SILENT RUPTURE OF GRAVID UTERUS IN A NULLIPAROUS PATIENT

(Case Report)

by

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Introduction

Paradoxically, even in places with ready utilisation of the excellent antenatal and intranatal care available, replacement of difficult vaginal deliveries by LSCS, virtual abolition of grandmultiparity due to social acceptance of small family, norms and non-existence of injudicious use of oxytocics, rupture of uterus has not become extinct. On the contrary, this problem is very much alive, though in a spectacularly different form, so much so, even an experienced obstetrician may miss it till discovered at exploratory laparotomy. This does not decry an obstetrician's diagnostic acumen, but only highlights the gravity and depth of the "SILENCE" of an unexpected occult rupture of gravid uterus, as illustrated in the following interesting case.

CASE REPORT

Mrs. K., 21 years, married 3 years, II gravida, Nullipara was transferred from Bhiwandi at 4 P.M. on 4-11-1980 with H/O 7 months amenorrhoea, sudden onset of dull aching continuous pain in abdomen, associated with vomiting (7-8 times), loss of foetal movements since 4 days, and constipation since 2 days. She did not give any H/O unconsciousness, vaginal bleeding, leaking trauma, fever, loose motions or urinary compaints. She was treated by a local doctor with injections and drugs. Since she did not respond she was sent to this hospital.

Patient was afebrile and nontoxic but markedly pale (Hb 4.5 gm) with a pulse of 126/min, B.P. 130/60 mm Hg., R.R. 32/min, and no edema feet.

Abdomen was moderately distended. There was no guarding, no rigidity, no tenderness. Liver dullness was not obliterated. There was fullness and dull note in the flanks with free fluid in the abdomen. Peristalsis was subnormal.

On palpation, the uterus was 28 weeks size with normal contour and consistancy, well relaxed and corresponding to the period of amenorrhoea, with V_1 position, with a floating head as in any other normal pregnancy of 28 weeks. The foetal parts were not felt superficially. FHS was absent.

Os was closed, cervix was tubular, no bleeding, no leaking, no bulge or tenderness in the Fx.

Systemic Examination was normal.

To sum up, except for marked pallor, tachycardia, tachypnoea, and generalised distension surrounding the uterus, there was no other positive finding.

Abdominal paracentesis was done. There was free flow of altered blood. A diagnosis of 28 weeks pregnancy with haemoperitoneum was

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made and exploratory laparotomy was decided upon.

On opening the abdomen by a midline vertical subumbilical incision, there was massive haemopheritoneum—1.5 to 2 litnes of dark brownish altered blood and clots. The foetus, with its placenta in an intact amniotic sac was lying in the centre of peritoneal cavity on top of the retracted, ruptured uterus. The foetus with its intact sac and whole of placenta was removed in toto. The fundus of the uterus revealed a cruciate tear, the edges of which were not bruised or devitalised. There was no free bleeding from the edges of the tear and the uterotubal junctions were not involved. The surface of the uterus and broad ligaments were normal. The tear was sutured in 2 layers. Abdomen was closed in layers.

The patient received 5 units of blood. The post-operative period was uneventful with the patient going home on 12th day.

Discussion

A number of unusual features in our patient gave rise to diagnostic problems.

(1) Patient was a young II Gravida, nullipara with one spontaneous abortion of 5 months. (2) In spite of complete rupture of uterus 4 days ago and massive haemoperitoneum, patient came walking to our hospital.

There was no guarding or rigidity. The foetus with its placenta in an intact amniotic sac lying in the midline on top of the retracted uterus gave an impression of normal contour and foetal parts were not felt superficially. Braxton Hick's contractions were not elicited as no one entertained the possibility of rupture uterus.

Summary

An interesting case of spontaneous fundal rupture of gravid uterus is reported and the relevant literature reviewed.

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