SPONTANEOUS RUPTURE OF AN UTERUS IN MID PREGNANCY

(Case Report with Review of Literature)

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Rupture of the uterus, is one of the most serious accidents which can befall a woman during pregnancy. It usually presents as an acute episode and carries a high maternal and perinatal mortality. But in still rarer cases the symptoms are minimal and patient seeks advice even some days and months after the accident, such cases have been described as "Occult" or "Silent" rupture and these are very difficult to diagnose. The present case is an example of 'Occult' rupture of an intact uterus during mid pregnancy.

CASE REPORT

Mrs. K., Aged 30 years, 3rd gravida was admitted on 8-7-76 in U.I.S.E. Maternity Hospital, G.S.V.M. Medical College, Kanpur with the complaints of 5 months amenorrhoea. She was willing for medical termination of pregnancy.

Her menstrual cycles have been always regular. Exact date of last menstrual period was not known:

Obstetrical history revealed that she had 2 previous normal full term deliveries. Last delivery was 2½ yrs. ago. She gave no history of abortions, or uterine currettage in the past. No third stage complications and obvious history of puerperal sepsis after the previous deliveries was obtained.

On admission the general condition of the patient was fair, pulse 100/min., temp. 98.4°F., B.P. 100/72 mm. Hg. Anaemia-present, HB-8 gm%. On abdominal examination fundal height was 20 weeks of pregnancy.

Investigations

Hb. 6 gm%, RBC 1.8 million/cum. mm., TLC 9850/cub. mm., DLC: polymorphs 70%, lymphocytes 28%, eosinophil 2%, Urine for sugar and Albumin-Nil, Urine Microscopic exam-NAD, Blood Group A Rh+ve, Stool exam-NAD.

As she was anaemic parenteral iron was started. After 3 days of her admission one morning patient complained of some abdominal discomfort. On examination she had more pallor, pulse rose to 120/min., temp. 98.4°F., BP fell to 90/70 mm. Hg. On abdominal examination there was generalised distension of abdomen. It was tense tender, fundal height indistinct. Foetal parts were not felt distinctly. She was prepared for immediate laparotomy with blood transfusion.

Operation Notes

On 10-7-76 under general anaesthesia, abdomen was opened by right paramedian incision. Peritoneal cavity was found full of fresh blood and whole of the foetus with cord and placenta was lying in the peritoneal cavity which was taken out. There was an irregular transverse rent at the fundus of the uterus extending from one cornu to the other and fresh blood was oozing from the margins of the rent. Uterus was well contracted, no myometral thining was seen at the site of rupture. Patient became very low during operation, 2 units of blood were transfused. Repair of the rent and ligation was done. After maintaining complete haemostasis

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Accepted for publication on 22-8-77.

abdomen was closed in layers. The postoperative period was uneventful.

Discussion

In the present case the cause was not ascertainable as no previous history of trauma or infection was obtained. There was no thinning, fibrosis or weakness at the site of rupture. Similar cases have been reported by Mahtouz (1932) Vaish (1971), Kasturi Lal (1973), Randhava (1976).

In cases where no evidence of previous injury is obtained the degenerative changes occurring in the uterine wall with increasing age and parity offers possible explanation. Inherent or acquired weakness of uterine musculature as a part of generalised muscle weakness in pregnancy may be causative factor (Kasturi Lal 1973), individual susceptibility is another offered explanation.

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