

**Introduction-** Uterine inversion is when the uterine fundus descends to or through the cervix to turn the uterus inside out. Chronic uterine inversion, where the uterus remains inverted for an extended period, is very rare representing about one-sixth of all inversions, and is often associated with uterine pathology such as endometrial polyp, leiomyosarcoma, rhabdomyosarcoma and endometrial carcinoma. Chronic uterine inversion can present with symptoms such as abnormal vaginal bleeding, pelvic pain, and a sensation of vaginal bulging, but it is often confused with pelvic organ prolapse[1]. This case report discusses the diagnostic challenges and surgical management of chronic non-puerperal uterine inversion in a 64-year-old woman.

**Objective-** To report an unusual case of Chronic inversion of uterus with submucous fibroid polyp presenting in a postmenopausal woman

**Case Operation Procedure-** A 64-year-old postmenopausal woman presented with chronic pelvic discomfort and irregular bleeding. Examination revealed an oedematous, congested mass protruding from the vaginal introitus, with ultrasound confirming uterine inversion. Surgery revealed a classic "flowerpot" appearance, with ligaments and ovaries entering the fundal dimple. Through an anterior incision, the inverted uterus was repositioned, and a hysterectomy with fundal fibroid removal was performed successfully. The challenging procedure restored anatomy and resolved the patient's symptoms.



**Discussion-** Chronic uterine inversion, often caused by uterine leiomyomas, presents with nonspecific symptoms and requires early diagnosis to prevent complications. Imaging aids in assessment, and surgery is essential. Techniques like Huntington, Haultain, or hysterectomy, depending on the case, ensure effective management, avoiding injury to critical organs during repositioning or removal.

**Conclusion-** Chronic uterine inversion, a rare and challenging condition, can lead to significant morbidity if untreated. This case emphasizes its consideration in postmenopausal women with chronic pelvic symptoms, especially after complicated deliveries. Diagnosis relies on clinical examination and imaging, while surgical management ensures effective, long-term symptom resolution.

#### Reference-

1. Asefa E, Abdulhay F, Dhugasa D. Chronic Uterine Inversion in 54 Year Old Woman: Case Report. International Medical Case Reports Journal. 2023 Sep; Volume 16:627–31.
2. J. Durairaj, Rani R, P. Shyjus. A rare case report of chronic uterine inversion due to placental polyp. Journal of Obstetrics and Gynaecology. 2011 Jan 1;31(1):92–3.

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