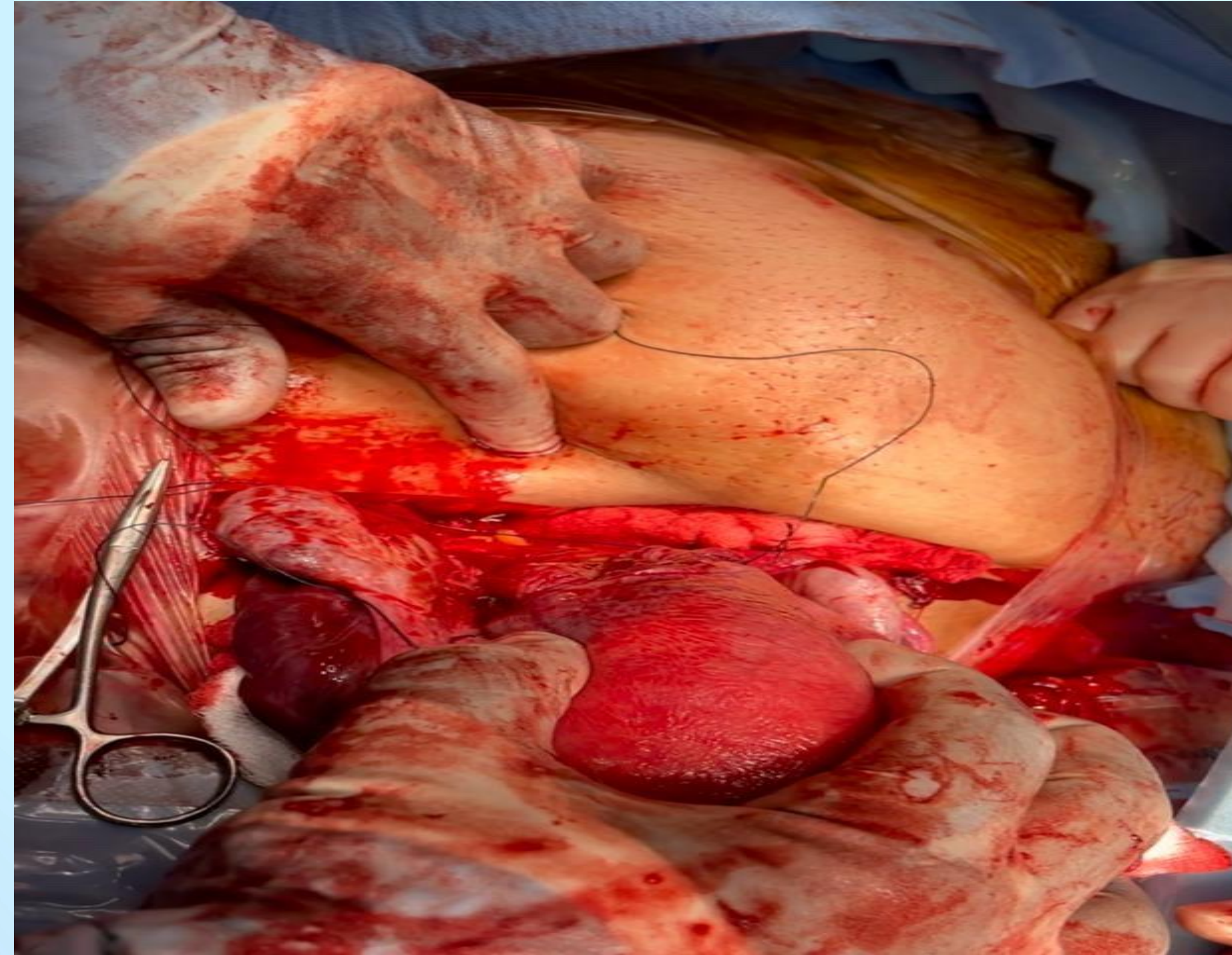


Figure 2 – Rotation of uterus corrected to illustrate incision on posterior uterine wall

Case 1:

27years old primipgravid, relatively low risk pregnancy, admitted at 33+2/40 with PPRM, baby was in oblique cephalic position. She underwent a Category1 Caesarean section for cord prolapse later that evening.

On entry into the abdominal cavity, the uterus was noted to be rotated on its axis. Correction was attempted at the time and a lower segment incision was made to deliver baby. Following closure of the first uterine layer, the left round ligament appeared to be continuous to the right thus uterus was exteriorised. On exteriorisation, the uterus was fully rotated on its axis to about 180 degrees.

After detorsion, it became apparent the uterine incision was on the posterior lower segment.

Case 2:

28years old primipgravid admitted for IOL due to worsening pre-eclampsia at 36+3/40.

Pre IOL vaginal examination by midwife and senior doctors, were unable to find her cervix, thus elective caesarean section was recommended. Prior to Caesarean section at 36+4/40, a vaginal examination performed at patient request by Consultant where the cervix was located at anterior vagina slightly behind pubic bone.

She had trial of IOL with Prostin as patient was keen to avoid a Caesarean section. She had regular contractions and SROM. However due to suspected fetal compromise with cervical os unchanged she underwent an Emergency Caesarean Section.

The uterus was found to be tilted to the left with vessels and ovaries identified laterally. The anterior structure was consistent with the bladder and the UV fold reflected and a lower uterine incision was made to deliver baby.

Uterine cavity check revealed complete septated uterus, on exteriorisation was acutely retroverted, trapped in <180 degree rotation/torsion but normal external contour. On detorsion, hysterostomy was transverse on posterior middle uterine segment.

Discussion:

The cases highlighted are to increase the awareness of seemingly rare unpreventable asymptomatic gravid uterine torsion as differential diagnosis when anatomical variation is noted when examining patients either externally or during C/S. It is important to consider the consequence in the choice of MOD in subsequent pregnancies. Literature reviews has not given much evidence of implication of trial of VBAC.

Conclusions:

In our cases the conclusion was to offer them C/S in their next pregnancy, but this is open to further expert opinion.