SPONTANEOUS RUPTURE OF UTERUS IN 1ST AND 2ND TRIMESTER OF PREGNANCY

by

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Spontaneous rupture of uterus in early pregnancy is so rare that suspicion of previous unrecognised uterine trauma in the form of instrumental or manual and uterine maldevelopment is easily invited. Five cases of rupture uterus in early pregnancy have been presented here.

Case 1: Rupture uterus following previous manual removal

S.D. aged 29 years, Para 3 + O, with history of 3 months pregnancy was admitted in a collapsed condition on 12-3-68 at Sadar hospital, Chinsurah, Hooghly. She had manual removal of placenta in all her previous childbirths. On admission pulse was 160/min; B.P. 80/; pallor ++, with all the evidence of intraperitoneal haemorrhage. Laparotomy was done on the same day with a provisional diagnosis of disturbed tubal pregnancy. Abdominal cavity was full of blood. Uterus was 10 weeks size. Products of conception were projecting through a rent on the anterior wall of the uterus. Both tubes and ovaries were normal. Excision repair of the rent with bilateral tubectomy was done. Three units of blood were transfused. Post operative period was uneventful. Histological examination of the excised uterine tissue showed extensive areas of degeneration of muscles bundles and extravasation of blood. Myometrium was invaded by chorionic tissue.

Case 2: Rupture uterus following previous Induced Abortion.

B.G. 25 years, 3rd gravida, was admitted in Medical College, Calcutta on 7-2-80, with history of 4 months amenorrhoea and all the features of acute abdomen and intraperitoneal haemorrhage. Her previous 2 deliveries were normal. Patient refused any history of induced abortion, but the husband confessed that she had an induced abortion by a village abortionist about one and half years back. Laparotomy was done and an irregular tear over the fundal area extending towards left cornu was detected, Supracervical hysterectomy was done. Two units of blood were transfused. Post-operative period was uneventful.

Histopathology showed excess fibrous tissue than muscles with roud cell infiltration. Myometrium was invaded by chorionic tissue.

Case 3: Rupture uterus following previous Induced Abortion.

T.D. 19 years primigravida with 10 weeks amenorrhoea was admitted in Medical College, Calcutta on 24-6-76 with history of acute pain in lower abdomen with fainting attacks. On admission, patient was pale (Hb. per cent—8 gm/:), pulse 112/min, B.P. 90/60 mm Hg. Abdomen was tender. Vaginal examination revealed bulky uterus with extreme tenderness of pouch of Douglas. Culdopuncture revealed frank blood. Laparotomy was done immediately. Abdomen was full of blood. Both tubes and ovaries were normal. There was a fundal rupture measuring 2.5 cm was detected through which products of conception were expelled into the peritoneal cavity. Uterine rent was repaired. Post-operative period was uneventful. On enquiry patient confessed that in her unmarried state she had an induced abortion outsid.e

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Case 4: Rupture rudimentary horn of uterus.

P.G. aged 24 para 2 + 0 was admitted on 22-3-78 in Medical College, Calcutta with a history of 4 months amenorrhoea, severe pain in abdomen and vomiting for 24 hours. Her past obstetric history was normal. On examination, patient was restless, pulse 100/min, B.P. 110/70 mm Hg., pallor + (Hb 9.2 gm.%). Abdomen was tender and there was an ill defined mass on the left lower abdomen with restricted mobility. On vaginal examination uterus was 14 weeks size and an illed defined tender lump was felt in the left fornix. Laparotomy was done with a provisional diagnosis of twisted ovarian cyst. Abdomen was full of blood clots. Uterus was 14 weeks size and on the left side ruptured rudimentary horn was noticed, which ruptured at its fundal region. Supracervical hysterectomy with resection of the accessory horn was done. There was no communication between the cavity of the horn and the uterus even on histological examination. Post operative period was uneventful.

Case 5: Rupture of Angular pregnancy.

L.B. aged 30 years para 4 + 0 was admitted in Medical College, Calcutta on 26-9-78 with sudden and severe abdominal pain on the left side, preceded by amenorrhoea of 2 months. Pain was accompanied by fainting attacks. Her previous deliveries were normal. On admission, her pulse was 120/min B.P. 80/50 mm. Hg. pallor ++ (Hb—6.5 gm%). On abdominal examination, there was rigidity on left side with shifting dullness. On vaginal examination, uterus was retroverted bulky. There was a pulsatile mass on the left side. Culdopuncture revealed frank blood. Laparotomy was done with a provisional diagnosis of ruptured ectopic pregnancy. There was an irregular tear on the left cornua of the uterus and part of the fundus, through which products of conception were projecting. Supracervical hysterectomy with left salpingo-oophorectomy was done. Post operative period was normal. Histology section showed placental tissue invading myometrium.

Discussion

In this series, all the 5 cases had some kind of uterine pathology (3-uterine injury, 2 malformed uterus). In most of the reported cases, ruptured occurred after 16 weeks of gestation. In this series, 60 per cent (2 after uterine injury and 1 in malformed uterus) ruptured occurred between 8-10 weeks of gestation. Of these very early months ruptures, in 66 per cent cases there was past history of uterine injury, and induced abortion was responsible in 66 per cent cases and manual removal of placenta in 33 per cent cases. Cases 2 and 3 denied previous induced abortion, but on careful questioning both confessed the truth. The diagnosis should be kept in mind when there is a previous history of uterine injury (which is increasing after liberalisation of M.T.P. Act), in a patient with clinical evidences, mimicing disturbed tubal pregnancy. In case 3 uterus was preserved in view of her young age and no living child, but there is every possibility of rupture in subsequent pregnancies. Supracervical hysterectomy is the treatment of choice, as most of the patients were moribund and had desired number of children. Das Gupta (1958), Patel and Parikh (1960) reported rupture uterus following uterine injury.

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