

Torsion of the Pregnant Uterus

REPORT OF A CASE

BY

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INTRODUCTION

In view of the rarity of this condition it is thought worthwhile to record the following case. Most textbooks of midwifery either fail to mention this subject or dismiss it in a few lines.

Uncommon though it is in the human female, it is well known in veterinary obstetrics and was first described in 1662 by an Italian, Hippiaer Columbi. Torsion of the human uterus was first recorded by Virchow in 1863, his specimen being found at a *post-mortem* examination.

This subject was fully reviewed by Leyland-Robinson and Duvall (1931) in their paper, "Torsion of the Pregnant Uterus."

CLINICAL DESCRIPTION

The patient was the third wife of an African who lived some distance from Nkai. She was said to be seven months pregnant and had had three previous pregnancies and had given birth normally to three female children now aged 15 years, five years and three years. There had been no abnormalities of the pregnancy or labour in any of these previous cases.

This pregnancy had been uneventful until one day in her seventh month, when grinding grain, severe upper abdominal pain ensued and she was found by one of the other wives lying down on the floor, quite still.

She was moaning from the severity of the pain. The next day she was taken to Nkai clinic, where the orderly gave her Pethidine 100 mg. intramuscularly and Dextraven 540 ml. intravenously. She was then sent to Inyati by ambulance, but died on the way.

POST-MORTEM EXAMINATION

Pallor of mucous membranes and conjunctivae. Thoracic organs normal.

Abdomen: There was a marked divarication of the recti muscles and an umbilical hernia with a diameter of approximately $3\frac{1}{2}$ inches. There was free blood in the peritoneal cavity. The uterus was tense and hyperaemic and it was seen to have undergone torsion in a clockwise

direction through 180° through the upper vagina. The cervix was closed. The uterus contained a female foetus of approximately 28 weeks. The membranes were intact and the placenta was normal. Both appendages were swollen and hyperaemic and there was haemorrhage into the layers of the broad ligament on both sides. There were no tumours of the uterus or appendages and no adhesions. The uterus and appendages appeared quite normal, as also did the other pelvic organs.

DISCUSSION

Torsion of the pregnant uterus is one of the rarest emergency conditions of pregnancy, and the first case in which the diagnosis was made pre-operatively was reported by Reis and Chaloupka (1935). At operation no abnormalities were found in the uterus. Robinson and Duvall state that in their opinion "No uterine abnormality—no torsion." They believe that torsion in the absence of tumours or malformations is due to an abnormality of the uterine musculature of a developmental origin. Robinson and Duvall mention a case, reported by Glinski, in which there was also marked divarication of the recti muscles and an umbilical hernia. The torsion was attributed partly to the increase of the normal right-sided rotation produced by unequal pressure of the abdominal muscles from their wide separation and the presence of an umbilical hernia. Robinson and Duvall feel that, "given the necessary predisposition, irregular bodily movements may turn the uterus over, and this appears to be the commonest activating factor."

The present case appears to bear out this suggestion in view of the presence of the umbilical hernia and divarication of the recti and the work done by the woman during the day, even though she was not working at the time of onset of the pain.

SUMMARY

A case of torsion of the pregnant uterus is discussed, in which the diagnosis was made during a routine *post-mortem* examination on a patient brought in dead.

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