

COMPLETE RUPTURE OF UTERUS PRESENTING AS PROLAPSE OF THE PLACENTA

(A Case Report)

by

G. PALANICHAMY,* M.D.

Prolapse of the placenta is a rare condition in which there is reversal of the second and third stages of labour. In view of the rarity of this condition, it is recommended that all cases of prolapse of the placenta should be reported. Following author's first report on this subject (Palanichamy, 1976), 3 case reports have appeared in the Journal of Obstetrics and Gynaecology of India (Panigrahi, *et al*, 1978; Murty and Quadros, 1978; and Pal, 1980). It is interesting to note that the 4 cases of prolapse of the placenta so far reported had different interesting clinical features.

In the first case report (Palanichamy, 1976), there was placenta praevia with shoulder presentation and the case was managed by internal podalic version with breech extraction, after removing the prolapsed placenta. In the case reported by Panigrahi, *et al* (1978), the prolapse of the placenta was associated with transverse lie and threatened rupture of uterus. This patient was delivered by caesarean section in view of the tonic uterine contractions. Massive hydramnios with rupture of membranes leading to sudden reduction in the endometrial surface was considered as etiology for the prolapse of

the placenta in the case reported by Murty and Quadros (1978). The baby showed multiple congenital anomalies. Pal (1980) reported a case of prolapse of the placenta with breech presentation associated with uterus bicornis unicollis. In the present report, the prolapse of the placenta was associated with complete spontaneous rupture of the upper segment of intact uterus without any discernible etiological factor.

CASE REPORT

Mrs. S., 25 years, Para 2, Gravida 3, with previous good obstetric history, was admitted in Tirunelveli Medical College Hospital, Tirunelveli on 29-5-1975 at 12.50 A.M., with history of 8 months' amenorrhoea and vaginal bleeding. Her history was as follows: She had painless vaginal bleeding at 12.05 A.M. on 23-5-1975. Labour pains started at 7.00 A.M. The placenta was expelled at home at 3.00 P.M. and pains ceased soon after the placenta was expelled. The patient went to a nearby government hospital, and she was then referred to us for further management. She had no history of antepartum haemorrhage at any time during this pregnancy.

On examination, her pulse was 80 per minute; B.P. was 110/80 mm.Hg., and the patient was pale. Per abdomen, the uterine contour was lost; fetal parts were felt superficially and fetal heart sounds were not present.

On vaginal examination, the cervix was 6 cm dilated. The presenting part was high up. Fresh vaginal bleeding was present. With a provisional diagnosis of complete rupture of uterus with placenta praevia and prolapse of the placenta, laparotomy was done under general anaesthesia.

*Assistant Professor,

Department of Obstetrics and Gynaecology,
Tirunelveli Medical College and Hospital,
Tirunelveli-627 001.

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There was free blood in the peritoneal cavity. A dead male foetus weighing 2.5 kg was removed from the peritoneal cavity. There was complete rupture of uterus of the anterior wall of the upper uterine segment, extending irregularly and obliquely into the right broad ligament. The placental site was in the posterior wall of the lower uterine segment, distinctly away from the site of the rupture. Total hysterectomy was performed and abdomen was closed in layers. The patient received 700 cc of compatible blood transfusion. Baby showed no congenital malformations. Patient had an uneventful post-operative period.

Discussion

This case is reported in view of the following interesting features: The patient had painless antepartum haemorrhage as a result of placenta praevia. After the labour pains were established the placenta lying in the lower uterine segment was expelled. The uterus had ruptured in the

upper segment and the site of rupture was distinctly away from the site of placental implantation. The cause of spontaneous rupture of upper segment of the uterus could not be determined.

Summary

A case of complete rupture of uterus presenting with prolapse of the placenta is reported in view of certain rare interesting features.

References

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