MID PREGNANCY RUPTURE OF THE UTERUS IN A PRIMIGRAVIDA

(A Case Report)

by

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Introduction

A case of a true rupture of uterus during mid trimester where the main reason could not be identified even on detailed inquiry except a mid trauma and the case is presented herewith.

Case Report

Smt. Urmila Devi, a Hindu female, 20 years old, primigravida was admitted in emergency room on 3-5-80 with symptoms of pain in the lower abdomen and vaginal bleeding since a day earlier when she fell down. She was carrying 6 months pregnancy. Having not relieved of the trouble by the treatment of a local doctor she rushed to our hospital.

On examination, she was conscious but looked pale, her pulse was 120/minute and B.P. recorded 100/70 mm. of Hg.

Distension of abdomen was disclosed on abdominal examination and outline of uterus was not well defined, however the foetal parts were felt.

Vaginal examination revealed a long tender cervix with closed os and there was slight bleeding.

As the diagnosis was in doubt the patient was treated on the line of threatended abortion with rest, sedation and isoxpurine. Haemostatic and antibiotics were given.

Her condition went on deteriorating gradually even after the transfusion of 800 c.c. of whole blood. Ultimately on third day exploratory laparotomy was perormed to confirm the diagnosis and findings were as follows:

On opening the abdomen, it was seen that the peritoneal cavity was filled with blood. A dead foetus with placenta was lying in the peritoneal cavity and there was longitudinal rent below the fundus uteri but the bladder was intact. The baby and placenta were taken out and peritoneal cavity was mopped thoroughly. The rent was stitched-in layers. As the patient was in shock, she was resuscitated by giving I.V. fluid and vasopressure drugs.

Post-operative period

The patient remained serious for 2 days but her condition seemed improving from 3rd day. On removal of alternate stitches on 8th day the wound observed unhealthy but it was on 10th day when all stitchs were removed and the wound gapped on the tenth day. The pus was sent for culture and sensitivity and antibiotics were given accordingly. The wound was dressed with E.C. lotion every alternate day and secondary sutures were put on 17th postoperative day The patient was discharged within a month of her hospital stay with advice to come after 6 weeks.

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