COUVELAIRE UTERUS COMPLICATED BY URETEROCERVICAL FISTULAE

(A Case Report)

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Premature separation of placenta is a grave condition which a obstetrician is often required to deal with. Of all the varities, concealed haemorrhage is the most important and tricky condition, which requires timely diagnosis and management. According to Masani and Parikh (1976), the term "Accidental haemorrhage" was introduced by Rigby in 1976, and "Abruptio placentae" by De Lee. Greenhill (1965) stated that Couvelaire called attention to a special condition "Apoplexia Utero-placentare", and gave typical description of the appearance. Here is report of a case of Couvelaire uterus, where the patient later developed Ureterocervical fistulae.

Case Report:

Smt. M., 30 years, was admitted to Zanana Hospital attached to R.N.T. Medical College, Udaipur on 28-7-78 after being referred from Mandsore District Hospital. There was history of 8 months amenorrhea and vague dull aching pain all over the abdomen since last 4 days. She was admitted to Mandsore Hospital in a collapsed condition 2 days back where her condition recovered after I.V. Fluids and antishock treatment.

Menstrual History: Menarche, 14 years age. Past cycles—normal and regular.

Obstetrical History: She had 4 F.T.N.D., all alive. Fifth, was full term L.S.C.S. at Mandsore Hospital indication of which was not known. L.D. 2 years back.

Condition on Admission:

Pulse 120/min, B.P. 90/60 mm Hg. No oedema, Anaemia ++. Patient looked anxious and very pale.

Abdominal Examination:

There was hernia of previous caesarean scar. The uterus was term size, not aching, very flabby, soft, and tender. Presentation, position could not be made out clearly. F.H.S. was absent.

Vaginal Examination:

The os was closed; presenting part was not clearly made out. There was feeling of a soft, sac like lump through the anterior fornix, and anterior vaginal wall.

The clinical diagnosis was concealed accidental haemorrhage. A ceasarean section was decided.

There was blood stained free fluid in the peritoneal cavity. The uterus was port wine in colour very soft and flabby and it was studied with ecchymotic patches all over. There were also several hematomas in the broad ligament on either side. A S.B. foetus was removed

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by L.S.C.S. There were plenty of retroplacental clots weighing about 1500 gms. Then subtotal hysterectomy was done, as the uterus was not contracting. The incisional hernial sac was excised and repaired. The patient collapsed during operation and 3 units of blood and anti shock treatment was given. She recovered after some time.

Post Operative Period:

She had paralytic ileus on 3rd day, which responded to routine conservative line of treatment. Stitches taken out on 8th day, there was wound sepsis. On about 10th day, she complained of having some urinary discharge per vaginum. Speculum examination revealed drainage of urine through the cervix. A three smab test was done. That revealed a ureterocervical fistula; the same was also confirmed by cystography and IVP.

A T-Tube ureterostomy was done after 3 weeks. The vertical end of the T was kept out and connected to a continuous urosac drainage system. I.V.P. was repeated again after 3 weeks, there were changes of marked hydronephrosis in the right kidney. After giving a course of antibiotics, right sided nephrectomy was done 1 month after the ureterostomy. The P.O. period was uneventful, stiches removed on 8th day—Union was good. Patient was discharged from the hospital after a total stay of 3½ months.

Investigations:

Hb. 7 gm%, BT 4 Min; C.T. 6 mm; C.R.T. 40 mm Serum No. + 154 Meq/L, K + 5 meq/L.

Blood urea (on admission) 13 mg.%, blood urea before ureterostomy 57 mg.%, blood urea after ureterostomy 67 mg.%, blood urea before nephrectomy 55 mg.%, blood urea after nephrectomy 15 mg.%

I.V.P. Right Kidney showed changes of hydronephrosis, lower edge of right ureter not patent. The ureter was markedly dilated. Normal functioning left Kidney and ureter.

I.V.P. after ureterostomy showed marked hydronephrosis on right side.

Follow up:

The patient came after 4 months. She had no complaints. I.V.P. showed a normal functioning left Kidney.

Abstract

A rare case of Couvelaire Uterus, where patient later developed ureterocerisical fistulae has been presented.

References

1. Greenhill's obstetrics, ed., 13th Philadelphia and London 1965, W.B. Saunders Company, p. 609.
2. Masani and Parikh—A Text book of Obstetrics, Ed. 3rd Bombay, 1976, Popular Book Prakashan, page 487.