

Inversion Uterine: A Case Report

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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).



Figure 1: Complete uterine inversion with fundally implanted placenta.

The uterus has been externalised by its internal face (Figure 2). The placenta has been manually removed (Figure 3).



Figure 2: Complete uterine inversion with fundally implanted placenta.

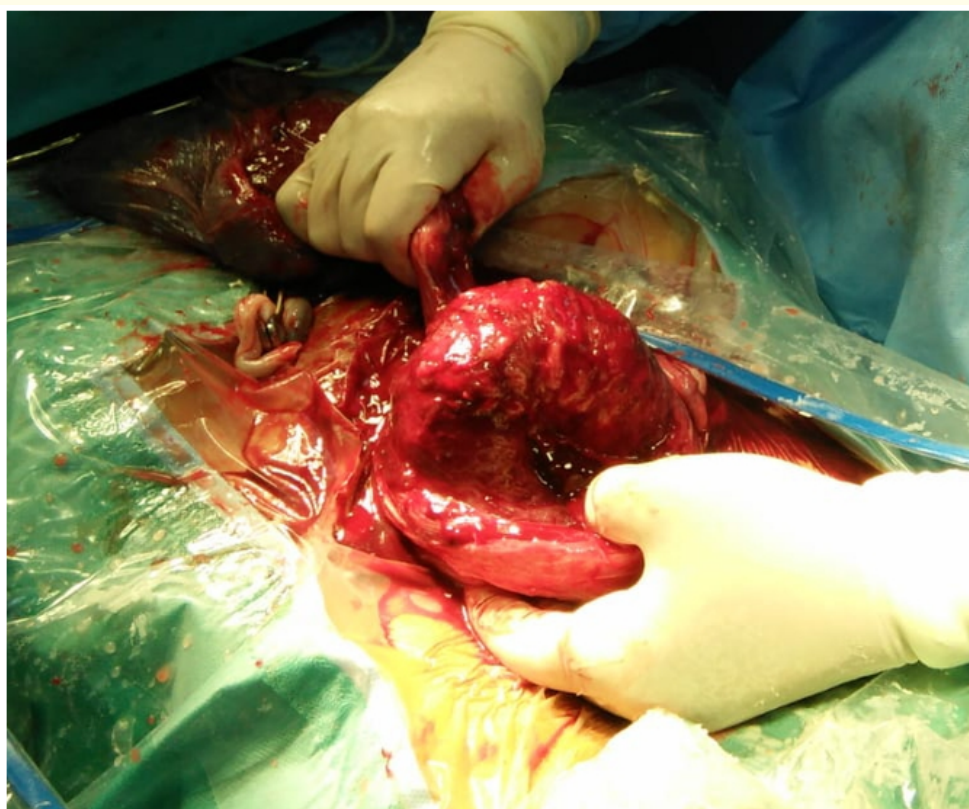


Figure 3: Complete uterine inversion with fundally implanted placenta.

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.

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