



NEGLECTED INVERSION UTERUS WITH MYIASIS

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ABSTRACT

Uterine inversion is a rare complication of vaginal delivery which if not recognized and treated immediately, can lead to life-threatening bleeding and shock. Myiasis is a parasitic infestation caused by the larvae of several fly species. The location of this infestation at the inversion uterus area is, however, an extremely rare occurrence. The authors present one case of myiasis of inverted uterus. We report a case of a 30 year-, P3L3 lady with myiasis of inverted uterus admitted in the department of obstetrics and gynecology at NIMS hospital.

KEYWORDS: Myiasis of inverted uterus, puerperal inversion, shock, neglect.

INTRODUCTION

Uterine inversion is a rare complication of vaginal delivery which if not recognized and treated immediately, can lead to life-threatening bleeding and shock. The reported incidence of uterine inversion varies from approximately 1 in 550 to 1 in several thousand deliveries [1-4]. Maternal mortality has been reported to be as high as 15 % [1-3]. Its presentation can vary from acute to chronic forms. Chronic form manifests gradually during puerperium. If left uncared for in poor hygienic condition can lead to sepsis and even myiasis as we report one case.

CASE REPORT

The case is a 30 year-, P3L3 lady belonging to low socioeconomic status with myiasis of inverted uterus admitted in the department of obstetrics and gynecology at NIMS hospital. Patient delivered 4 weeks back; home delivery conducted by untrained birth attendant ("Dai") in very unhygienic condition. Full term alive female child was delivered. Third stage was mismanaged and patient gave a history of retained placenta and PPH with something coming out per vagina and lot of pain abdomen. Patient gave a history of forceful cord traction by birth attendant following which placenta was removed outside. Then patient complained of high grade fever for last 5-6 days with foul smelling discharge and something coming out per vaginum

On examination

Patient was cooperative well oriented to time place and person, apprehensive, thin built, poor nutrition, dehydrated, anemic with toxic look, She was febrile with temp of 103 °F, P/R was 106/min feeble, thready, regular in right radial artery, BP was 80/60 mm Hg in right arm in supine position.
On Systemic examination
CNS: Higher mental functions were intact
Respiratory: B/L normal vesicular breath sounds
CVS: S1, S2 Heard
P/A: soft, no organomegaly

Tenderness, guarding present in lower abdomen

L/E: foul smelling discharge present with presence of hemorrhagic mass (inverted uterus) with sloughing, congested and studded with maggots

P/V: digital examination with index finger posterior to mass identifying cervical rim high up posterior to symphysis pubis.

Patient was admitted and investigated. Her Hb was 5.6 gm %3 unit whole blood was transfused and two unit packed cell was transfused. Broad spectrum antibiotics was started. And later culture sensitive antibiotics were started. Dressing done with saline x 2days, on 3rd day onwards dressing with diluted turpentine oil in saline twice a day and maggots were removed. This was done for 12 days till no maggots were noticed and as soon she was free of maggots, Haultain procedure was done after all PAC investigations and written informed consent. Postoperative period was uneventful and patient was discharged on tenth day.

DISCUSSION

The puerperal uterine inversion is a rare complication of the third stage of labour. It is defined as the turning of the uterus inside out, usually following child birth. It is classified according to the delay between the delivery and the diagnosis of the uterine inversion as acute, sub-acute and chronic inversion. The mechanism of the uterine inversion is not completely understood. Some extrinsic factors such as oxytocic arrest after a prolonged labour, umbilical cord traction or abdominal expression have been cited as a cause by few authors [5,6]. While intrinsic risk factors such as primiparity, pauciparity [1,5,7] uterine hypotonia secondary to twin pregnancy, fundal implantation or placenta accreta, crede's method of placenta removal and short umbilical cord [7,8] has also been reported. Clinical diagnosis of uterine inversion is difficult unless the fundal depression can be palpated on rectal examination. Sometimes its presence may not be appreciated until the time of surgery [9]. In our case, acute uterine inversion which was ignored and was left uncared

for. Probable cause is social stigma of bearing 3rd girl child, ignorance, bad compliance, poor socioeconomic status leading to uterine infection and secondary post partum haemorrhage and myiasis.

Myiasis defined as a disease caused by the infestation of body tissues by larvae of several fly species of veterinary and medical interest. This disease occurs predominantly in rural areas, and is associated with poor hygienic practices, low educational level, and children.

Adult flies capture other insects and deposit 10-50 eggs on them. The vector in turn bites the host; the larvae, sensing the increase in temperature, immediately detach themselves and quickly burrow into subcutaneous tissues. There they feed and grow for approximately 6-8 weeks. The larvae emerge on maturity, fall to the ground, and pupate into adult flies^[10]. As the larvae grow, a subcutaneous mass becomes evident. A pore, called a punctum, is present in the centre of the mass and is used for ventilation and excretion of waste. Serosanguinous fluid can be expressed and a sudden paroxysmal episode of severe, sharp pain is usual^[11]. For obvious reasons the infestations have a predilection for exposed surfaces.

The diagnosis is confirmed by the extraction of the larvae. The most important complications in man are bacterial superinfection (cellulitis, abscess formation, osteomyelitis) and tetanus. Treatment involves removal of all larvae in their entirety; any remnant may provoke an inflammatory response. The successful use of an occlusive dressing in combination with manual extraction has been described in the literature. The use of topical or oral ivermectin to treat severe cases of myiasis has been published. The use of this molecule paralyzes and then kills the larvae. This allows rapid alleviation of pain and makes the extraction of the larvae easier^[12]. Shaunik A *et al.* reported a case of 76 year old, Pelvic organ myiasis and concluded decreased physical and mental capabilities due to old age and poor care by health providers can lead to maggot infestation of prolapsed pelvic organs^[13].

Reminding patients of simple hygienic measures, and the importance of safe hospital delivery, may prevent the occurrence of diseases like the one we described. The patients referred to in this article had very poor hygienic habits, abandoned at home due to delivering third female child. Undue cord traction in cases of retained placenta in septic conditions caused inversion uterus which when left uncared for led to sepsis and myiasis. In our opinion, the fly that deposited ova on their genital regions was attracted by the odor caused by a lack of proper hygiene and inverted uterus. Because they were not being removed by local cleansing, the larvae grew and led to the inflammatory process and patient did not seek medical care on time^[14]. One may speculate that the patients did not use sanitary pads and wear underwear while sleeping or perhaps the inverted uterus made using underwear uncomfortable. The patient in this case had a low educational background and showed difficulty expressing herself and communicating with the medical staff. The patient also seemed unaware of the responsibilities associated with delivery.

CONCLUSION

Myiasis of inverted uterus occurs rarely, and is a consequence of the fact that most of these patients don't seek medical care and take proper hygienic measures. We conclude that proper education and training regarding placental delivery, diagnosis and management of uterine inversion should be given to traditional birth attendants and family physicians, so that this potentially life-threatening condition can be prevented. Unfortunately despite lot of efforts done by Government of India providing Janani Suraksha Yojana scheme, patients are still ignorant about health and are trapped by untrained persons. We can only hope the government schemes reach out to these people.

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