Womb with a View: Turning the Tables on Uterine Inversion & Takotsubo Cardiomyopathy

Jordan Abrams, MD Shubhika Jain, MD Pervez Sultan, MBChB

Background

Uterine Inversion is prolapse of the uterus through dilated cervix; associated with PPH

Tx: Tocolyis and Replacement (manual vs. surgical)

Once the uterus is replaced → Uterotonics + HD support

Takotsubo = Stress Induced Cardiomyopathy (SIC)

SIC is LV dysfunction without coronary ischemia
LV ballooning/dilation may or may not be present

SIC caused by emotional or physical stress (eg, PPH)

Case Presentation

37 year-old G2P1 admitted for IOL at 39w

Prolonged labor course (48h) augmented with Pitocin
→ SVD complicated by retained placenta

Extraction of placenta → Uterine Inversion → LDR to OR

PPH (2.5L) → Art line, Transfusion, TTE

Uterus reduced, JADA placed, Perineal lac repaired

Transient sympathetic surge followed by refractory hypotension resistant to epinephrine boluses

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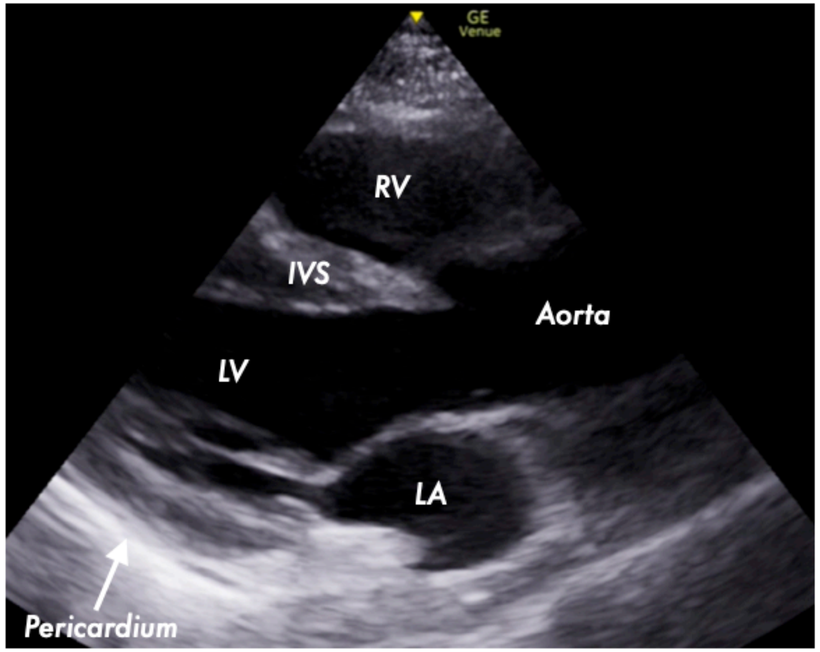
Repeat TTE: Dilated LV, Hypokinesis & diminished systolic function compared with scan 20 min prior

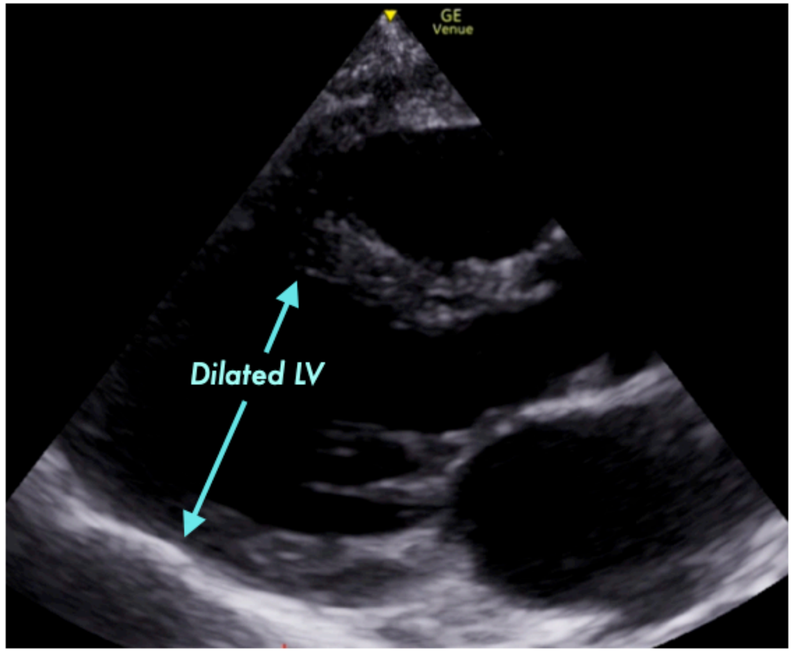
EKG NSR, PAP 24/15, CVP 5
No evidence of R heart dysfunction

DDx: PPCM vs SIC vs SCAD
Inotropic support/Afterload reduction

PLAX: Patient HDS



PLAX: Patient acutely hypotensive



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Discussion

Multidisciplinary communication is vital for timely management of obstetric emergencies

Low threshold to transfer unstable patients from LDR to OR

Uterine inversion risk factors: Prolonged oxytocin use, Multiparity, Adherent placenta (accreta spectrum)

Tocolytics assist in reducing uterine inversion

Uterotonics help to reduce blood loss upon replacement

Consider early bedside U/S for any hemodynamic instability intrapartum or postpartum (TTE or FAST)

Ischemic (ACS or SCAD) & Non-ischemic (PPCM or SIC) etiologies should be considered for the DDx of peripartum cardiogenic shock.

Long term management is nuanced; patients should follow with MFM and Cardiology for counseling

Garg, H., et al. JOACC, 2023. 13(2): 142-159 Oindi FM, et al. *BMC Preg Child*, 2019. 19(1): 89

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