

# Asymptomatic Uterine Torsion in a Term Pregnancy

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## Objective

Some degree rotation up to 450 of the gravid uterus in the third trimester of pregnancy is not an abnormal finding. However, extreme uterine torsion of 1800 around its cervical junction is an extremely rare event in obstetrical practice.

## Case Report

A 34-year-old woman primip present with spontaneous onset of labour. Her antenatal period was uneventful. She had an emergency caesarian section due to primary dysfunction of labour.

At the entry we noticed that her right ovarian tubal complex sit on left with dextrorotation of the gravid uterus on the longitudinal axis at least 1800. We able to maximally de-rotate manually and performed the anterior uterine incision to deliver the baby. There were no angle extensions or tears.

Patient had excellent recovery in postpartum period.

## Discussion

The symptoms of uterine torsion varied depending on the degree and duration of torsion. Majority are asymptomatic, and commonest presentation would be vague abdominal pain. Further, it could be associated with nausea, vomiting, vaginal bleeding, reduce fetal movement or syncopal attacks as well. In our cases, the patients did not complain any of these sign or symptoms. In some cases, abdominal examination revealed fetal malpresentation and/or lie. Uterine torsion may also cause labour dystocia.

The underlying causes would be preexisting gynecologic conditions like mullerian anomalies, fibroids, adhesions or ligamentous laxity. Other neighboring organs may also undergo torsion, such as the fallopian tubes or ovaries.

Ultrasonography (USS) and MRI can be used in the diagnosis of uterine torsion preoperatively. The key features to looking at changes in placental localization, loss of blood flow in the uterine artery dopplers.

The management is primarily by laparotomy, detorsion and/or cesarean section for term pregnancies. The identify the correct anatomy of the uterus is extremely important prior to making the uterine incision. Some recommends to plication of round ligaments and/or uterosacral ligaments to avoid further recurrence.

## Conclusions

Uterine torsion is a rare phenomenon.

Diagnosis is difficult due to the rarity of the condition and nonspecific in nature.

We highlight the importance of routine palpation of the round ligaments and ovarian ligaments before making the uterine incision.

USS and MRI can produce a preoperative diagnosis.

The laparotomy, caesarian section and de-torsion is the mainstay of management.

