



The Final Bow of a Fibroid: Acute-on-Chronic Uterine Inversion

Dr Amr Alaa Lila¹, Dr Mohammed Ismail Elnour Ali¹, Miss Sunbal Mukhtar²

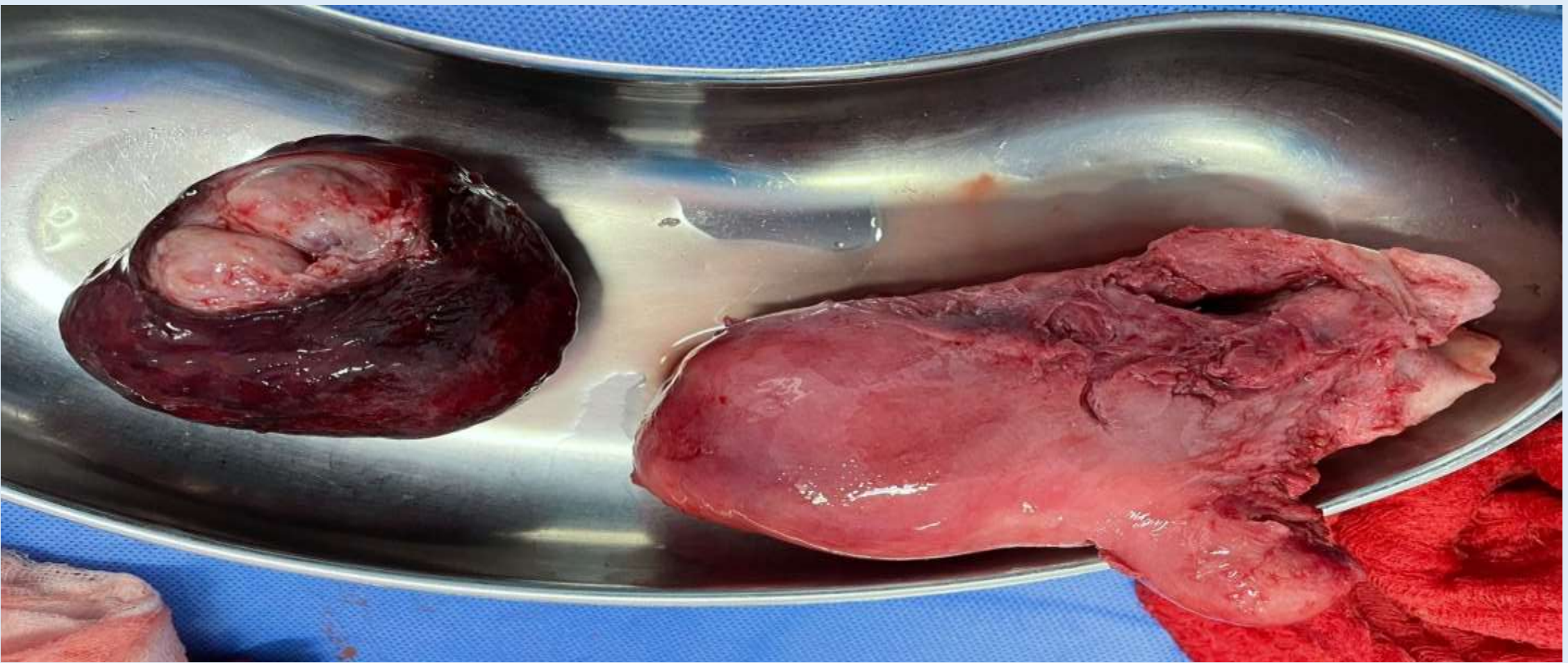
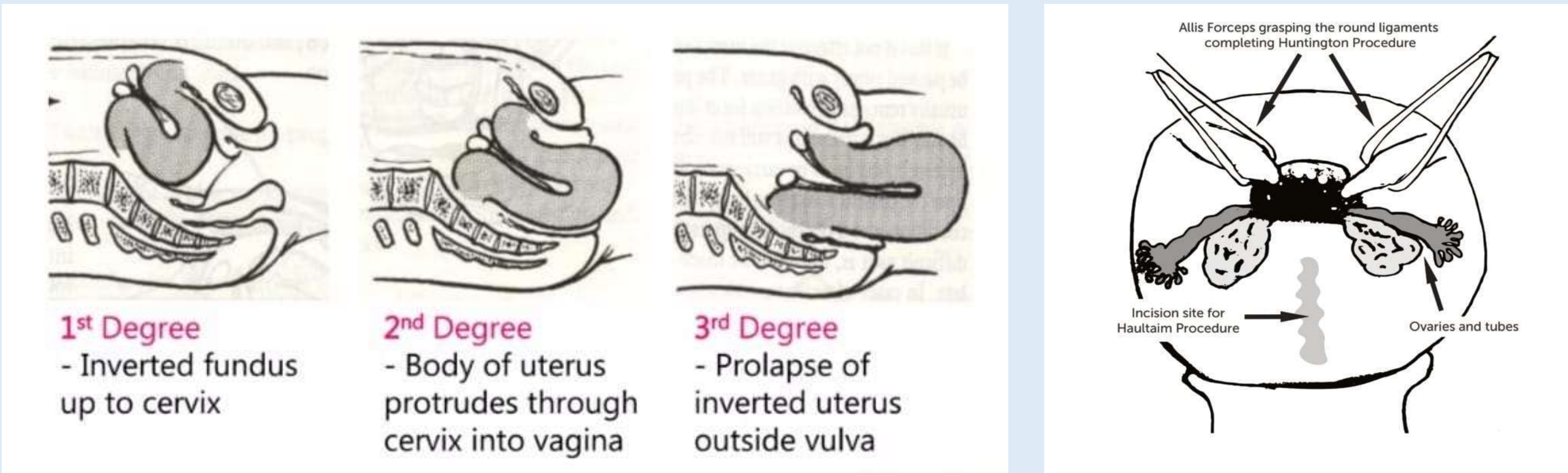
1-Rijal Almaa General Hospital, Rijal Almaa, Saudi Arabia, 2-QEQM Hospital, East Kent Hospitals University NHS Foundation Trust, United Kingdom.

Introduction

Uterine inversion is a rare but serious gynaecological condition in which the uterine fundus collapses and inverts through the cervix. While most commonly associated with the puerperium, non-puerperal inversions—particularly those caused by submucosal fibroids—are extremely uncommon and can be diagnostically challenging¹. Chronic inversion may remain undetected or minimally symptomatic until an acute event, such as necrosis or infection, triggers severe haemorrhage and systemic compromise². This rare presentation, termed acute-on-chronic uterine inversion, necessitates high clinical suspicion and prompt surgical intervention. We present a case involving a necrotic fibroid in a multiparous woman, highlighting diagnostic difficulties and the surgical approach required to restore anatomy and prevent complications³.

Case Presentation

A 41-year-old para 2 woman presented to the emergency department with severe lower abdominal pain, heavy vaginal bleeding, and a foul-smelling mass protruding through the vagina. She reported a history of intermittent vaginal pressure and feeling of mass for several weeks, which had suddenly prolapsed and become painful on the day of presentation. On examination, she was pale and hemodynamically unstable (BP 90/58 mmHg, HR 110 bpm). Abdominal palpation revealed tenderness. Vaginal examination confirmed a 7–8 cm necrotic, firm mass consistent with complete uterine inversion extending beyond the introitus. Mild to moderate bleeding and offensive discharge were noted.



Laboratory investigations showed Hb 7.6 g/dL, WBC 18,000/mm³, and lactate 1.8 mmol/L. The patient was resuscitated with IV fluids, blood transfusions, broad-spectrum antibiotics, and analgesia. She underwent emergency surgery. The necrotic fibroid was removed vaginally. Repositioning of the uterus was achieved using a combination of Huntington’s and Haultain’s procedures, aided by manual vaginal pressure. Due to poor tissue integrity and high risk of recurrence, an abdominal hysterectomy was performed. Postoperative recovery was uneventful, and she was discharged on day three. Histopathology confirmed a benign leiomyoma, chronic cervicitis, and adenomyosis.

Discussion

Uterine inversion is a rare gynaecological emergency, especially in non-puerperal cases, where it is often associated with submucosal fibroids acting as a traction force on the uterine fundus¹. Chronic inversion may remain undiagnosed for weeks, until acute deterioration occurs—referred to as acute-on-chronic uterine inversion, as in this case. Diagnosing non-puerperal uterine inversion can be challenging. Clinical features may include pelvic pain, vaginal bleeding, and a protruding mass. Imaging and examination under anaesthesia aid diagnosis, but definitive management is typically surgical. Repositioning techniques such as Huntington’s and Haultain’s procedures are well-described in the literature. In our case, a combination was required due to extensive inversion and tissue necrosis. While uterine-sparing procedures may be attempted in stable cases, hysterectomy is often necessary in women with necrotic tissue, recurrent inversion risk, or completed families^{2,3}. This case highlights the importance of early recognition, resuscitation, and a multidisciplinary surgical approach. It also reinforces the role of fibroids as a leading cause of non-puerperal inversion and the need for tailored management plans based on intraoperative findings.

conclusion

Acute-on-chronic uterine inversion is a rare but life-threatening condition that requires a high index of suspicion, especially in women with a history of fibroids presenting with a vaginal mass and haemodynamic instability. This case demonstrates the importance of: Prompt diagnosis through clinical assessment and imaging, Early resuscitation and multidisciplinary planning, and timely surgical intervention using uterine repositioning techniques, with hysterectomy considered in cases of poor tissue viability. Enhanced awareness among clinicians is essential to improve recognition and outcomes in such complex gynaecological emergencies.

References

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2. Tolcha FD, et al. J Med Case Rep. 2023;17:278.
3. Rudra S, et al. MJAFI. 2010;66(1):91–92.