



BOOK OF ABSTRACTS

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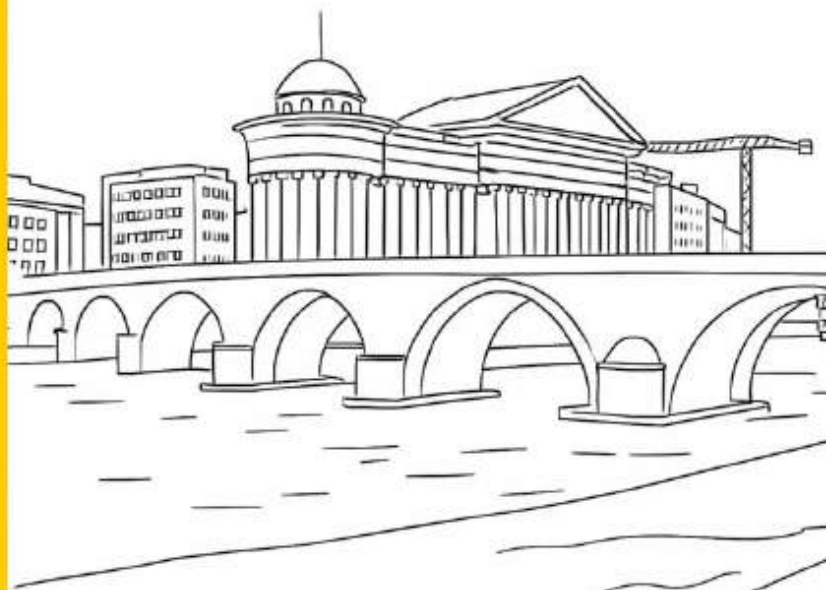
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A CASE REPORT OF A PATIENT WITH AN ACUTE INTRAPARTAL UTERINE INVERSION

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Introduction. Acute inversion of uterus is a rare, but life-threatening complication of third stage of labour. Uterine inversion is defined as the turning inside out of the fundus into the uterine cavity. It's incidence is 1:2,000–1:23,000 deliveries. Severe uterine atony, mismanagement of third stage of labour, adherent placenta are some of the common factors associated with the occurrence of acute inversion of uterus.

Case report. We report a case of the 25 years old primipara. After a spontaneous delivery of the baby, during the controlled cord traction, a mass appeared at the introitus of the vagina. Placenta was still attached to the uterus. A complete uterine inversion happened. Obstetric and anesthesia teams were emergency mobilized. Manual uterine reposition under general anesthesia (the Johnson maneuver) was performed 5-6 minutes after the event. The placenta was removed after the repositioning of the uterus. Massive hemorrhage occurred. Uterotonic therapy was administered immediately after repositioning. The substitution therapy was administered starting 25 minutes after the event and continued in the next 24 hours: 1400ml of erythrocyte concentrate, 880ml of fresh frozen plasma and 100ml 20% albumine. The drop in the levels of hemoglobin and hematocrite 25 minutes after the inversion was Hb=64g/L (121g/L antepartum), Hct=0.17 (0.33 antepartum). 72 hours after the event this values were normalized. Vital signs were stable, no further hemorrhage occurred, and woman was discharged at the forth post delivery day.

Conclusion: Early recognition and prompt treatment are important to save life of the woman. Prompt recognition of uterine inversion, its immediate manual reposition under general anaesthesia and transfusion of blood products are crucial for successful treatment. Delay in recognition and treatment can result in haemorrhagic and neurogenic shock, leading to death of a women.

Key words: uterine inversion, massive haemorrhage, manual reposition