SPONTANEOUS RUPTURE OF AN UTERUS DURING MID-PREGNANCY

(A Case Report)

by

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Spontaneous rupture of an apparently normal uterus is an extremely rare phenomenon. Only isolated cases of rupture of an intact uterus during pregnancy have been reported in medical literature following previous curettage or manual removal of placenta.

Following is a case report of a patient who had spontaneous rupture of uterus during pregnancy with a history of curettage two years ago for incomplete abortion.

CASE REPORT

Mrs. Z. aged 24 years, 3rd gravida was admitted on 16-8-1973 at 1.55 A.M. with complaints of amenorrhoea of about 5 months. Patient had one vomit an hour ago and after that developed acute pain in abdomen and backache. She had slight bleeding per vaginam following which she collapsed.

Menstrual History:

Menarche 12 years; menstrual cycles were normal 3-4/30 days, average flow, exact date of last menstrual period was not known.

Obstetric History:

1st full term normal delivery 3 years ago, female child alive. 2nd abortion of 5 months two years ago; had evacuation done in the same hospital.

On Admission:

Patient's general condition was poor. Patient looked pale, tongue moist, pulse 110 per minute, feeble, respirations were 30 per minute, B.P. 70 mm of Hg systolic, Anaemia ++, Hb 7.4 gm% Urine-albumin & Sugar—Nil.

On abdominal examination the height of fundus corresponded to 24 to 26 weeks of pregnancy, foetal parts were felt superficially. Abdomen was tense and tender. There was dullness in both the flanks. Foetal heart was absent.

On vaginal examination the cervix was not taken up. External os admitted tip of a finger. Internal os was closed. The presenting part was high up. Fresh bleeding was present on examining finger. A diagnosis of rupture of uterus was made. Resuscitative measure was started i.e. I.V. drip. Injection Morphia ¼ gr. by intramuscular route given. One unit of blood was given before patient was taken for laparotomy.

Under Gas, Oxygen and ether anaesthesia abdomen was opened by median subumbilical incision. There was plenty of blood in the abdomial cavity. Half of the foetus was lying outside the uterus. A dead female foetus weighing 2½ lbs. was removed and the uterus was inspected for site of rupture. There was a clean cut longitudinal complete rupture of the uterus on the posterior surface running from just below the fundus upto just above the internal os. Blood pressure of the patient became unrecordable during operation, vasopressors and decadron were given, the blood was already going. The rent in the uterine wall was stitched in layers. The patient could not be revived, she died just before the abdomen was closed.

Discussion

In this case the history of the patient is very striking. The patient was alright

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till she had a vomit which may be due to indigestion and after that suddenly she developed backache, pain in the abdomen, vaginal bleeding and later collapsed. It seems that vomiting triggered the process of rupture of the uterus. The possible cause of spontaneous rupture of the uterus in midpregnancy in this case was perforation or over curettage of the uterus during previous abortion two years ago, which was not diagnosed at that time as it might have not given any clinical symptoms. Later, healing of the area with fibrous tissue occurred leading to formation of a potentially weak area which could not withstand the strain of advancing pregnancy, and the indirect strain of vomiting initiated the process of rupture, but is not likely to increase intrauterine pressure.

In some cases advancing age and parity of the patient is the explanation for weakness of uterine musculature; individual proneness and inherent weakness of uterine wall is another explanation where there is no history of previous injury.

The rupture of the posterior wall of uterus is quite rare. Narayana Rao (1964) reported 2 such cases in 60 cases of rupture of uterus. Rendle short (1961) had a case in his series and 3 cases were noted by Chowdhary.

Comments

According to Herman (1898) rupture of uterus during pregnancy before labour is rare. Previous traumatization of the uterus is the main causative factor for spontaneous rupture of uterus during pregnancy (Anderson, 1929; Fletcher, 1935). According to Munrokerr (1964) energetic curettage of puerperal uterus or the manual removal of very adherent placenta at previous parturition is responsible for rupture.

Fletcher (1935) described a case of spontaneous rupture of uterus during previous curettage.

Rendell (1926) reported a case of rupture in whom operative interference was done in previous two miscarriages.

In the case of Anderson (1941) rupture of uterus occured in mid-pregnancy. The patient had history of difficult manual removal of placenta in previous pregnancy, producing a scar in uterus which gave way with advancing pregnancy. Patel and Parikh (1960) and Das Gupta (1956) also reported a similar case.

Kamla Achari (1965) also reported a case of rupture of uterus after previous curettage.

Subhadra Devi (1962) reported a case of spontaneous rupture that occured at 34 weeks of pregnancy before labour in whom a criminal abortion was attempted in early months.

In this reported case the cause was previous curettage which left a weak spot in the wall of the uterus and thinning became marked with advancing pregnancy and it yielded when there was strain of vomiting.

Summary

A case of spontaneous rupture of posterior wall of uterus is reported.

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