

Torsion of Unicornuate Uterus with Fallopian and Ovarian Tube Agenesis

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Abstract

Absence of one mullerian duct results in a unicornuate uterus with only one fallopian tube. Torsion of sufficient degree to arrest uterine circulation and produce an acute abdominal catastrophe is rare. We report a case of fallopian and ovarian tube agenesis with torsion of uterus. This combination of abnormalities has never been reported.

Case Report

We report a pregnant case of a 30 year old gravida 7, para 3 with four second trimester abortions admitted in the emergency at 36 weeks pregnancy with pain in abdomen. The patient was residing in remote area of kumaon hills with no antenatal care in any of the pregnancies. She gave history of 2 term deliveries by "dai" at home. She gives history of four spontaneous second trimester abortions at 3½ months, and 4 months. In this pregnancy she was referred as an unbooked uninvestigated case of term pregnancy in labour. Abdominal examination revealed term sized tender uterus with transverse lie and irregular fetal heart rate. Per vaginal examination revealed four cm dilated cervix with hand prolapsed and thick meconium stained liquor. Laboratory tests were normal. She was taken for emergency caesarean section for foetal distress. Laparotomy revealed unicornuate uterus with ipsilateral ovary and fallopian tube. There was marked torsion of the uterus with infundibulopelvic ligament found in the midline. The left ovary was absent. A 2.5 kg baby was delivered as breech by giving an incision in posterolateral wall of uterus. Torsion was corrected after uterine repair. Patient's postoperative recovery was uneventful. Postop ultrasound also revealed absence of left ovary and bilateral normal kidneys [1-3].

Discussion

The literature revealed very few cases of unicornuate uterus with unilateral ovarian agenesis but association with torsion has never been reported. There are two hypotheses explaining the absence of one or both adnexa, mechanical hypothesis i.e. asymptomatic torsion of both fallopian tubes and ovary with consequent organ ischaemia and embryological hypothesis based on congenital absence of the adnexa. Certain maternal irregular body movements or posture and positions may help trigger the rotation of a uterus with preexisting structural pathology and intrinsic pelvic pathology is found in 66 percent of cases of uterine torsion. Nicholson et al. [1] reported that the accuracy of an antepartum diagnosis can be improved with MRI and identification of X sign i.e. with torsion of the uterus and upper vagina; the vagina appears as an X shaped structure.

Dueck [2] and others present an unusual case of Unilateral Ovarian Agenesis associated with fallopian tube agenesis discovered incidentally during a laparotomy.

Demir [3] found in their study that association of mullerian anomalies with concomitant gonadal development was very rare. Intra-abdominal exploration, Intravenous pyelography, post-operative abdominal and transvaginal ultrasonography can be done to reveal additional gynaecological, renal and urinary tract anomalies. Rapisarda [4] and others reported this entity as uncommon. Uckuyu [5] reported

4 unusual cases of unilateral ovarian and partial tubal absence in their study [4-6].

Uterine torsion is a rare complication of pregnancy and obstetricians should keep in mind this complication when performing a caesarean section with abnormal presentation of the foetus, adhesions, uterine myomas or uterine abnormalities.

To the best of our knowledge this case is unique since the incidental diagnosis of torsion of unicornuate uterus with absent ipsilateral ovary and fallopian tube was made during caesarean delivery.

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