

## A CASE OF CHRONIC RUPTURE OF THE UTERUS

(Case Report)

by

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An interesting and unusual case of chronic rupture of the uterus is being reported below because of its rarity.

### CASE REPORT

Mrs. 'A', 27 years, gr. IV para III, was admitted with history of 9 months amenorrhoea, absence of foetal movements and foul-smelling vaginal discharge for 10 days. The patient said that 10 days prior to admission, while carrying a heavy weight, she had the sensation of something giving way in the abdomen and from that time the foetal movements had stopped. Following this, she had treatment in a local hospital for 3 days with intra-venous fluids and antibiotics in a taluk head-quarters hospital. She was treated for 6 days and then referred to our hospital. Her menstrual cycles were regular and she was married for 12 years. Her first and third were vaginal delivery. Second was a caesarean section at the 8th month for antepartum bleeding and baby was dead-born. Type of section not known. Her LMP was September 30, 1977 and expected date of delivery was July 7, 1978.

Uterus was 34 weeks size, foul-smelling discharge was present. Foetal parts were felt but head could not be located, abdomen was tender all over and foetal heart sounds were absent. On vaginal examination cervix was uneffaced presenting part was felt through the

fornices above the brim and there was highly offensive vaginal discharge.

A provisional diagnosis of silent rupture of the uterus was made and she was put on broad spectrum antibiotics, prophylactic intravenous steroids to prevent bacterial shock and 350 ml of 'O' group blood was transfused. Laparotomy was done on the same day. Peritoneum was found to be thickened. On opening the peritoneum, plenty of highly stinking gas and pus escaped and omentum came into view. On further exploration, it was found that the foetus was lying free in the peritoneal cavity and a highly offensive, putrifying foetus and placenta were removed. It was macerated and bloated and weighed 4.5 kg. The anterior wall of the uterus showed an old classical caesarean scar which had given way. The uterus was very friable and densely plastered to the surrounding and underlying structures and could not be mobilized for hysterectomy. Hence the rent was closed with a few interrupted sutures. The omentum was gangrenous and there was lot of slough and necrotic material over the posterior surface of the peritoneum and the fibrinous wall which formed the posterior wall of sac. The necrotic material was removed. Drainage tube was put in and abdomen closed in layers after putting tension sutures. 350 ml. of blood was again transfused on the table.

The patient stood the post operative period well and was discharged home on the 16th day.

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### Comments

A case of classical caesarean scar rupture which was left alone for 10 days with-

out surgery is presented here for its rarity. Review of the literature showed a case of prolonged uterine rupture reported by Robert Jaffe in 1965. It was a case of spontaneous rupture in a 15th gravida and para 12 and the rupture was 2 months

old. This patient also survived after surgery.

Reference

1. Jaffe, R. B.: *Obstet. Gynec.* 25: 126, 1965.