

# SPONTANEOUS FUNDAL RUPTURE OF UTERUS OF OBSCURE ETIOLOGY

(A Case Report)

by

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Spontaneous rupture of the pregnant uterus in the absence of obstructed labour or scar of previous surgery, is an uncommon occurrence. One such case is reported here.

## Case Report

Mrs. S. D. aged 25 years, P2 + 1, gravida 4 was admitted to Ispat General Hospital, Rourkela on 4-6-'77 at 10.10 A.M. in a collapsed condition. She was nearly term pregnant and had experienced acute right sided abdominal pain about 2 hours prior to admission.

On examination patient was extremely pale, restless, dyspnoeic and unable to answer questions. Pulse was thready, 160/min. Systolic blood pressure was 60 mm. of Hg. and respirations 60/min. The uterus was about 34 weeks' size, its right and upper border could not be defined because of extreme tenderness. Foetal parts were not palpable superficially, vertex was presenting, foetal heart sounds were absent. There was no vaginal bleeding. On vaginal examination cervix was not taken up. On admitted one finger, membranes were intact with vertex at brim.

Intraperitoneal haemorrhage and concealed accidental haemorrhage were considered in the differential diagnosis. A.R.M. was done, clear liquor mixed with fresh blood was obtained. Frank blood was obtained by peritoneal tap on the right side. Resuscitative measures including blood transfusion were started. As soon as systolic B.P. rose to 90 mm. Hg. laparotomy was carried out under local anaesthesia supplemented by Ketalar.

The peritoneal cavity contained a massive amount of blood and clots. There was a rent at the fundus of the uterus extending from the right cornu to about 1 in. from the left cornu. Intact amniotic sac partly covered by placenta was protruding through the opening. The foetus and most of the placenta were still within the uterus. A fresh stillborn male foetus weighing 2700 gms. was extracted. Placenta could be removed easily as it was not adherent to the uterine wall. The rent was closed rapidly and tubal ligation done. The uterus contracted after I.V. ergometrine. Abdomen was closed after removing as much blood and clot as possible.

Postoperatively acidosis and anaemia required correction. Patient was discharged on 20-6-'77 in good condition.

## Discussion

The site for spontaneous rupture is usually at the fundus of the uterus as was found in this patient also. Had the foetus and placenta been expelled quickly she might not have bled so profusely.

Since no other apparent cause for rupture could be found it is possible that acquired weakness of uterine musculature was responsible for it. As suggested by Menon (1962) malnutrition and protein deficiency might have been an aetiological factor.

## Summary

A case of spontaneous rupture of the uterus in late pregnancy has been reported. Nutritional factors as suggested by

