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CASE REPORT

UTERINE INVERSION OF ONE HORN OF BICORNUATE, UNICOLLIS UTERUS. A CASE REPORT

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ABSTRACT: Puerperal uterine inversion is rare; inversion of one horn of bicornute unicollis uterus is even rarer. Uterine malformations can make the diagnosis difficult, challenging emergency treatment and could prove potentially life threatening too. In our case the patient after two months of delivery had continuous vaginal bleeding, speculum examination revealed a mass at vaginal vault, reddish colored, about 5 cm in size and cervical rim was felt all around it, but for the colour which was red, it was suspected to be a fibroid polyp as the ultrasound reports had shown a normal uterus. When polypectomy was attempted it was discovered that the mass was probably an inverted uterus. Consequently laparotomy was done which revealed a bicornuate uterus with inversion of one right horn. The inverted horn was reposited with great difficulty but was unsuitable to sustain future pregnancy hence a hemihyterectomy had to be performed. Patient recovered well.
KEYWORDS: Mullerian anomaly, bicornuate unicollis uterus, uterine inversion

INTRODUCTION: Very few cases occur where the puerperal inversion is associated with congenital anomaly of uterus with the incidence of 1:2500 – 1:25000[1,2] deliveries. This is the thirteenth case of an inversion of one horn of the bicornuate unicollis uterus.

CASE REPORT: The patient Mrs.S, 20 yrs old, married for one year and was booked, in a private hospital for confinement. During her fifth month of pregnancy she had spotting for one week for which she consulted the private practitioner where without examination she was prescribed hemostatic drugs. She had an uneventful normal vaginal delivery at district hospital, Satna, where she delivered a healthy male baby. According to the patient no fundal pressure or uterine or abdominal massage was given, during labor or postpartum. Patient was discharged after two days. Still she continued to have irregular vaginal bleeding for one month for which she took treatment at the private hospital. Patient was not examined and advised haemostatic and haematinics for one month, she again sought advice as her complaints worsened, without clinical examination; she was advised ultrasound, which was suggestive of a bulky uterus with hypoechoic mass 4.36 X 4.95 cm seen in cervix.

Patient was referred to Medical College Hospital, Jabalpur and reached at 9.30 PM on 10/09/2013, by that time patient was complaining of something coming out of her private part and vaginal bleeding. On speculum examination a mass of about 4-5 cm was protruding through os along with bleeding. The rim of cervix was felt around it and it seemed to be arising from right lateral wall of cervix. But for the color which was red, it was suspected to be a fibroid polyp as uterus had been located on ultrasound previously. A repeat ultrasound was performed which revealed similar findings. It was assumed to be a fibroid polyp and polypectomy was therefore planned then the attempt to divide the pedicle was done, it was discovered that the mass was probably inverted uterus

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as it was hollow inside and had a striking pink shade of the inner surface of the pedicle were confirmative of it being an inversion. She was then taken for immediate laparotomy.

On opening the abdomen, uterus was found to be unicornute on the left side with normal ovary and tube. A very thick band of rectovesical fold was found medial to uterus. The right horn was found to have inverted completely and the right ovary could be located with difficulty close to the right lateral wall, medial to this was the lateral part of right tube. Inversion was corrected by Haultain's method, but the uterus appeared unsuitable for future pregnancy, therefore right horn was removed. The abdomen was closed in layers. Post operative recovery was well. Patient was discharged after ten days.

DISCUSSION: Ward and Huges in 1956 found in the literature only 6 cases of inversion of bicornute uteri and they added their personal case the eighth case was reported by Shepler in 1964[3]. The last reported case was of J.S Schienfeld in 1996 who had also reported similar case in 1985[4]. From the reported cases we could retrieve twelve similar cases, this being the thirteenth. In only two of the cases were a diagnosis made preoperatively[3]. In the remaining ten cases there was a delay in the diagnosis ranging from two days (Walsen, 1953) to 18 months (Henkel, 1905) post delivery[2, 4, 5, 6].

In the case we described two questions arise-

1. Why did inversion occur?
2. Why diagnosis was difficult?

The pregnancy might have been in the right horn of uterus, which inverted during labor. This inversion was likely favored by lack of uterine supports on the medial half.

The diagnosis was difficult as it was a chronic incomplete inversion and two consecutive ultrasound examinations confirmed a bulky uterus with a cervical mass, however there was no remark on the position of the uterus which had extreme left deviation. Inversion of one horn of bicornute uterus is an extremely rare condition.

REFRENCES:

1. You WB, Zahn CM. Postpartum Haemorrhage: Abnormally Adherent Placenta, Uterine Inversion and Puerperal Hematomas. Clinical Obstetrics and Gynaecology. 2006; 49(1): 184-97.
2. Mirza FG, Gaddipati S. Obstetrics Emergencies. Seminars in Perinatology.2009; 33:97-103.
3. Winer Roberts CE. Uterine inversion associated with bicornuate uterus. British Medical Journal, 1966; 1:401-402.
4. Schinfeld JS. Puerperal inversion of one uterine horn. Journal Reproductive Medicine. 1996; 41(4):298.
5. Leisy M.A, Lipshitz J, Schinfeld J.S. Puerperal inversion of a Bicornuate, Unicollis Uterus. A Case Report. Journal Reproductive Medicine. 1985; 30(7):557-8.
6. Ollandorff DA, Kelsey RJ, Fejgin MD. Puerperal inversion of one horn of a Bicornuate Uterus. A case report. Journal Reproductive Medicine. 1995 august; 40(8):601-2.

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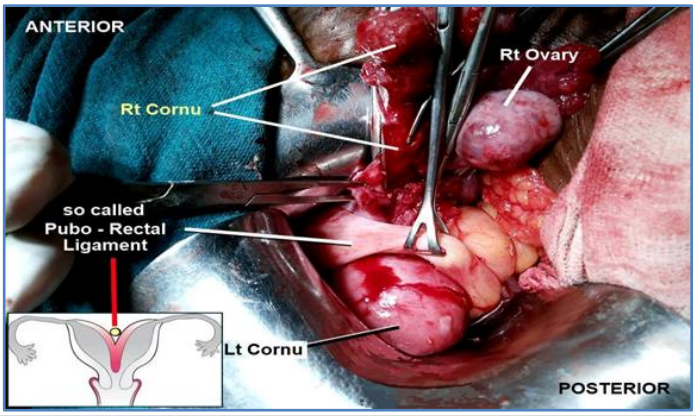

The bicornuate uterus with the pubo-rectal ligament held with the Allies Forceps and the inset showing the position of the ligament

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