Introduction
Uterine inversion is a condition in which the uterus turns inside out with prolapse of the fundus through the cervix. It is classified as acute or chronic; puerperal or non-puerperal. Chronic inversion may follow an incomplete obstetric inversion that went undetected or left neglected.

Case Presentation
This is a case of a 35 year old G2P2(2002) who presented with profuse vaginal bleeding and pelvic pain complicated with severe anemia. She had a history of postpartum haemorrhage due to a cervical laceration four years ago. Ultrasound was done twice within the four years and was diagnosed with retroverted with adenomyosis. She was managed as a case of heavy menstrual bleeding. The uterine inversion was not clinically manifested at the time of admission but was diagnosed by ultrasound. The patient was managed surgically using Haultain’s procedure for the repositioning of the uterus with hysterectomy. There was no gynecologic pathology noted intraoperatively nor by histopathology.

Conclusion
The diagnosis of non-puerperal uterine inversion in a setting where no pathologic masses are present is often difficult and challenging. Clinical presentations may vary and the clinician may come up with the correct diagnosis with the help of ancillary imaging and high index of suspicion. Operator expertise is also extremely important.

This case is undeniably a rare case of chronic puerperal inversion in a non-puerperal setting presenting as a gynecologic emergency and promptly diagnosed by ultrasonography.