

# Uterine Inversion

**Prof Khin Pyone Kyi**

**Obstetric and Gynaecology Specialist Hospital, Nay Pyi Taw**

# Acute inversion of the uterus

- ***Definition***

- \_ Turning inside out of the fundus into the uterine cavity
- \_ Rare and serious obstetric emergency
- \_ Immediate management of shock and manual repositioning of the uterus both reduce the morbidity and mortality

- ***Incidence***

- \_ depends on geographic location eg. 3 times higher in india than USA
- \_ decrease with active management of third stage

## *Causes*

- mismanagement of third stage (premature traction on umbilical cord and fundal pressure before separation of placenta)
- Uterine atony
- Fundal insertion of the morbidly adherent placenta
- Manual removal of placenta

- Short umbilical cord
- Placenta praevia
- Connective tissue disorder( Marfan syndrome, Ehler-Danlos syndrome)
- 50%-no risk factor, no mismanagement of third stage

## *Classification*

- First (Incomplete)-fundus extend to but not beyond the cervical ring
- Second (Incomplete)-extend beyond the cervical ring but remain within the vagina
- Third (complete)- extend down to the introitus
- Fourth Degree(Total)-vagina also inverted

## *Symptoms*

- Sudden cardiovascular collapse
- PPH and Hypovolaemic shock
- Severe abdominal pain

# Clinical presentation

## *Signs*

- shock is out of proportionate to Bleeding
- Lump in the vagina
- Abdominal tenderness
- Absence of uterine fundus per abdomen
- Polypoidal red mass in vagina with placenta attached

# Differential Diagnosis

- UVP
- Fibroid polyp
- Postpartum collapse
- Severe uterine atony
- Neurogenic collapse
- Coagulopathy
- Retained placenta without inversion

## **Management**

- Resuscitation and repositioning simultaneously

### ***Nonsurgical methods***

- Manual replacement(Johnson method)-43-88% immediate reduction
- Hydrostatic method at OT( O'Sullivan method)
- Uterine rupture must be excluded first
- Placenta should be delivered only after repositioning and complete correction
- Uterotonic drugs
- Antibiotics cover

- *Role of tocolysis*

- In presence of cervical constriction ring
- Magnesium sulphate, nitroglycerine, terbutaline
- Adverse effect of tocolytic mediated reduction in uterine tone----- PPH

## *Surgical methods*

- Abdominal procedure
  - Huntingdon's method
  - Haultains' method
    - Cervical ring is incised posteriorly with longitudinal incision

# Recent techniques

- Under laparoscopic guidance
- Laparotomy and silastic cup used from above

- Skills and Drill training

***THANK YOU***