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RESEARCH ARTICLE

INVERSION UTERINE, A CASE REPORT: CLINICAL IMAGING.

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Manuscript Info

Abstract

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Introduction:-

Patient:

A patient of 35 years old, mother of 2 children whose last child is 15 months old, The patient's history was without particularity

The delivery of the fetus was uncomplicated. After the baby was born, 5 u.i of oxytocin was administered. After uterine contraction, gentle traction of the cord was applied to remove the placenta. With a slight pull on the cord, we noted a complete inversion of the uterus through the uterine incision, the placenta remaining stuck to the bottom of the uterus (Figure. 1).

The uterus has been externalised by its internal face (Figure.2). The placenta has been manually removed (Figure.3) The reversion of the uterus was achieved by rolling progressively the lower part of the upper edge on the uterine fundus, thus returning the part that had reversed.

The manual uterine reversion was performed in less than 5 minutes. After repositioning the uterus to its normal state, we used the uterotonics to strengthen its contractility

The hemodynamic status of the patient is stable with bleeding quantified at 800 ml. We did not need to perform a transfusion due to the hemodynamic status and hemoglobin level, immediate monitoring while her 4-day hospital stay was normal.

Discussion:-

Uterine inversion is a rare condition. Frequency. in France is one in every 100,000 births [2]. Puerperal uterine inversion is more common than uterine inversion not puerperal because it represents 85% of uterine inversions [3]. In recent publications, the incidence of uterine inversion puerperal is 01 for 3 737 normal births [4]

There are two types of uterine inversion: puerperal and not puerperal or gynecological. Depending on the gravity, there are four degrees [2]:

1. first degree: the uterine fundus is depressed in a cupule;
2. second degree: the uterus returned crosses the orifice external collar;

3. third degree: the uterine body becomes intra vaginal and can express itself completely;
4. fourth degree or total inversion: the vaginal walls participate in the reversal

Conclusion:-

The uterine inversion is a rare and serious pathology, requiring a fast diagnosis and treatment because of the bleeding which can be the origin of a hemorrhage shock and a maternal death. The processing of the treatment associates resuscitation, reduction which can be a simple taxis to a surgical treatment and treatment of the etiology.

Figure 1:- Complete uterine inversion with fundally implanted placenta.



Figure 2:- Complete uterine inversion with fundally implanted placenta



Figure 3:-Complete uterine inversion with fundally implanted placenta

