

SPONTANEOUS RUPTURE OF UTERUS DUE TO PLACENTA PERCRETA

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Placenta percreta (the chorionic villi penetrating through full thickness of the Myometrium) is a rare complication of pregnancy and spontaneous rupture of uterus due to this complication is extremely rare.

This patient presented as a case of full term pregnancy with acute pain in abdomen, due to the rare occurrence of this condition the case is being reported.

CASE REPORT

Mrs. K., 35 years old was admitted in emergency on 20-11-1980 as a case of full term pregnancy with acute abdomen in low general condition.

Obstetric History

Patient had 2 breech still births at home due to arrest of aftercoming head. Last delivery was 3 years back.

The patient was referred from some local hospital, where she was admitted as a case of full term Breech Pregnancy and was for elective Caesarean Section. During her hospital stay there she developed acute pain in abdomen on 18-11-1980 at 7 P.M. and she collapsed. All

resuscitative measures were given, and Cardiogram was also done which was normal, the patient's response to the treatment was not satisfactory, so she was transferred to our hospital on 20-11-1980 at 3-0 P.M.

Patient was in low condition, pulse and blood pressure was not recordable, patient was severely anaemic. Abdomen was very tense and tender, tenderness was more marked over the upper abdomen uterine outline was not well defined.

On vaginal examination, there was no bleeding, Cervix was 3 cms. dilated, soft part was presenting and it was high up.

Bag of fore waters was present, A.R.M. was done and clear liquor came out.

After A.R.M. the tenderness and tenseness of the abdomen was just the same, therefore some intraperitoneal haemorrhage was suspected, and Laparotomy was decided under cover of Blood Transfusion Cortico-steroids and increased dose of noradrenaline.

On opening the abdominal cavity was full of blood clots, clots were removed, on anterior wall of the uterus near the cornual end and there was vertical rupture of about 3". Placental tissue could be seen perforating the uterine wall.

A classical incision was made over the anterior wall of the uterus and live male baby was delivered. Since the whole placenta was abnormally adherent, subtotal hysterectomy was done.

Patient stood operation well and she improved after giving blood. Her post-operative period was uneventful. She was given two bottles of blood transfusion in post operative period, stiches were removed after 10 days and the patient was discharged on 5-12-1980. Baby expired on 22-11-1980 due to severe anaemia.

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Accepted for publication on 10-2-81.

See Fig. on Art Paper III