

An unusual second presentation of uterine dextrorotation.

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Background and Aim

Uterine rotation is an unusual but potentially life threatening uterine anomaly¹. Significant rotation in pregnancy is associated with complications such as pain, malpresentation, obstructed labour and placental abruption². There is limited data describing causes or management of pregnancies with known or suspected uterine rotation³.

Aim: to present a case with the repeated finding of uterine dextrorotation at planned caesarean section.

Case

A 30 year old G2P1 booked into a peripheral hospital with a known history of a dextrorotated uterus in P1 found at emergency caesarean section for obstructed labour. The uterus had been dextrotorated whereby the left tube and ovary were sitting anteriorly. The bladder and bilateral round ligaments were adhered to an anterior uterine nodule and the entire uterus had been dextrorotated 90 degrees. Part of the nodule was dissected and the anatomy normalised before delivery of a healthy infant.

Her second pregnancy was complicated by polyhydramnios and unstable lie. However, the pregnancy progressed to term.

Results

The patient had an elective repeat caesarean section. Upon entry, the uterus was again dextrorotated with bilateral ovaries, tubes and round ligaments crossing anteriorly. The uterus was first de-torted and hysterotomy was made in the anterior lower segment. The procedure was complicated by a 1.3L PPH.



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Discussion

Uterine rotation is infrequently discussed in the literature.

Further research could provide valuable insight into potential causes. Could Endometriosis be a risk factor?

While some risks are known, it will be important to define an approach to antenatal care, mode of delivery, surgical technique and risks to subsequent pregnancies.

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