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Acute Puerperal Uterine Inversion: About 2 Cases

A. Etber*, S. Talib, N. Zeraidi, A. Lkhdar, B. Ghrab, A. Baidada

Département of Obstétrical and Gynecology and Endoscopic Surgery, Maternity Souissi Rabat, Morocco

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***Corresponding author:** A. Etber

Abstract **Original Research Article**

Uterine inversion is a rare but serious pathology that can be life-threatening to the mother in the postpartum period. It is an obstetric emergency whose diagnosis is clinical. Treatment must be early and rapid before the formation of the cervical necking ring. Through the study of 2 cases and a review of the literature, we will show the value of early diagnosis which allows a simple and effective treatment. Any delay in diagnosis involves the maternal prognosis.

Keywords: Uterine inversion, postpartum period, ring, uterus.

INTRODUCTION

Utérine inversion is a rare but serious accident in delivery that is rapidly life-threatening. It is a glove finger invagination of the uterus and the uterus can completely exteriorize to the vulva. The most therapeutic aspect important remains the early diagnosis and therefore the rapid and methodical management of this pathology [1, 2].

MATERIAL AND METHODS

From 2 cases of puerperal uterine inversion collected in our department, we will discuss Classification, etiologies, diagnosis and therapeutic means of this pathology.

1st Observation

34-year-old patient admitted expectantly for childbirth. This is a G1P1: gestational age estimated at 39 weeks according to DDR. The examination at admission found TA = 12/8, uterine height = 37 cm, BCF = present, uterine contractions = present. On vaginal examination: flexible median cervix dilated to a finger, mobile cephalic presentation and intact water pocket. obstetric ultrasound objectified a macrosomia with an estimate of the fetal weight at 4800g following the delivery performed with a traction on the cord, the patient presented a stage 3 uterine inversion; quickly a manual reduction was successfully performed. The patient was kept on an oxytocic infusion for 24 h and on antibiotic therapy. Were simple and the patient was discharged from the hospital on day 4. Follow-up of the patient on day 25 postpartum did not show any recurrence or particular complications.

2nd Observation

26-year-old patient, urgently admitted to Souissi maternity after childbirth, a vaginal birth ,one hour before at home newborn alive birth weight 3900g consult for mass outside the vulva. The diagnosis of stage 3 uterine inversion was retained. Successful manual reduction with analgesia and antibiotic therapy was performed.

RESULTS AND DISCUSSION

An acute puerperal inversion occurs immediately after childbirth or within 24 hours. It has 4 stages according to the French classification [3]:
Stage 1: When the invaginated uterus does not go beyond the cervical opening
Stage 2: The fundus crosses the cervical opening but remains intravaginal
Step 3: Uterus exteriorize to the vulva
Stage 4: Inversion of vaginal walls by uterine inversion complete

The Anglo-Saxons speak of an incomplete uterine inversion when the fundus does not exceed the cervical opening or does not otherwise complete [4].

This is a very rare accident that can occur during vaginal cesarean delivery. The majority will lead to an error in the management of the delivery phase: forced traction on The umbilical cord most often associated with uterine hyptonia due for exemple to prolonged labor or macrosomia (this is the case for our 2 patients). The diagnosis may be obvious or sought after the onset of hemorrhage, which can go as far as shock. The treatment is based on medical resuscitation,

to correct the shock, associated with an attempt at rapid manual reduction, this technique is called taxis; for our 2 patients the 1st attempt at manual reduction was rapid and very successful due to the fact that the diagnosis. If unsuccessful, the 2nd attempt is attempted with a bmimetic infusion. The last attempt at manual reduction is performed under general anesthesia and in the event of surgical failure [5, 6].

CONCLUSION

The puerperal uterine inversion remain a rare pathology, sometimes difficult to recognize at the outset. Treatment must be rapid in order to avoid the use of invasive surgical techniques and the prognosis depends precisely on the speed of the treatment.

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