

15th World Congress on Gynecology, Obstetrics and Womens Health
17th International Conference on Traditional Medicine and Acupuncture
9th World Summit on Cancer Science and Oncology

MAY 26, 2022 | Webinar

Uterine torsion: A rare differential diagnosis for acute abdominal pain in pregnancy

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Introduction: Uterine Torsion (UT) in pregnancy of >45-degree along the longitudinal axis is a rare occurrence and the aetiology remains unclear.

Case: 34-year-old G2P1 woman with history of one previous caesarean section presented at 36+2 weeks with sudden onset lower abdominal pain and syncopal episode. She was otherwise haemodynamically stable. Cardiotocography showed pathological trace with an initial prolonged bradycardia followed by tachycardia with reduced variability. An initial diagnosis of uterine dehiscence was made. She underwent an emergency caesarean section which revealed a 180-degree UT along the longitudinal axis. Detorsion of uterus was performed prior to delivery of the foetus, and anterior uterine wall was intact with no signs of rupture and no anatomical uterine abnormalities were found.

Discussion: UT is rare as the uterus is supported by uterine ligaments which limit the mobility of the structure. There are only a few hundred cases reported worldwide. Causes are unknown, but risk factors such as uterine abnormalities, increased uterine ligaments' flexibility in pregnancy and foetal malposition have been identified¹. UT causes occlusion of

uterine vessels, which leads to ischaemic injury of the placenta causing premature separation of placenta, preterm labour and foetal morbidity and mortality if delivery is delayed². Diagnosing UT is difficult clinically as most women present with symptoms mimicking placenta abruption or uterine rupture and one third are asymptomatic¹. The management of UT involves detorsion of the uterus and delivery of foetus via caesarean section. Extra vigilance should be taken to identify the anatomy of the uterus experiencing torsion prior to hysterotomy¹. There have been cases reported with hysterotomy on posterior uterine wall as it may be difficult to identify and reverse a gravid UT when foetal well-being is at stake³.

Conclusion: It is crucial to identify and address UT in pregnancy as it is associated with maternal and foetal morbidity and mortality.

Speaker Biography

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Received Date: May 13, 2022; **Accepted Date:** May 16, 2022; **Published Date:** June 01, 2022