



SUCCESSFUL ATTEMPT OF HYDROSTATIC REDUCTION FOLLOWING SUBACUTE UTERINE INVERSION USING FOLEY CATHETER

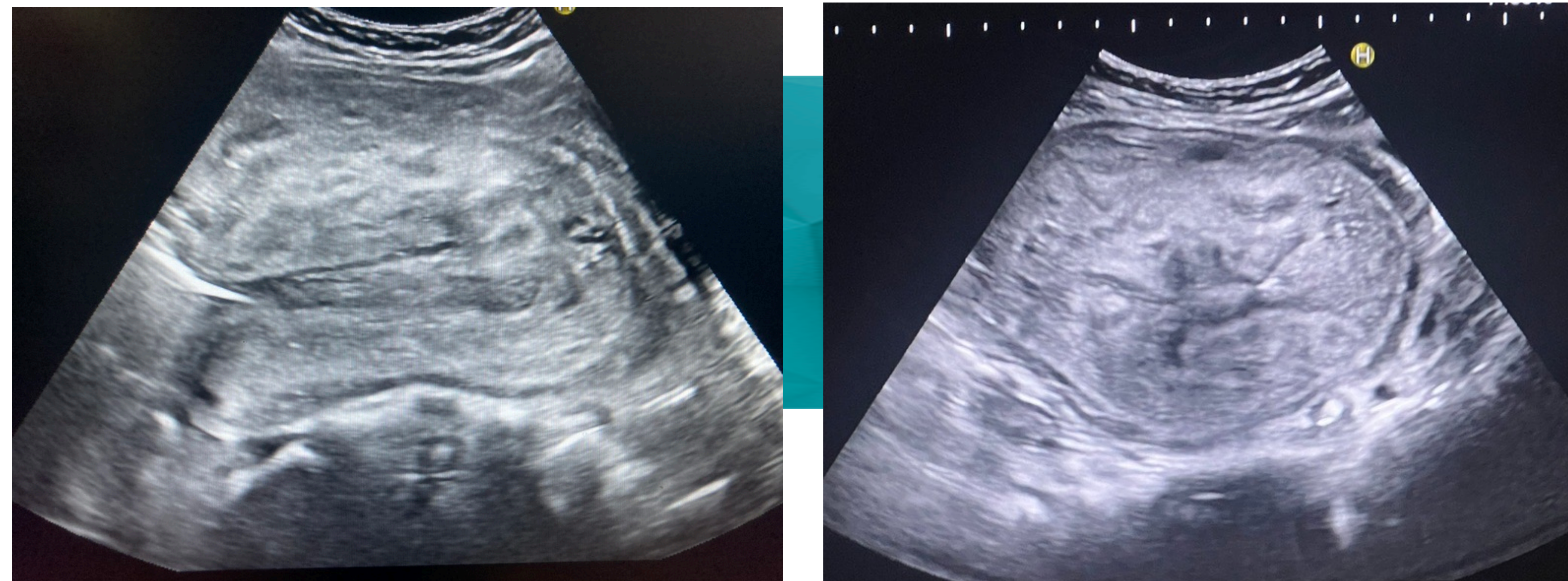
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Objectives

- Subacute postpartum uterine inversion occurs when the uterine fundus collapses into the endometrial cavity between 24 h to 1 month postpartum.
- Nowadays it is a rare obstetric emergency because of active 3rd stage management.
- But it can be potentially fatal when not diagnosed and treated at an early stage.

Ultrasound images before the procedure



Case Report

- A 32 years old woman in her 3rd pregnancy with past 2 vaginal deliveries and an uneventful antenatal period developed atonic post-partum hemorrhage which was managed by uterotonic agents.
- Estimated blood loss was around 1200ml and 2 units of cross-matched blood were transfused.
- Ultrasound scan showed normal uterine contour with an empty uterine cavity.
- On post Day 2 she developed another episode of PV bleeding and hemoglobin dropped from 11.8g/dl to 7.9g/dl.
- On vaginal examination, 150ml of altered blood was removed and inversion of the uterine fundus was noted at the level of internal OS. It was confirmed with an ultrasound examination.
- Hydrostatic reduction is done under sedation and pudendal block using normal saline and foley catheter under ultrasound guidance. A total of 2.5l fluid was used.
- The procedure was completed using manual reduction and uterotonic agents.
- Antibiotics, pain relief, and serum electrolyte monitoring were done for 48 hours following the procedure.

Discussion

- Uterine inversion occurs when the uterine fundus collapses completely or partially into the endometrial cavity.
- The incidence of uterine inversion ranges from 1 in 3500 to 20,000 deliveries.
- If the uterine inversion is not timely recognized and reduced, the resulting severe hemorrhage and shock can lead to maternal death.
- The pathogenesis of uterine inversion has been attributed to the use of excessive cord traction and fundal pressure or the use of uterine relaxants.
- The goals of the management of uterine inversion are to reduce the inversion, treat the hemorrhage and shock and prevent recurrent inversion.

Conclusion

- Subacute uterine inversion can be a life-threatening obstetric emergency with an unpredictable presentation.
- Timely diagnosis and management of subacute uterine inversion help to prevent serious complications

Ultrasound images during the procedure

