

Chronic puerperal complete uterine inversion due to mismanaged third stage of labour.

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Objective

- To emphasize the importance of correct management of third stage of labour so that complications such as uterine inversion do not go unnoticed and uncared.

Case report

- 20-year-old P1L0 female from a rural area of Eastern India; presented with difficulty in having coitus, continuous bleeding per vaginum and watery vaginal discharge since her delivery 7 months back of a full-term asphyxiated baby who died within 24 hours.
- Delivery was conducted by an unskilled birth attendant
- history of prolonged third stage of labour.
- history of massive post-partum hemorrhage which was managed with uterotonics, multiple blood transfusion, IV fluids and injectable antibiotics.
- On examination, her vitals were stable.
- On local examination- external genitalia was normal
- Per speculum- a congested and hyperemic red globular mass of 5cm x 6cm was seen which bled on touch. (figure 1)
- Per vaginal- above described mass occupying cervix and extending into vagina up to introitus. Cervix thinned out around mass, uterine fundus not palpable
- Per rectal- uterus not palpable
- USG- inverted uterus in vagina (figure 2)
- Laparotomy was done under general anesthesia.
- Intra-operative: classic flower-vase appearance of uterus seen. (figure 3)
- Haultain's operation was performed by vertical incision over the posterior cervical ring to reposition the uterus. (figure 4)
- Incision closed in two layers. (figure5)
- Postoperative period was uneventful.
- On follow up after 6 weeks, total relief of symptoms.
- She was advised contraception and to go undergo elective LSCS in her subsequent pregnancy.



Figure 1

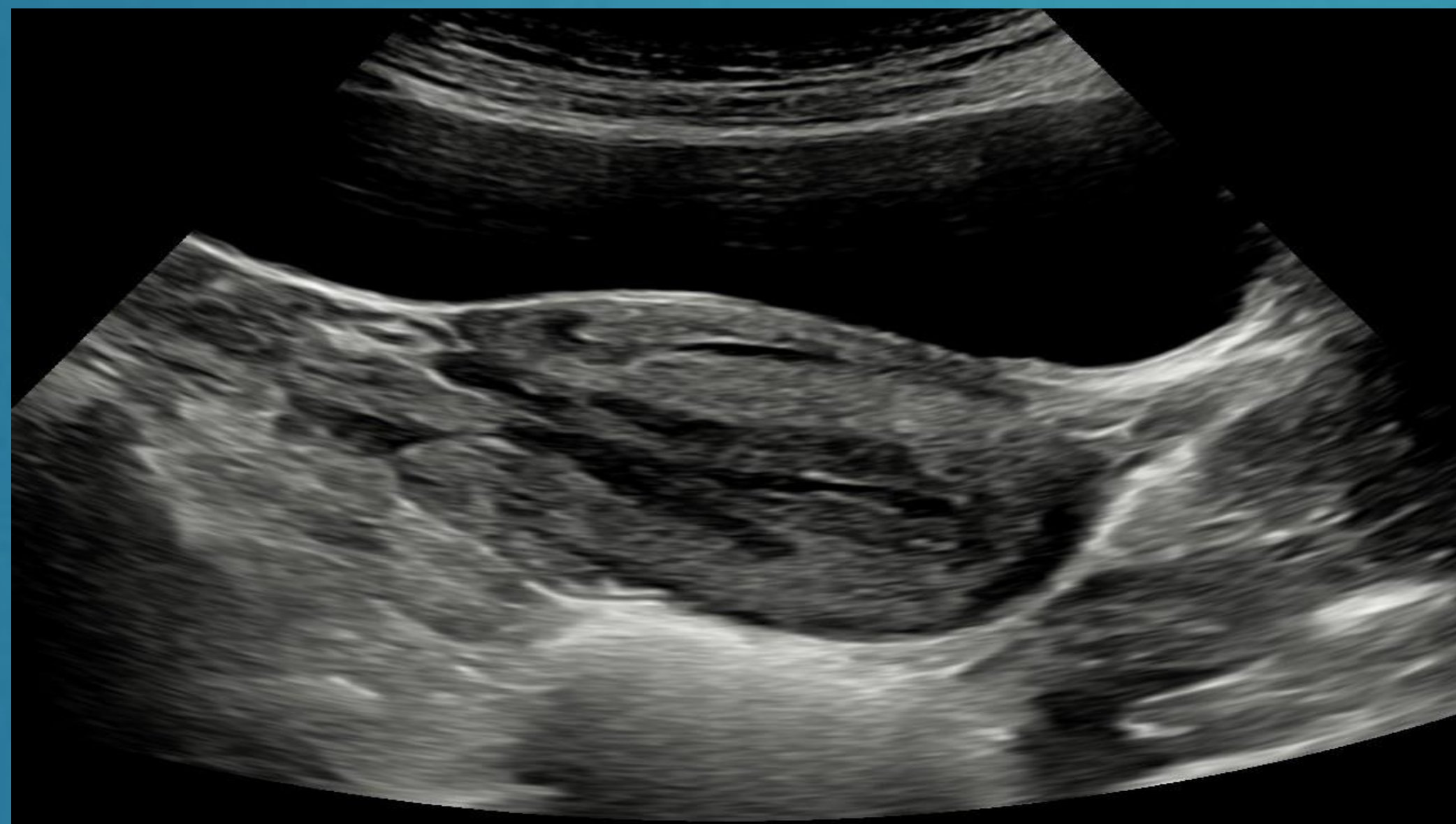


Figure 2

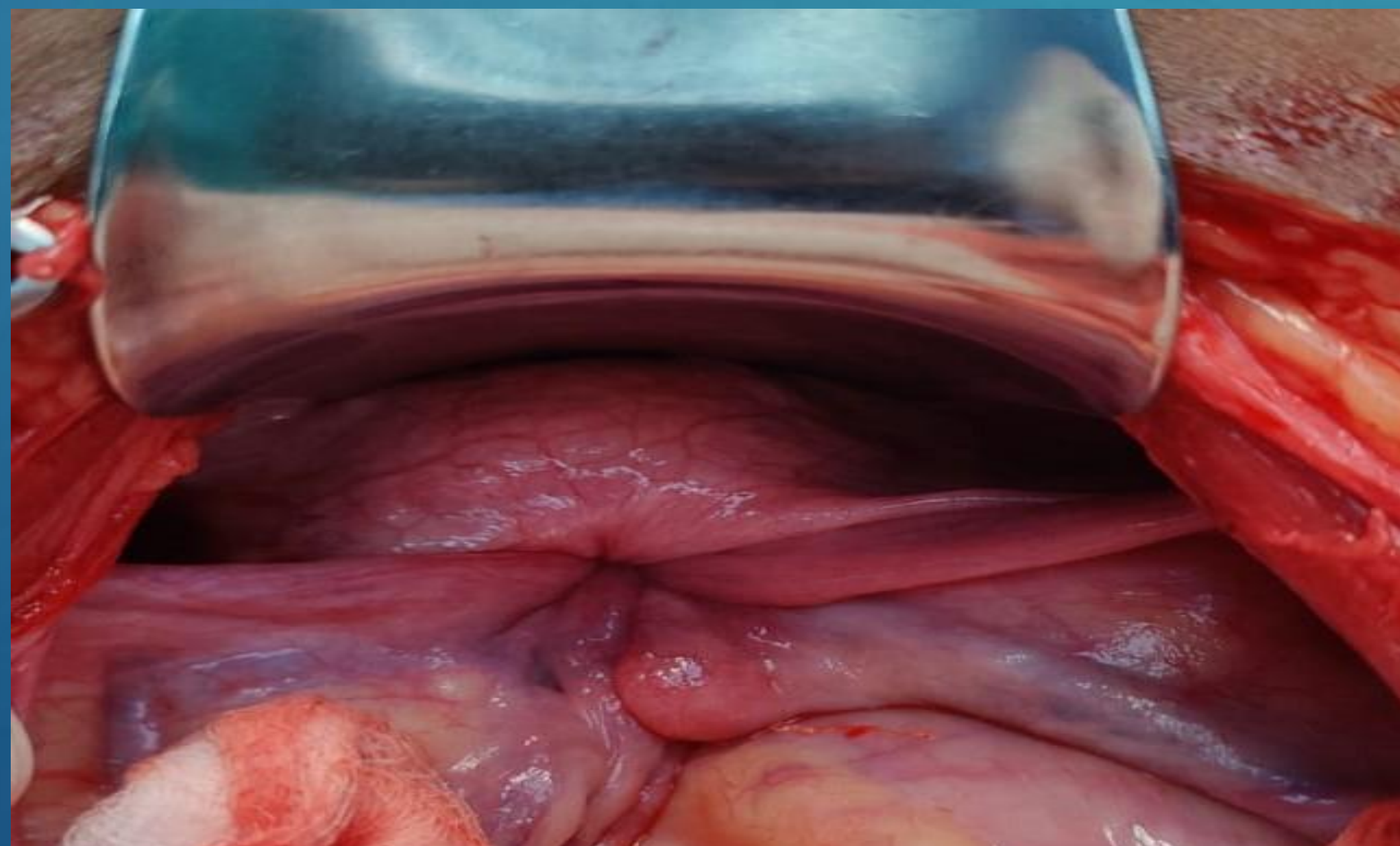


Figure 3



Figure 4

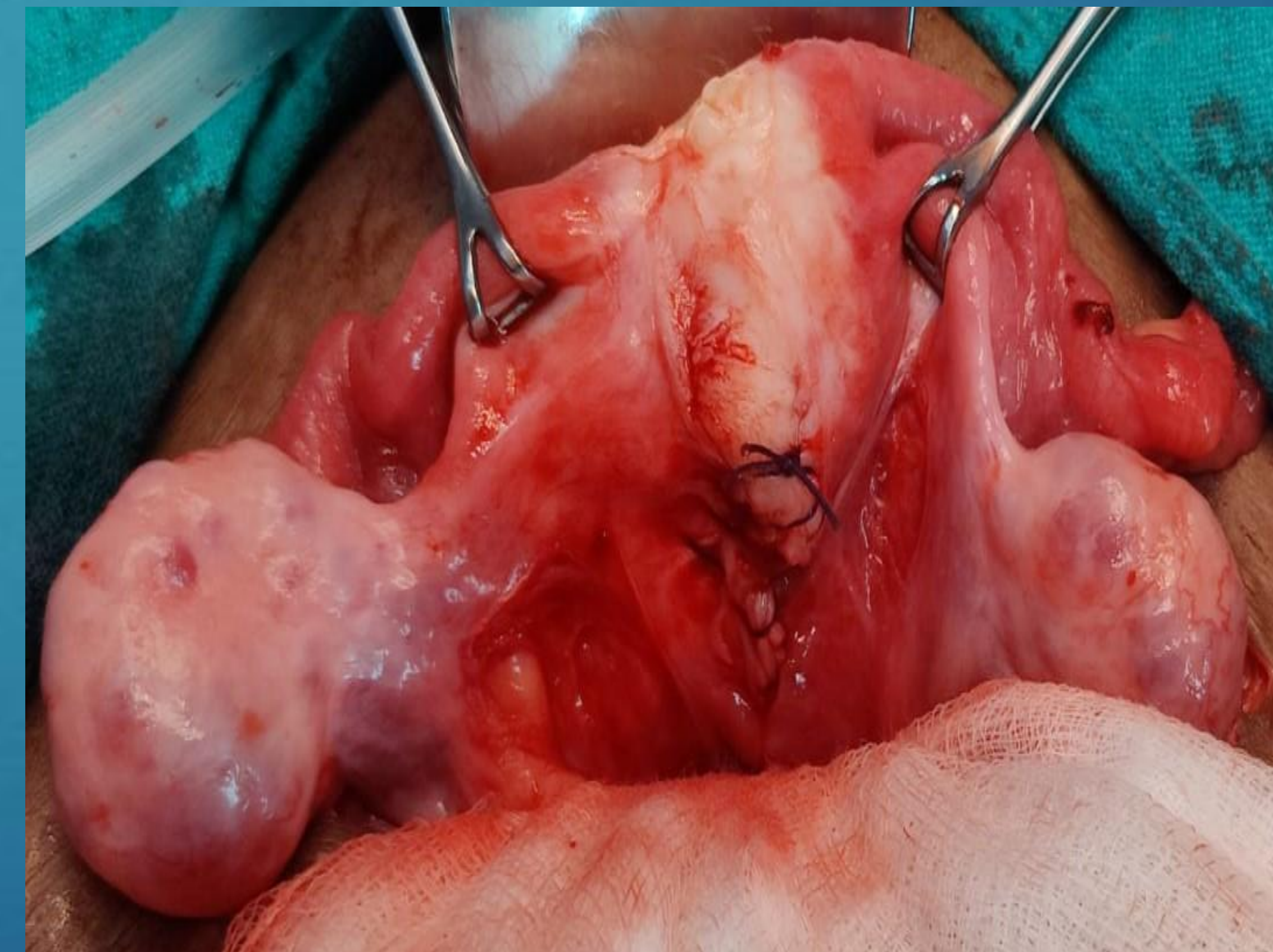


Figure 5

Discussion

- Puerperal uterine inversion can be acute, subacute or chronic depending upon the timing of presentation.
- Based on the presentation of our patient, it is highly likely that she had inversion immediately following delivery which led to her severe PPH and required immediate management.
- However, it went unnoticed and uncared for by many clinicians in the rural area until she finally came to a tertiary care Centre which took her around seven months.
- Is seven months to diagnose and manage puerperal inversion justified in present day obstetrics?
- Should a chronic puerperal inversion be accepted in the era of active management of third stage of labour?
- We clearly need to find out the lacunae in our current management system which result in such situations and rectify them immediately so that such cases may not occur in future.

Conclusion

- Even a single case as the one presented above reflects ineffective labour management which is totally unacceptable in modern obstetrics management.
- We need to find out the root cause behind such incidences and formulate plans and policies to determine the effectiveness of current labour management in the rural areas as well as find out solutions to reduce such mismanagement in the future.

References:

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