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CASE REPORT

Non Puerperal Uterine Inversion

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Introduction

Nonpuerperal uterine inversion is very rare. It occurs chiefly when the uterus acts to expel a submucous leiomyoma with fundal attachment [1].

Mrs. PJ, a 45 years old, P_{2+0} presented to the emergency of the Department of OBGYN, Medical College, Kolkata on 26.02.08 at 00.48 h in shock with a H/O bleeding p/v for 3 days and something coming down per vaginum for the same duration. On admission, the patient was disoriented, with severe pallor, cold and clammy extremities. Her BP was 90/60 mmHg and pulse 110/min. Examination revealed a huge unhealthy, foul smelling mass (20 × 10 cm) prolapsed outside the introits (Fig. 1).

Palpation revealed a firm irreducible mass. The external os was not visible. The leading part was smooth globular and firm. No cervical rim could be felt. Uterine sound could not be introduced. It was there upon concluded, that there was uterine inversion with a huge sub mucosal fundal fibroid prolapsed (Fig. 2).

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Vaginal myomectomy followed by Haultain's Procedure followed by hysterectomy was performed under GA. The vaginal myoma was shelled out from the fundus of the inverted uterus. Abdominally the cervical rim was visualized- complete uterine inversion was confirmed; the rim of the cervix seen and the posterior aspect of the rim incised the uterine inversion was reduced and hysterectomy performed.

Discussion

Nonpuerperal inversion of the uterus accounts for one-sixth of all cases of inversion. Features include vaginal bleeding, mass protruding through the introitus, lower abdominal pain, and urinary problems. Chen et al. [2] reported a similar case where the inversion occured after the patient took laxatives prior to colonoscopy. Buyukkrut et al. [3] reports a case of nonpuerperal inversion due to leiomyosarcoma. Case et al. [4] reported a case of uterine inversion due to rhabdomyosarcoma.

The morbidity and mortality associated with uterine inversion correlate with the degree of hemorrhage, the rapidity of diagnosis, and the effectiveness of treatment. In the presence of a tumor protruding from vagina or vulva, the possibility of uterine inversion should be kept in mind. Nonpuerperal uterine inversion may even be due to malignancies, so a high index of suspicion should be maintained.

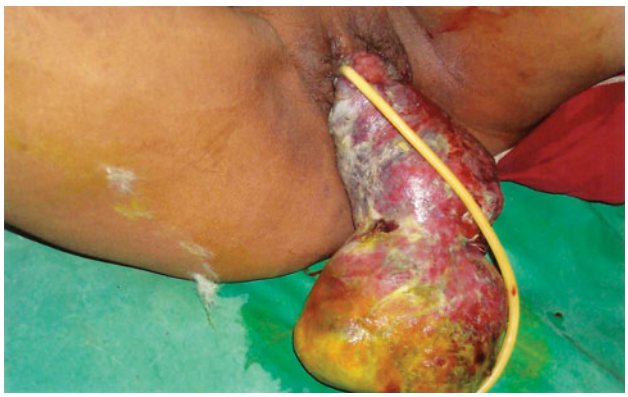

Fig. 1 Uterine inversion with the submucous myoma

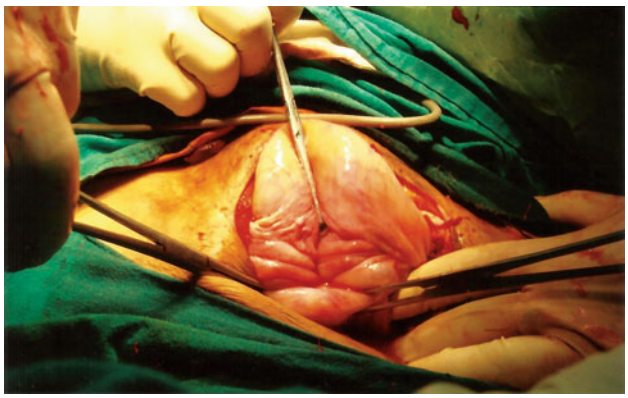

Fig. 2 Incision made on the posterior rim

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