

A twist in the diagnosis... but it is the uterus! Uterine torsion of a gravid uterus in a district hospital: A case report

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ABSTRACT

Introduction: Uterine torsion is defined as a rotation of the uterus more than 45 degrees on its long axis. The exact diagnosis and appropriate management of delivery were usually not achieved due to the unspecific presenting symptoms and the rare occurrence. We described a case of uterine torsion in the third trimester which presented with severe abdominal pain and intrauterine fetal death. **Case Presentation:** A 30-year-old, pregnant woman in her third pregnancy at 36 weeks 4 days gestation presented with a sudden onset severe abdominal pain, associated with vomiting. The fetal movement was good prior to admission, and she denied any history of trauma, fall, or massage. On arrival, her blood pressure was stable but she was tachycardic and in severe pain. The assessment showed the uterus corresponding to 36 weeks of pregnancy and was not tense. An ultrasound examination showed an intrauterine fetal death in a transverse lie but no evidence of retroplacental hemorrhage. The diagnosis was severe placental abruption and an immediate caesarean section was performed. Intraoperatively a 180-degree uterine torsion at the cervico-uterine angle was diagnosed. A lower segment hysterotomy was performed after a successful manual repositioning. Placental abruption was also detected with a 300 ml retroplacental clot. The patient made a full recovery and was discharged well. Retrospectively, the placenta location was noted to change from posterior to anterior on ultrasound. **Discussion:** Uterine torsion is a rare occurrence in late pregnancy, with non-specific presentation. A change in placental location should not be ignored in pregnancy.

Successful term pregnancy in a bicornuate uterus with previous caesarean section

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ABSTRACT

Introduction: Bicornuate uterus is a unification defect of the Mullerian ducts, and represents approximately 10-39% of Mullerian duct anomalies. Pregnancies in bicornuate uterus are associated with poor reproductive outcomes and hence considered as high risk. We report a case of a woman with successful consecutive pregnancies in bilateral horns of the bicornuate uterus. **Case Description:** A 29-year-old lady, gravida 2 para 1 with one previous caesarean section, was diagnosed with a bicornuate uterus during her last delivery. Her first child was delivered via caesarean section for breech presentation, with oligohydramnios at 37 weeks of gestation. The pregnancy was noted on the right side of the uterus. Her second pregnancy had been uneventful and her fetus demonstrated normal growth. She was admitted in labour at 39 weeks of gestation and she underwent an emergency caesarean section for suspected fetal distress. Intra-operatively, a bicornuate uterus was noted with the current pregnancy located on the left side of the uterus. The right horn was smaller but normal. Each horn was normally attached to its corresponding fallopian tube and ovary. **Discussion:** Successful pregnancies in bicornuate uterus have been reported without surgical correction of the anomaly. Women with congenital uterine malformation usually experience a higher incidence of complications during pregnancy and delivery. Early diagnosis and recognition of the condition may allow proper planning of treatment to ensure a favourable obstetric outcome. This case highlights the likelihood of successful term pregnancy in bilateral horns of the bicornuate uterus with a previous caesarean section.