

**UTERINE RUPTURE IN MID-TRIMESTER ABORTION WITH  
LAMINARIA TENT AND 15(S)-15 METHYL  
PROSTAGLANDIN F<sub>2</sub> α (ALPHA)**

(A Report of Two Cases)

by

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*Introduction*

Rupture uterus though rare is a well-known and serious complication in induced second trimester abortions, especially so when strong uterine stimulants like prostaglandins, high concentration pitocin drips are used as abortifacients. In case of prostaglandins, rupture of uterus has occurred irrespective of the route of administration of the drug. Two cases of rupture uterus following use of laminaria tents and I.M. 15 (S)-15 methyl PGF<sub>2</sub>α in midtrimester abortions are reported here.

**CASE REPORTS**

Case 1 was sixth gravida, para 4, of 35 years with gestational age of 20 weeks. The cervical dilatation achieved by the laminaria tents after 8 hours was 15 No. Hegar's dilator. 15 methyl PGF<sub>2</sub> α was given intramuscularly in doses of 250 mcg every 3 hours. The total dose received was 3 mg. Patient failed to abort with these 12 doses. The uterine contractions were mild, the

duration being .15 to 20 seconds and frequency being 2-3 contractions per 10 minutes as assessed before giving each dose. Cervical dilatation progressed from 1.5 to 1.7 cms after the second dose of prostaglandin, thereafter the dilatation remained static at 1.7 cm. while cervical effacement became 75% at the end of seventh dose. The membranes ruptured 2 hours 50 minutes after the third dose. Vaginal bleeding started 2 hours 10 minutes after the seventh dose and was scanty. During this trial period no fall in B.P. nor any tachycardia was noticed. Abdominal findings 3 hours after the last dose were: uterine size was 18 weeks. It was retracted, no uterine contractions, minimal tenderness in hypogastric region was present. Patient did not allow vaginal examination because of tenderness, so patient was taken for examination under anaesthesia to rule out the possibility of rupture uterus. During examination under anaesthesia a rent was detected in the anterior wall of the lower uterine segment. Immediate laparotomy was done which showed that there was an incomplete rupture of uterus. The rent was situated anteriorly in the lower uterine segment which extended upto the round ligament on left side. The edges of the rent were ragged and friable. Fetus was lying at the base of broad ligament, placenta was inside the uterine cavity. Subtotal hysterectomy was done.

Case 2 was a 5th gravida, para 4 of 30 years, with gestational age of 18 weeks. The cervical dilatation achieved by L.T. was 15 No. Hegar's dilator. She received 7 doses of 250 mcg each. The contractions were of mild intensity with frequency of 2-3 per 10 minutes. The cervix

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started getting effaced after 2nd dose but dilatation remained stationary at 1.5 cms. Membranes ruptured 1 hour 15 minutes after the 3rd dose. Vaginal bleeding started 5 hours 30 minutes after the last dose. At this time examination of the patient showed that she had rupture of uterus as—uterine contour was lost and tenderness was present in the hypogastric region. Vaginum examination revealed that the cervix was hanging loose and a rent was felt in lower uterine segment. Pulse was 120/min. B.P. was 100/700 mm

Temp. 40°C. Patient was complaining of dullache in lower abdomen. Immediate laparotomy was done which revealed that there was incomplete rupture of uterus and lower uterine segment was very much stretched. After opening the uterovesical fold of peritoneum a transverse tear of about 4" was seen in the anterior wall of lower uterine segment. Fetus and placenta was lying over the rent. The edges of the rent looked fresh, but were ragged. Repair of uterus with bilateral tubal ligation was done.