

# RUPTURE OF THE PREGNANT HORN OF A BICORNUATE UTERUS FOLLOWING SHIRODKAR'S STITCH APPLICATION

(A Case Report)

by

Major K. R. SIVARAM,\* M.D.

## Introduction

The most serious complication of pregnancy in a bicornuate uterus is rupture of the pregnant horn. Even with a normal uterus Shirodkar's stitch poses a real risk to those patients who go in to labour with the stitch in-situ; they usually face an obstructed labour.

A case where a bicornuate uterus ruptured resulting from the application of Shirodkar's stitch is recorded.

## CASE REPORT

Mrs. R.K., 22 years old, married for 6 years reported to the obstetric out-patient on 20-4-80 with 16 weeks' of amenorrhoea. Four years and 2 years previously she had 2 abortions at 14 weeks and 20 weeks respectively. General physical examination and systemic examination were within normality. Uterus was about 16 weeks' size. Vaginal examination showed a 50% effaced cervix which admitted one finger. In view of the history and findings a modified Shirodkar's stitch using thick braided silk was

applied to the cervix. The patient was discharged.

After about 8 weeks of the stitch application, the patient was admitted as an emergency case with a provisional diagnosis of acute abdomen. Examination showed her to be pale, cold, clammy and sweating. Air hunger was present. Pulse was 160/min, BP 70/?. Abdominal examination showed marked tenderness with generalised board like rigidity. Shifting dullness was present. Abdominal aspiration showed frank blood. There was no vaginal bleeding.

An emergency laparotomy was done after transfusing two bottles of fresh blood. The peritoneal cavity was filled with fresh, frank blood. The uterus showed a bicornuate deformity with pregnancy in the right horn which had ruptured postero-laterally the tear extending from internal os level to the fundus. The foetus and placenta were lying free in the peritoneal cavity. The uterus was, by then, well contracted and retracted with minimal bleeding. The non-pregnant left horn showed moderate hypertrophy.

The rent in the uterus was closed in two layers and the abdomen closed after thorough peritoneal toilet. The intact Shirodkar's stitch was also removed. The patient had an uneventful recovery. She was discharged with the advice to report after six weeks for corrective surgery.

\*Classified Specialist, Obstetrics and Gynaecology, Military Hospital, Belgaum.

Accepted for publication on 2-6-82.