

A Further Case of Torsion of the Pregnant Uterus

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I would like to add this case report of this rare condition to that reported in the *Central African Journal of Medicine* in March, 1959, by Dr. P. A. S. Evans.

CASE HISTORY

The patient, a para. 5, was admitted to Harare maternity hospital following the onset of abdominal pain and vaginal bleeding of moderate severity two hours previously. She thought her labour had started. Her ante-natal attendances had ceased when she was 24 weeks pregnant, but till then her pregnancy had progressed normally. All previous labours were uncomplicated.

EXAMINATION ON ADMISSION

The patient appeared to be in labour. Vaginal bleeding was moderate in amount. Maternal pulse 140, blood pressure 100/60 and slight pallor of the mucous membranes. There was no undue uterine tenderness. The foetus was presenting as a vertex which was high and mobile and appeared to be about a 38 weeks gestation. Foetal heart rate 130 and regular.

PROCEDURE

Clinically this appeared to be a case of ante-partum haemorrhage due to a placenta praevia, and in view of the maternal condition and persistent blood loss, examination under anaesthesia was carried out. A blood transfusion was started.

OPERATIVE NOTES

Vaginal examination revealed no abnormality. The cervix was two fingers dilated, with the membranes intact. No evidence of a placenta praevia was found, but during the examination the membranes ruptured with no further descent of the vertex and a considerable increase in haemorrhage. A caesarean section became im-

perative. Through a subumbilical median incision the abdomen was opened. Lying across the lower segment diagonally with its highest point to the patient's left side was what was thought to be a "taut fibrous band." At this stage the patient's condition became critical, and in haste a classical section was preferred to what appeared to be a complicated lower segment procedure. Although the exact situation of the placenta was not appreciated, the impression was that it was low lying.

Once the uterine wound was sutured and the uterus contracted, the abnormality became obvious. The "taut fibrous band" across the lower segment was the right salpinx brought to its present position by the uterus rotating through 180° in an anti-clockwise direction. It was easy to replace the uterus to its correct position. No other uterine abnormality was seen.

The infant, weighing 5 lb. 8 oz., was collapsed at birth and had to be resuscitated by intratracheal intubation. Unfortunately it died four days later.

The mother, after a stormy immediate post-operative period, progressed well. Follow-up six weeks later showed that her uterus had involuted well.

CONCLUSION

A case of the rare condition of torsion of the pregnant uterus through 180° is recorded. The literature on the subject has been well reviewed previously in the *Central African Journal of Medicine* by Evans (1959). There was no obvious pathological process to predispose to torsion in this case. The condition presented as one of ante-partum haemorrhage and was not diagnosed till a laparotomy was performed. A suggested cause of the haemorrhage was separation of the placenta following torsion of the uterus. The author feels, however, that this might be the first recorded case of a classical caesarean section performed on the posterior aspect of the uterus!

REFERENCE

EVANS, P. A. S. (1959). *Cent. Afr. J. Med.*, 5, 105.

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