

A Case of bucket handle tear of cervix after cervical encerclage

Sheela M. Kodliwadmath, Hema C. Mishrikoti,
Dept. of Obst & Gyn, J. N. Medical College, Belgaum

Mrs. Shobha, aged about 22 years, registered, gravida 5, para 0, abortion 4 was admitted, on 07/05/1998 at 8.35 a.m. with h/o amenorrhoea 8 months, labour pain and PV bleeding -5 hours prior to admission.

She was married for 6 years. All previous pregnancies resulted in spontaneous midtrimester abortion, having suggestive of cervical incompetence. Confirmation of cervical incompetence by ultrasonography was followed by cervical encerclage done by McDonald's method using umbilical tape during the 15th week of the present pregnancy.

On general examination, marked pallor was present, pulse 88/min. and B.P. 110/80 mm of Hg.

On P/A examination uterus was 32 weeks size (by USG 32 weeks), 2-3 contractions over 10 minutes, each lasting 40-45 seconds, head was in the lower pole and ballotable. FHS was 146/min, regular.

On per speculum examination, there was no active bleeding. Membranes were bulging, cervical stitch could not be visualised and the posterior lip of cervix was hanging.

On per vaginal examination, os was 6 Cms. dilated, cervical

stitch was not felt. There was a cervical tear posteriorly and right and left lateral cervical regions (bucket handle tear), vertex was at -2 station and pelvis was adequate. It was decided to explore the stitch and remove it in the operation theatre. However, the patient delivered 10 minutes after admission. Baby weighed 1.6 Kgs. with Apgar score of 8 at 1 minute and 9 at 5 minutes, gestational age was 32 weeks, placenta was 350 gms.

Following delivery the uterus was well contracted and retracted but active PV bleeding was present. Exploration of the cervix was done in the operation theatre.

Per operative findings: Active bleeding, posterior lip of cervix torn and hanging, tear extending laterally on both sides, encerclage suture with knot (anteriorly) was intact, hanging anteriorly.

Cervical tear repair was done after removing the stitch under spinal anaesthesia and complete haemostasis maintained.

Postoperatively the patient was put on Ampicillin, Gentamycin and Metronidazole; one pint of blood was transfused. The postoperative period was uneventful and the patient was discharged on 7th postnatal day.