

SLOW RUPTURE OF UTERUS DUE TO PLACENTA ACRETA

(A Case Report)

by

K. R. GOWRI

Total placenta acreta with spontaneous rupture of the uterus is an extremely rare condition and is presented here for the slow rate of rupture of the uterus giving rise to minimal shock.

Case Report

Mrs. P. 37 years old was admitted on 17-2-83 with the history of 9 months amenorrhoea and acute pain in the abdomen since 3 a.m. the same day. The patient walked into the hospital and her general condition was fairly good.

All her 9 previous deliveries were normal except for the last one, two years ago. She had similar pain two days earlier which subsided in 2 hours. In her last delivery manual removal of placenta was done.

From: Govt., Approved Family Planning Centre, Kumbakonam, Tamil Nadu.

Accepted for publication on 24-3-83.

On Examination

The patient was not pale. The pulse rate was 82/minute; volume and tension were good; B.P. 100/70. Examination revealed tenderness all over the abdomen. The foetal parts were felt superficially. The foetal heart was heard above the umbilicus. Its rate was slow—80/minute.

A provisional diagnosis of ruptured uterus was made and the abdomen was opened. Moderate amount of blood was seen in the peritoneal cavity and a male baby was lying free in the peritoneal cavity. The baby was found alive and was removed and revived with difficulty. There was rupture over the fundus of the uterus and the whole of placenta was completely adherent to the uterus. No cleavage could be made out and it looked like a flower vase (Fig. 1). Subtotal hysterectomy was done and one bottle of blood was given. Baby died after two hours. Post-operative period was uneventful and the patient was discharged on the tenth day.

See Fig. on Art Paper VI