THE WONDERS OF THE UTERUS

Having recently written of obstetrical mythology, I was ready to write of gynecologic mythology when a news article of September 20th popped up on the internet discussing a woman who had two uteri that gave birth to twins. I felt that this probably caused so much confusion and disbelief that it was time to educate about this organ from whence we all came. First I must address a question pertinent to the last article from fellow writer Debbie Hough. I had told her at the time of one her deliveries that a low barometer is associated with rupture of the bag of waters. Not a myth: if the barometer is low then it is possible that the pressure of the bag of waters will exceed that of atmospheric pressure and the water can break. There is some evidence that there are more labor patients when storms are coming through. But, now on to the uterus. The ancients, probably from embalming techniques knew of the existence of the uterus and that fetuses developed therein. In the temple of Karnak in Egypt that goes back to 2500 B.C. there is a hieroglyph that depicts the uterus and instruments similar to what we use today in difficult births. The Egyptian symbol for fertility is the "ankh" that roughly resembles the pear shaped uterus. To understand how a woman can have two uteruses (uteri) a quick lesson in embryology: the uterus is formed in a female fetus when two tubes called Mullerian ducts merge and form one uterus and one cervix. If this process goes wrong and the merger does not occur completely then there can be two uteri and two cervices, a heart shaped uterus, or a uterus with a septum. It is not rare, called Rokitansky's syndrome and is found in roughly 1/200 in some shape or form. Two separate uteri can grow in pregnancy to normal size and if there were two eggs fertilized there could be a 1 in 5 million chance of a twin in each separate uterus. This amazing organ made of smooth muscle can grow to enormous sizes (think of the "octomom") but upon delivery can shrink back down almost immediately to that of a twenty week pregnancy and over eight weeks back to normal size. Nursing and the hormones that are necessary to nurse enhance this process. Infection can delay it. The blood flow through a pregnant uterus is over one quart/minute so it is no wonder that the leading cause of maternal death is uncontrolled bleeding if not recognized and treated as an emergency. Most women do know and understand that the uterine lining changes over the course of the month due to ovulatory hormones and when no pregnancy occurs the lining is shed as periodic bleeding (menses). This usually begins at around age 12 and ceases at age 46 but can go on for as long as 58 years. Beyond this age, there is a definite problem if menstrual bleeding continues. So much for normal. The abnormalities are as incredible as the changes of pregnancy and include fibroids (muscle tumors) that can cause pressure, backache, bleeding and infertility; precancer and cancer of the uterine lining; endometriosis where the lining of the uterus is found outside of the uterus and can cause disabling pain and infertility. A"tipped uterus" is found in one in five women and contrary to "wives' tales" does not cause infertility and untips during pregnancy and goes back to the original position after delivery. In the past the treatment for most of these conditions (when childbearing was complete or the pain intolerable) was abdominal hysterectomy. Now this can be done with a scope through the belly button and vaginal removal as a same day surgery. Heavy bleeding can be controlled through hormones or new drugs that decrease bleeding by changing the clotting mechanism. Two popular methods to control bleeding in the absence of cancer and fibroids are the use of

progesterone releasing intrauterine devices and/or the ablation (bringing to high temperature to actually cook the lining into disuse) with hot water through a balloon or with electrical impedance- both done as outpatient procedures with rapid return to the workplace. As providers in women's health care we are well aware of the emotional and psychological trauma that a woman experiences upon the loss of child bearing potential—our counseling addresses this. I would be remiss if I did not discuss that the Greek word for uterus is "hysteros" –which is how our word "hysteria" is derived. They (the Greeks) believed that by removing the uterus the perceived hysteria from premenstrual tension would be relieved, hence the term. Most hormonal fluctuations are from the ovaries but a woman who is in pain or bleeding interminably from a uterine condition certainly feels better upon removal of this organ. Hysteria is not an appropriate term to describe crippling pathology nor is it apt to tell a woman that "pain is in her head". Only the person experiencing pain can determine the degree to which it needs to be addressed.