

**TRAUMATIC RUPTURE OF LIVER IN THIRD TRIMESTER OF
PREGNANCY
(A Case Report)**

by

V. MATHUR,* M.S.

and

S. RAMESH,** M.S.

Of all the visceral injuries, rupture of the liver is one of the rare one. The rupture of the liver is almost always the direct result of trauma, spontaneous disruption of the organ is an extremely rare occurrence according to Motashaw and Despande (1957). The first case of rupture liver in pregnancy was reported by Abercrombie in 1844. Here is report of a case of extensive traumatic rupture of the liver at 7th month of pregnancy.

COSE REPORT:

Smt. V., 20 years, Hindu woman was admitted to Zanana Hospital attached to R.N.T. Medical College of Udaipur on 1-6-78 for amenorrhea 7 months and history of falling from stairs about 10 hours back. Soon after injury she fainted and gained consciousness after 3 hours. She noticed increasing fullness and pain in the region of epigastrium since then.

Menstrual History

Age of menarche 15 years. Past cycles normal and regular L.M.P. 7 months back.

Obstetrical History

Poto married 5 years back.

* Reader *Obst. & Gynae.*, R.N.T. Medical College, Udaipur.

** Ex-Prof. & Head, *Obst. & Gynae.* R.N.T. Medical College Udaipur, now Prof. at S.M.S. Medical College, Jaipur.

Accepted for publication on 13-7-81.

Condition on Admission

Pulse 104/min, Temp. 37°C., B.P. 90/60 mm Hg. Patient looked pale and anaemic.

Abdominal Examination

There was marked fullness and tenderness in the epigastric region, uterus was 28 weeks size not acting, not tense, head floating, F.H.S. absent.

Vaginal Examination

Os was closed, no discharge. The patient was immediately taken up for laparotomy.

Finding of Laparotomy

The peritoneal cavity was full of blood clots and fresh blood. All the viscera intestines, spleen, liver and omentum were explored but source of bleeding was not tracable. Then it was realised that blood was trickling from the liver area. So a repeat exploration was done. There was an extensive irregular tear on the deep diaphragmatic surface of the liver.

Management

Repair was not possible, and Gelfoam was put in and two strip were packed tightly at the site of tear, the other end of packing was taken out through a separate stab incision below the 12th rib. Corrugated rubber drainage tube was also put in. In order to prevent damage to the liver due to uterine contractions, a lower segment caesarean section was performed. The patient collapsed during operation, and three

units of blood and antishock treatment was given.

Post Operative Period

Patients condition remained very hectic for 24 hours. Then she settled. She started having high grade fever and distension of abdomen due to paralytic ileus from 4th post-operative day. She was managed on conservative line of treatment and antibiotics (Ampicillin) the corrugated drain was removed after 48 hours. And the strip packing was gradually pulled out after 72 hours. The patient developed frank icterus over night on 8th day. Then all of sudden she collapsed and expired on 8th day evening.

Discussion

According to Masani and Parikh (1976) in most of the reported cases rupture liver occurred in multiparae with hypertensive toxemia of pregnancy. Massive intraperitoneal haemorrhage in a toxemic patient during the last trimester should suggest a possibility of rupture of the liver.

Motashaw and Despande (1957) reported a case of spontaneous liver rupture in pregnancy and presented extensive review of literature on the subject. Howard and Fandrich (1956) also reported a case of spontaneous rupture liver due to

toxaemia. In the present case, the history of fall followed by fullness and pain in the epigastric region were quite typical of rupture liver due to trauma.

Regarding treatment, Masani and Parikh (1976) and Motashaws Despande (1957) advocated suturing, packing with haemostatic agents, or electrocoagulation of the ruptured area. Packing was the choice in this case because the tear was very extensive, irregular and quite deep. Where suturing or electrocoagulation was not possible.

Abstract

A case of traumatic rupture liver at 7th Month of pregnancy in presented. The treatment of the case was packing with haemostatic agent. The patient expired after 7 days. It is one of the rare obstetrical emergency.

References

1. Howard, P. J. and Fandrich, T. S.: *Obstet. Gynec.* 7: 40, 1956.
2. Masani, K. M. and Parikh, M. N.: *A Text book of Obstetric.* Ed. 3rd Bombay 1976. Popular book depot, p. 291.
3. Motashaw, N. D. and Despande, C. K.: *J. Obstet. Gynaec. India.* 8: 157, 1957.