

Uterine Reconstruction Following Vehicular Accident in 1 ½ Year Old Patient: A Rare Case

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Abstract

Introduction: Uterine injuries following road traffic accidents are very rare and isolated and in the paediatric age group are even rarer. **Case Report:** The patient, an 18 month old female child was referred to our hospital in the casualty with history of being run over by the rear wheel of a tractor 11 hours prior to admission. She was admitted with haemoperitoneum due to uterine transection. Reparative surgery was done. **Discussion:** Complete transection of uterus as a sole cause of haemoperitoneum in a road traffic accident has not been reported. Successful conservative surgery for the same has also not been reported in medical literature. It is our opinion that the good collateral circulation of the uterus and the presence of vital tissue after 16 hours of injury tipped the balance in favor of attempting conservative surgery with the principles of micro-surgery in mind.

Keywords: Haemoperitoneum, Uterine Injury

1. Introduction

Uterine injuries following road traffic accidents are very rare and isolated and in the paediatric age group are even rarer.

2. Case Report

The patient, an 18 month old female child was referred to our hospital in the casualty with history of being run over by the rear wheel of a tractor 11 hours prior to admission. She was admitted with H/O Per vaginal, per rectal & per urethral bleeding. She had no history of head injury, loss of consciousness, convulsions. She was fully immunized and had achieved proper milestones.

On examination she had a pulse of 140 bpm, tachypnoea (RR = 40) and pallor.

Per abdomen, tenderness all over the abdomen, on P R there were blood stained stools.

On investigation, Hemoglobin was 4.4Gm%, TC: 15100 c/cmm, USG: mild to moderate free fluid in abdomen. Radiograph: fracture of left superior and inferior pubic rami, right superior pubic rami and right sided sacroiliac disarticulation.

The provisional diagnosis of haemoperitoneum was made along with her fractures.

The patient received antibiotic prophylaxis and a whole blood transfusion (150 ml). After she was hemodynamically stable she was posted for Emergency exploratory laparotomy under general anesthesia about 16 hours after the accident had occurred.

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On laparotomy, haemoperitoneum was found (about 300-400 ml). On draining the haemoperitoneum and removal of blood clots the uterus (3cm x2cm x1cm) was found to be transected just above the cervix. Both the uterine arteries were found to be cut. The rent extended bilaterally into the broad ligament on both anterior and posterior surfaces. Cut surfaces of the uterus and the cervix were vital and showing some amount of oozing of blood. The decision of conservation of uterus was made in view of the age of the patient, vitality of stumps of cervix and body of uterus, collateral circulation of the uterus and the good prognosis of the patient (in the absence of any other life threatening injury).

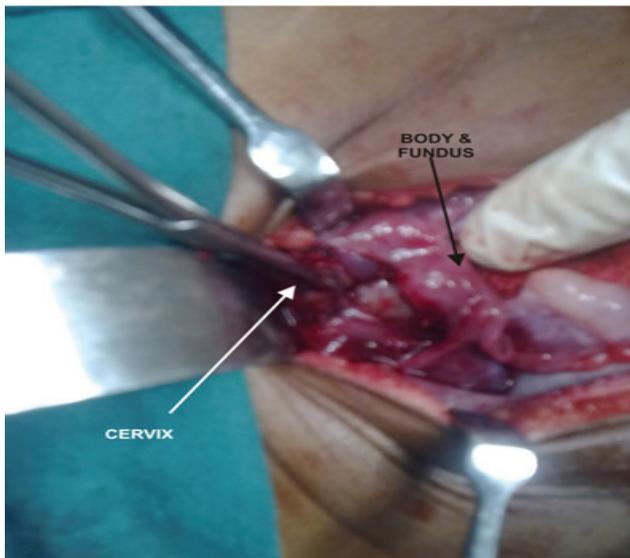


Figure 1. Cervix.

Both the transected uterine arteries were ligated with 3-0 vicryl. The utero-vesicle fold of peritoneum was

dissected from the cervical stump. After probing the cervical canal four full thickness sub mucosal sutures were taken at 12, 3, 6 and 9 O'clock positions with 5-0 vicryl. Four approximation sutures were taken in between and tied. The rent in the broad ligament was sutured in two layers (anterior and posterior). U-V fold of peritoneum was closed. Absolute hemostasis was achieved. A small serosal tear over the sigmoid colon was repaired. An intra peritoneal drain was kept.

The patient received routine antibiotic prophylaxis and was given 2 whole blood transfusions.

The patient did not show signs or symptoms of ischemic pain in the post op period. The drain was removed on the 8th post op day after being dry for 4 days. Her fractures were treated conservatively. The patient was discharged on the 12th post op day in good health.

3. Discussion

Complete trans-section of uterus as a sole cause of hemoperitoneum in a road traffic accident has not been reported. Successful conservative surgery for the same has also not been reported in medical literature. It is our opinion that the good collateral circulation of the uterus and the presence of vital tissue after 16 hours of injury tipped the balance in favour of attempting conservative surgery with the principles of micro-surgery in mind.

4. References

No references to similar cases were found in medical literature or peer reviewed journals.