

Introduction: Neurogenic shock (NS) is an accepted term in both in traumatology and neurology. A traditional obstetric opinion is that the degree of shock associated with uterine inversion (UI) is out of proportion to blood loss. Furthermore, that NS is responsible for the rapidly progressing shock seen with uterine inversion (NS-UI) rather than haemorrhage. A retrospective study of Beringer however concluded that the degree of shock was proportional with measured but not estimated blood loss.

Objective: of this paper is to review the evidence regarding NS-UI. Specifically clinical signs, observations with NS-UI and compared those with the NS caused by neurogenic injury above than Th6 spinal cord.

Method: Literature review conducted with the key words: uterine inversion, neurogenic shock, 3rd stage complications. We identified 45 relevant original articles from 2000 which were stratified according to the opinion of the authors from the NS-UI.

Uterine inversion associated neurogenic shock, does it exist?

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Results: NS-UI suggested in 5, the possibility in 7, excluded in 12 articles. Further 21 articles discussed UI without reference to NS. There was no reference to NS-UI without significant bleeding. The compared parameters of NS after injury above Th6 with NS following acute UI in 3rd stage are in the table.

Conclusion: Based on the different pathological origin, clinical effect and treatment, the shock after uterine inversion is likely haemorrhagic and not neurogenic. It requires haemorrhagic shock treatment.

Parameter	NS after trauma Th>6	NS suggested following acute UI in 3 rd stage
Pathophysiology	Loss of sympathetic tone	Increased parasympathetic tone
Clinical effects		
Bood pressure	Hypotension	Hypotension
Heart rate	Bradycardia, PR<60	Tachycardia, rarely transient bradycardia
Skin	Warm, dry and pink	Pale and wet
Core temperature	<= 36.0	Normal (no indication of low temperature)
Sympathetic NS compensation	Missing	Present
Recovery time	1-6 weeks, no full recovery	Minutes/hours after volume / Hb restored
Treatments:		
Safe body position, inotropes	Yes	No
Fluid resuscitation	Cautious	Intensive
Atropine	Sometimes	No
Transfusion	No	Yes