Transvaginal caesarean section for an incarcerated gravid uterus – an unexpected complication of fibroids

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Introduction

Uterine fibroids affect about 15-70% of reproductive-age women. The impact in pregnancy varies greatly. A possible complication is uterine retroversion which, if persists, can cause incarceration of the uterus. Incarceration is rare in the third trimester and may lead to increased fetal and maternal mortality.

Case

A 28 year old primigravida presented with a large 10cm posterior fibroid on 12 week ultrasound. She was admitted at 16 and 27 weeks with red degeneration with a large cervical fibroid seen on ultrasound. At emergency caesarean section at 36+6 for preterm labour and breech presentation, the lower uterine segment was very narrowed and a classical caesarean was performed. An incision was made into what appeared to be the anterior uterine wall and a live-born male was delivered by breech extraction. Following delivery of the placenta, the anatomy was closely inspected. The uterine fundus had been deeply impacted in the Pouch of Douglas.

Case (continued)

The uterus was acutely retroverted and incarcerated secondary to a large fibroid located at the fundus causing the vagina and cervix to be stretched superiorly. The initial incision had been inadvertently through the anterior cervix and vagina. The uterine cavity was then entered with blunt dissection through the posterior wall. There was no bowel, bladder or ureteric injury. Total blood loss was 1500mls. The cervix was repaired circumferentially around a Foley catheter to ensure patency. The patient’s post-operative course was unremarkable and she was discharged on day 5.

Discussion

An incarcerated gravid uterus occurs in 1 in 3,000 to 1 in 10,000 pregnancies. It refers to a gravid uterus wedged between the pubic symphysis and sacral promontory. Symptoms include GI complaints, urinary retention and pelvic pain. Possible complications are miscarriage, intrauterine growth restriction, preterm labour and labour dystocia. Characteristically there is difficulty in identifying the cervix on ultrasound or vaginal examination.

Key Messages

• Uterine incarceration is a difficult diagnosis.
• Red flags: posterior ‘cervical’ fibroid, difficulty in localising the cervix
• Consider targeted ultrasound (by skilled practitioner) or MRI to characterise fibroid location
• Pre-operative planning is vital to avoid inadvertent injury at caesarean section.

References