

# First trimester acute urinary retention due to uterine incarceration: A case report

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## ABSTRACT

**Introduction:** Incarceration of gravid uterus is a rare condition where the uterus is trapped between the sacral promontory and the pubic symphysis during pregnancy. As the uterus becomes more gravid, the cervix becomes superiorly displaced and can eventually lead to bladder outlet obstruction. It has been estimated to affect 1 in 3,000 pregnancies. It typically occurs when a retroverted uterus, found in 15% of gravid females is unable to ascend out of the pelvis due to impaction against the sacrum early in the second trimester. This case report will discuss on the clinical diagnosis, available imaging modalities and treatment of gravid uterine incarceration. **Case Description:** We report a case of a multigravid woman in the first trimester of pregnancy who was referred to our center after multiple visits to other healthcare facilities with difficulty in voiding and acute urinary retention. She was diagnosed with uterine incarceration based on clinical and ultrasound findings. **Discussion:** Diagnosis of an incarcerated uterus can be made based on symptoms, physical examination and a definitive diagnosis is made from typical ultrasound findings. Our patient has been successfully managed conservatively. Although it is an uncommon condition, the need for early detection, diagnosis and prompt treatment are paramount in preventing further complications of acute urinary retention in pregnancy.

# Isolated fallopian tube torsion

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## ABSTRACT

**Introduction:** Isolated fallopian tube torsion without ovarian torsion is a rare gynaecological cause of lower abdominal pain, occurring in reproductive-age women with the incidence of 1 in 1.5 million women. Delay in diagnosis due to lack of definitive features may lead to delay of timely intervention. One may present with symptoms of acute abdomen, and diagnosis of appendicitis, ectopic pregnancy, ovarian torsion, rupture ovarian cyst and pelvic inflammatory disease may be considered instead. **Case Description:** A 12-year-old premenarchal girl presented with sudden onset of right iliac fossa pain for one day, described as pricking in nature associated with vomiting. From clinical examination by surgical team, it was suggestive of acute appendicitis. She was started on empirical antibiotics therapy and underwent laparoscopic surgery on the same day. Intra-operatively, it revealed twisted right fallopian tube times 3, and it looked bluish, swollen, oedematous and peculiarly long. After detorsion of the fallopian tube, subsequently the circulation of the tube returned. **Discussion:** Many theories have been postulated for pathophysiology of fallopian tube torsion. One said that the hypermotility of the tube in the form of spasm may lead to increase peristalsis and causing the torsion. The extrinsic factors such as ovarian or para ovarian cyst, para tubal cyst and tubal adhesions may precipitate torsion event. It is difficult to diagnose fallopian tube torsion as the clinical presentations are non-specific. In this case, detorsion of the tube and spontaneous return of normal circulation is the aim of early surgical intervention as it can avoid the risk of salpingectomy.