

REPORT OF A CASE OF RUPTURE OF THE UTERUS WITH UNUSUAL SYMPTOMS

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The following is an account of a rare case of rupture of the uterus in a normal multiparous woman before the onset of labour.

Mrs. Sankari, a 7th gravida, aged 37, was admitted into the S.A.T. Hospital on 16-8-1954 under me with the history of nine months' amenorrhoea and profuse vaginal bleeding for the last 3 days. After the bleeding started she took to bed. She had pain in the flanks and back at the same time.

She was taken to a nearby hospital before she was advised to go to this hospital with the diagnosis of "placenta praevia". She was not examined internally.

Previous pregnancies and deliveries were all natural. Last child was born 2½ years ago. On admission she was rather pale and was complaining of slight abdominal discomfort, pulse rate being 104 per minute with a fair volume and tension, temperature 99.6°F., and a respiration rate of 22 per minute. She had a B.P. of 124/84 and a haemoglobin percentage of 50.

Local examination revealed the abdomen to be protuberant, immobile, hard, like a board, and extremely tender on palpation. Foetal parts could not be made out and foetal heart was absent. There was no relaxation of the uterus. Bladder was found distended. There was no bleeding per vaginam.

The above findings suggested the diagnosis of a mixed type of accidental haemorrhage (concealed and revealed). She was given an injection of 1/4 grain of morphia hypodermically and her condition was watched carefully.

Patient had restful sleep for five hours. She was complaining of continuous abdominal pain. The pulse rate and temperature were found steadily rising and had risen to 142 and 101°F. The pulse was rapid and feeble even though there was no external bleeding. No further change in the local condition was observed on examination.

As the general condition of the patient was deteriorating, it was decided to deliver her abdominally under local anaesthesia. Vaginal examination done before the operation on the operation table revealed the cervix taken up and dilated one-fifth. A piece of tissue with placenta was felt hanging on the right side. There was no bleeding on examination. When the blood pressure was found to be 120/80, she was operated under spinal anaesthesia.

The operation revealed quite an unexpected condition. About 2 pints of dark fluid blood gushed out on opening the peritoneum. The parietal peritoneum was found congested. The uterus of the size of 20 weeks' pregnancy was seen occupying the suprapubic region. The foetus and placenta were lying free in the abdominal cavity just above the empty uterus. The membranes covering the foetus seemed to be intact. The foetus and placenta were removed after rupturing the membranes. A complete vertical laceration extending into the body of the uterus was seen on the right side of the uterus. The laceration had torn the uterine vessels. The right broad ligament was also found torn right up to the infundibulo-pelvic ligament. It was rather difficult to identify the infundibulo-pelvic ligament to clamp the ovarian

vessels. The whole of the uterus was removed with the right appendages. (Total hysterectomy with right salpingo-oophorectomy). Even though she had a transfusion of 700 c.c. of blood, her condition at the end of the operation was not satisfactory.

The specimen showed a complete vertical laceration involving the upper part of the cervix, lower segment and the body of the uterus.

In spite of her poor condition at the end of the operation, she rallied remarkably and had an uneventful recovery with

penicillin treatment, and was discharged after 3 weeks.

The possibility in this case is that the woman had a ruptured uterus 3 days before with the involvement of the uterine vessels in the laceration. This accounts for the profuse vaginal bleeding. The rigidity and tenderness of the abdominal wall with the congested condition of the viscera and parietal peritoneum suggest the development of general peritonitis. One is still in the dark how a normal uterus could rupture even before she got into labour.

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