

Chronic non-puerperal uterine inversion (NPUI)

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ABSTRACT

Introduction: Chronic non puerperal uterine inversion is a rare case with only around 170 cases reported in the last 77 years. The objective of this clinical report is to discuss the management of NPUI. **Case Description:** A 67-year-old lady, Para 13 admitted from urogynaecology clinic for infected chronic non puerperal uterine inversion. Patient presented with mass per vagina of 1 year duration. Vaginal examination noted that there was a reddish and pinkish lump protruding outside the introitus, measuring 10 x 8 cm. The cervical os was not identified. Case was planned for hysterectomy. Pfannenstiel incision was made and abdomen entered in layers. Intra-operatively noted the cup of the uterus was at mid pelvic cavity which was formed by the inversion with inwards pulling of tubes and ovaries. Kustner's method was used, whereby vertical incision at posterior part of cervix was made. Pressure done per vaginally by operator index and thumb finger to turn the uterus outside in. Huntington technique was performed, whereby both round ligaments were identified and clamped using Allis forceps. Gentle upward traction of both round ligaments and the fundus of uterus were done. Additional method was performed using Haultain procedure. Vertical incision was done posteriorly at the site of constriction ring to facilitate repositioning of the uterus. The uterus was successfully replaced within the pelvis, followed by total abdominal hysterectomy and bilateral salpingo-oophorectomy. **Discussion:** Surgery is the primary treatment of non-puerperal uterine inversion with the aim of repositioning of the uterus followed by hysterectomy.

Review of stillbirth based on the ReCoDe classification in Sabah Women and Children's Hospital

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ABSTRACT

Introduction: Traditionally, the Wigglesworth classification was used to classify stillbirth but it was seen that 68% of stillbirth remained unexplained. The more recent ReCoDe classification divides the causes contributing to stillbirth into eight categories and this method is able to account for 85% of stillbirth. **Objective:** This study uses the ReCoDe classification to identify the causes of stillbirth in Sabah Women and Children's Hospital over a ten-month period from February to November 2020. **Method:** This study was carried out in all pregnant mothers more than 24 weeks period of gestation with a stillbirth delivered in the labour room. **Results:** The outcome of this audit shows that out of 86 women, 64 stillbirths occurred in a period of gestation more than 28 weeks. 48 stillbirths with a birth weight of more than 1.5 kg. Fetal causes were the main contributing factor to stillbirth with fetal growth restriction being one of its subsets. This falls into a preventable category. **Conclusion:** With more vigilant antenatal surveillance and a high index of suspicion based on maternal background, these stillbirths may be preventable. An earlier delivery in a centre that support preterm births can help reduce overall stillbirth.